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FREUD'S HUNDREDTH BIRTHDAY

THE PIONEER OF PSYCHOANALYSIS

J. L. MORENO

Moreno Institute

The work of Freud has been eulogized in many places, but one aspect is frequently neglected,—the amount of persecution he had to suffer from the academic, political and military authorities of his country and, last but not least, from his pupils, students and colleagues. We sociometrists are most concerned as to what happens to a man in the real world of his social atom, in his interactions with friends and enemies. Freud received the most cruel treatment from those whom he loved and helped most. In many cases he treated them most cruelly in return, but this did not make his own suffering less intense. His best colleagues, friends and pupils turned out to become his greatest opponents and critics, Breuer, Fliess, Adler, Jung, Rank, and many others.

One of the peculiarities of Freud's creative life was that all his important "muses" were *men*. Had he looked for and had he found women as muses, his creative life may have taken a different course. His conflicts cannot be explained by referring to father-son rivalry or a latent homosexuality; they are only partial explanations. The two profoundest aspects in the life of a pioneer are his aspirations for the survival of his ideas and *envy* from others, "creator envy".

We should not take too seriously Hegel's sententious phrase "Die Weltgeschichte ist das Weltgericht" when it comes to pioneers. A pioneer can be robbed of success during his lifetime and he can be robbed of immortality after his death. Another, often one of his imitators, takes his place. Think that this country is not named Columbia after its discoverer, Columbus, but America, after Amerigo Vespucci.

But after lifelong persecution mankind frequently bestows upon its heroes its greatest tribute: immortality. It is not surprising that now, after his death, Freud is being glamorized. This kind of immortalization is a reaction effect whenever collective feelings of guilt mount. The crucified is made immortal after his death. A better test of his real appreciation by posterity will be the two hundredth birthday.

HUMAN RELATIONS PROBLEM AREAS IN WORK¹

ROBERT R. BLAKE AND JANE SRYGLEY MOUTON

The University of Texas

PROBLEM

Freud's originality was based not only on the formulation of a psychodynamic theory but also on the development of a method of treatment. That of Moreno is parallel. His creation of a basic theory of social action and interaction also becomes operational through the variety of methods for social healing, diagnosis and measurement, and therapy which are associated with his work. The contributions of these men have released a chain of events resulting in the present situation where it is becoming possible to employ rigorous operational methods in the systematic study and management of both psychodynamic and sociodynamic aspects of adjustment in routine work-a-day types of situations.

The purpose of this paper is to provide a summary of such recurrent difficulties in the psychodynamic and sociodynamic aspects of adjustment as they arise in connection with work. The problems are ones of the kind for which increased sensitivity, insight, and understanding on the one hand and more effective social skills for resolving them on the other are available through a variety of procedures such as psychodrama, role playing and other action methods (3), through participation in human relations training laboratories (2, 4, 5), General Semantics (2), and various modified individual and group therapeutic approaches (1), and so on.

What kinds of human relations problems do executives, nurses, supervisors, teachers, directors, and so on routinely experience in the conduct of work? An analysis of interpersonal relations areas which could provide a guide for answering this question is much needed at the present time. One reason is that research effort might be focused on more relevant types of problems if, in addition to other considerations, there were a more objective basis for selecting those known to be of widespread social significance. Another is that both technical and nontechnical writing could be oriented in such a way as to meet the needs for increased understanding by people who face problems of a social character in concrete work situations. A third is that teaching, training, and treatment programs dealing with various

¹ Appreciation is expressed to the Hogg Foundation under whose auspices several of the reviews of human relations problems were conducted.

aspects of human relations difficulties more appropriately could be designed in order to meet the needs felt by those who participate in them.

How might one seek to discover in a systematic way the kinds of interpersonal problems in work that people subjectively experience as disturbing? Present day texts in personality, social psychology and management are not very helpful. They are based on technical or academic categories that historically have been used in analyzing experience but that frequently are quite unrelated to the problems that people actually face in the day-by-day routine of work. Psychological theories also are poor guides to the problems that people experience since the investigations conducted to test such theories are for the purpose of clarifying or extending the theory without particular regard for increasing understanding of problems that are of common significance from a social point of view. Reports of behavior pathology often are not too useful either because, while they frequently identify and describe disturbances of an interpersonal nature, the ones dealt with usually are of a more extreme character than routinely must be resolved in the conduct of work. Finally mental health surveys, while valuable in identifying personality difficulties, have not characteristically dealt with or made an appraisal of human relations problems of the kind that arise in connection with work. Discovering the kinds of problems that people routinely experience may be done in a different manner. The need is for a direct analysis of problems such as is provided in the present paper.

PROCEDURE

Over a five year period representatives of a wide range of occupations have participated in the problem analysis procedure outlined below. Policemen, judges, nurses from many specializations, medical personnel of all major categories, both technical and administrative, teachers, research personnel, industrial line supervisors, and executives, governmental administrators, recreational specialists, representatives of religious institutions, service organizations, community organizations and other groups are included among those who have contributed to the problem census. The approximately 1500 personnel from whom material has been obtained do not constitute a representative sample of each occupational area in a statistical sense and some areas are more adequately represented in the total sample than are others. The report is restricted to five of the most common types of problems identified. It should be regarded, therefore, as an approximate survey of human relations problems that people directly experience and report as important in connection with their work.

Materials were collected from participants in various types of programs which are focused on interpersonal difficulties in work. Participants are divided into small discussion groups where they help one another to identify psychological problems that are of direct personal significance to them. After discussions of an hour or so in duration, difficulties identified then are reported for planning of training or for diagnostic purposes. The following presentation is a summary of the recurrent problems that have appeared with only a minor effort to evaluate them in terms of relative importance of frequency of occurrence.

INTERPERSONAL PROBLEM AREAS IDENTIFIED THROUGH THE
DISCUSSION APPROACH

Authority Relations

A central locus of interpersonal difficulties is in the area of authority relations. Authority problems have long been recognized within psychiatry, and the frequency and intensity with which such problems appear in each of the major occupational areas is indicative of the central significance in human relations of such difficulties.

Superior-subordinate. From the position of the superior, one common concern is that of dealing with subordinates who are reluctant or unwilling to accept responsibility, a problem which seems to be reported somewhat more frequently by those who only recently have been placed in positions of authority. Another concern is with subordinates who are either dependent and consequently oversolicitous of direction and approval or alternatively are resistant to accepting direction and guidance which objectively is necessary for the successful accomplishment of work. The dependency reaction to authority, which produces complaints by superiors of unnecessarily being interrupted for minor reasons, is reported more frequently by superiors who direct younger people. Resistance to accepting direction is felt by superiors whose subordinates are closer to their own age and also, possibly, by those engaged in technical lines of work that require a significant measure of self-direction and personal problem-solving.

Enforcement of regulations constitutes another area of difficulties in authority relations with superiors often feeling that enforcement should be unnecessary and with subordinates frequently unaware that regulations are being violated. Even informal standards of conduct such as those regulating coffee breaks, time out for chit-chats, which are seen by subordinates as "part of the job," may constitute problems for superiors who regard them as a "waste" of time and as indicative of low involvement by subordi-

nates in completing the task at hand. Frequently superiors react to such behavior from the standpoint of personality characteristics only when closer examination of the situation provides evidence that informal standards and norms actually are the significant determinants of the behavior. Tensions may under certain conditions further be increased as when either superiors or subordinates organize formally or informally as *reference groups*. Consequent behavior of one toward the other then may be determined by adherence to the norms for behavior which are controlled by the reference group to which the individual belongs rather than by the properties of the formal organization.

Related to enforcement are *interpersonal frictions* that arise in connection with reprimanding subordinates. At one extreme reprimanding produces feelings of guilt in the superior and at the other, feelings of resentment, worthlessness or defensiveness in the subordinate. The aggressive and punitive nature of the reprimand often is such that the negative behavior the reprimand seeks to correct frequently is not altered but instead additional problems and complications may arise as a consequence of its use. Also reported by superiors are difficulties with subordinates who withhold or censor negative information. The assumption is that the communication of unfavorable information would produce criticism or reprisal which can be avoided through withholding it.

Worthy of mention is the problem of the superior who reports that his position is one in which he is free to evaluate others, but has no one who provides appraisal or evaluation for him. He feels isolated in the sense that his hierarchical position "removes" him from opportunities for "give and take" of the kind which would permit him more clearly to see his own position and alternative ways of proceeding in the execution of his responsibilities.

Subordinate-superior. From the standpoint of the subordinate, *interpersonal relations* problems with superiors are seen in a different perspective. One concern is with correcting a superior who is acting on technically inaccurate information without causing the superior to lose status or the subordinate to feel rejected at the superior's refusal to change. Another is the common feeling that it often is difficult to interest a superior in considering a proposal for change in procedure, operation or direction of work. Generally speaking, subordinates who report difficulties with superiors commonly identify the problem as being one resulting in the superior's inaccessibility for change.

Also mentioned is the problem of superiors who fail to define the

boundaries within which they themselves and their subordinates are free to act independently and beyond which action of a subordinate is likely to produce conflict or criticism for not taking sufficient initiative or for assuming a greater degree of initiative than is recognized as appropriate by the superior. Poorly defined boundaries through which to assess the propriety of an action seem particularly capable of arousing hostility in superiors and anxiety in subordinates. Another aspect of the subordinate-superior relationship is reflected in remarks by subordinates who complain of being required to perform tasks with insufficient information or of being unable to discuss problems with the superior who prematurely terminates a tension producing discussion or changes the topic so as to shift the conversation to more neutral content. Such flight behavior is not reported as a common characteristic of superiors, but when it does occur it constitutes a primary source of frustration to subordinates because real possibilities of altering the disturbing parts of situations thereby are reduced. Problems with superiors whose behavior is regarded as "buck-passing" are similar to those mentioned by superiors who criticize subordinates for not accepting responsibility, but in reverse. From the subordinate's point of view the superior who "passes the buck" rather than acting in a responsible manner is creating a condition where the subordinate feels unfairly prevented from exerting influence in the direction of a desired change.

The evaluation and appraisal of subordinates produces interpersonal frictions which appear in remarks characterizing superiors as "unfair," as failing to realize fully the circumstances surrounding a particular complaint, or refusing to give an adequate explanation of the negative components in an appraisal. Frequently subordinates feel that appraisals are inappropriate to the degree that they emphasize personality attributes and fail to give adequate consideration to direct aspects of performance. This is particularly true when performance may be subject to improvement but personality is not subject to significant change within the restrictions of the work situation.

Interviewing

Interviews conducted for reasons of gathering, disseminating, sharing, or working through factual or personal information, attitudes and so on, for other than appraisal and evaluation purposes constitute a source of interpersonal problems. Included are such interactions as those of nurses interviewing patients, ministers talking with parishioners, supervisors carrying on discussions with subordinates as well as the formal counseling situation. Problems range from feelings of guilt at asking the amount of money a

person makes to embarrassment at questions regarding personal hygiene. Difficulties arising from reminiscing or from the use of personal experience of the interviewer for purposes of guidance constitute a second set of difficulties of an interpersonal character encountered in the interview situation. Communication difficulties and barriers in situations where participants are limited to two are most conspicuous in the context of interviewing, and are recognized as important in a wide range of occupational areas. Because of the attention currently being given to interviewing in training programs little more needs to be said than that here is an important locus of interpersonal problems in work.

Conducting Staff and Other Meetings

Many interpersonal problems appear in connection with staff meetings. Because of their variety only representative ones can be mentioned here.

Chairman or leader behavior. Frictions arising in staff and other types of meetings extend throughout a variety of possible "causes" from poorly formulated agenda topics to lethargy and disinterest since "in the end he (the leader) will tell us what he wants done and how he wants it done." Chairman behavior which produces ineffectiveness in decision-making due to his failure to recognize the importance of clear and well formulated goals and so on frequently are mentioned. Also included are criticisms of meetings as "report" conferences when they should be concerned with problem-solving and as situations where policies might have been developed within the meeting itself, with the consequent advantage that members might become more committed not only to the policy but also to its implementation. Getting the staff, committee or group to accept responsibility for making decisions, arranging conditions that permit effective and widespread discussion and participation, starting and ending a meeting on schedule are all mentioned as critical factors leading to dissatisfaction with the use of groups for decision-making purposes. Authority relations between the leader and group members also occur in staff and other types of meetings: dependent reactions where members want the chairman or leader to "tell the group what to do," and resistant ones in which it appears that members are contesting proposals, not because of their content, but because they are initiated by the leader and so are of this type.

Member reactions and behavior. From the standpoint of member behavior, problems in addition to those described above also are mentioned. A typical kind of negative interpersonal reaction of members toward the leader in the meeting situation is expressed in the phrase, "The leader con-

trols what gets on the agenda, whereas in fact it is *our* responsibility to compose the agenda and to establish the priority for discussion." Other criticisms of the leader are, "He goes around the group pinpointing us for our individual reactions and thereby puts us on the spot," or "He forces us to reach a decision before we are ready to commit ourselves." Because of the commonness of group and staff meetings throughout occupational areas, the unsatisfactory nature with which they frequently are conducted and because of their recognized importance for securing valid policy decisions, it would be difficult to overemphasize the possible significance of training for effectively leading or participating in decision-making meetings.

Human Relations Problems Related to Organization within Departments

In addition to the kinds of problems already discussed in connection with superior-subordinate relationships and in conducting staff meetings, other difficulties of a more general character occur at the level of departmental organization. The departmental group is regarded as a formal control unit which possesses all of the characteristics of any enduring organization. In a sense it constitutes a miniature culture within which there are explicit group and individual standards for work and other types of conduct, fixed paths for communication, forces generating cohesion and others working in the direction of disrupting the formal organization, and so on. Also included is the informal level of organization based on the acceptances and repulsions of the kind so frequently mentioned by Moreno (3). They are basic for analysis if the action of the group clearly is to be understood.

Most frequently recognized and reported as disturbances are those arising from incompatibility of department personnel, where the source of friction seems not to be situationally determined but to be based on conflict between personalities. Even here, however, there is evidence that differential treatment of departmental personnel by superiors produces competition, jealousy, rivalry, and conflict which is relationally determined. Another type of interpersonal problem at the department organization level is reported in situations where there are two or more "strong" or influential persons who compete with one another and force other members to align themselves into sub-groups or cliques, thus producing problems of divided loyalties and internal discord.

The need is present in many departments to create conditions of sufficient flexibility so that members shift effort to help one another to meet the requirements of work rather than simply limiting their responsibility to their own set of assigned functions. This is in part a morale or *esprit de corps* problem and involves developing informal standards and interpersonal

relationships through which members "take the roles of one another" and accept shared responsibility for total output as well as personal responsibility for individual work. Creating conditions where members view the over-all responsibility of a department as of an importance comparable with that of discharging the assigned personal work functions constitutes, therefore, a basic and frequently reported problem.

Introducing changes which result in modifications of customary patterns of working constitute a constant source of interpersonal conflict within a department. Changes proposed by supervisors and presented without the opportunity for subordinates to contribute in determining the content or implementation of the proposed change are likely to be viewed with suspicion and to produce disturbances in the interrelationships of superiors and subordinates as well as relationships among peers. Such a remark as "I knew it would fail, but no one sought my advice about it and I'm glad it did," is typical and indicates the presence of disturbed interpersonal relationships at the group level.

A second difficulty occurring within a department when changes are introduced may be created when a supervisor is obligated by his own superiors to introduce a prescribed alteration but creates the impression among subordinates that the department or group is "free" to exert influence relative to the proposed alteration. Under such conditions the superior is likely to be subjected to conflicting pressures. On the one side he is obligated by his superior to invoke the designated change and on the other by those subordinate to him to introduce a change which is consistent with their interpretation of the situation. Recognition of this dilemma by subordinates may create resentment, withdrawal, or hostility toward the supervisor and friction among the subordinates. Introducing necessary changes which alter customary work patterns is basic to effective departmental functioning.

Interdepartmental Relations

The area of communication between departments constitutes a source of interpersonal difficulties. Some disturbances arising in connection with poor communication are located in the absence of formal channels through which information can be transmitted with result that inappropriate, uncontrolled and unmonitored informal channels are opened. Other significant problems occur from the refusal of representatives of departments to share information because of loyalty to their own department which, for them, functions as a positive reference group. If they release unfavorable in-

formation about their own department to the representative of another department it is regarded as an act of disloyalty. From the opposite point of view the transmission of unfavorable information to a representative of another department, because one's own department is a negative reference group, constitutes a mode of expressing hostility toward one's own work group. In the latter case, distorted information may be acquired through informal channels of communication which both produces conflict between members within a department and causes further incompatibility of members between departments.

Additional interdepartmental problems are understandable with recognition of the fact that the departmental organizational level constitutes a control group within which rewards and punishments are mediated. Under such conditions, ingroup feelings are likely to develop and to be the basis for competitive feelings toward "outside" groups thus producing the need to withhold information in order more effectively to maintain the internal strength of "one's own group." Loyalty feelings to one's own group that are generated under such conditions are likely to decrease the total effectiveness of the larger organization.

DISCUSSION

Examination of the human relations problem areas presented above suggests that psychological processes of a systematic character are involved in many of the difficulties described. The need is to identify the underlying issues in order to provide a frame of reference for dealing with the specific problems as they occur in the work setting.

Communication

A number of interpersonal disturbances are related directly to factors of communication. Inadequate *channels* of communication between departments or between levels within the control hierarchy of a department are typical. Central to an understanding of communication in an organization is the fact that the formally authorized pathways for the transmission of information may not be used and in preference to them informal pathways are created which follow the sociometric lines within an organization. Under such conditions the formal and informal lines of power may be different and thereby produce discord. Additional types of disturbances develop because of *barriers* to effective communication such as withholding negative information in order to avoid criticism or reprisals from superiors.

Difficulties often arise in the process of communication that are intrinsic to the nature of communication. Misreadings and distortions from

selective omission and emphasis, inadequate time for communication, the necessity for cryptic messages, and recipients being unprepared to listen because of unrelated internal disturbances also may lead to failure of understanding. Emphasis here is placed on the fact that many interpersonal problems are not only referable to psychodynamic factors in individual behavior, but also are directly related to situational components that are subject to change by effective social engineering.

Cohesion and Involvement

Identified in the census material are problems emanating from the character of emotional identification with the task to be performed and with the social properties of the situation within which work is accomplished. Superior-subordinate problems, for example, may arise from a superior's being in a position where he can appreciate the implications of an action relative to the total situation with the consequent high involvement that such an appreciation may produce. Subordinates, however, seeing only a part of the total situation are not so able to assess implications and, therefore, may be less committed to attaining work objectives assigned them. One result is that superiors complain that subordinates are unwilling to accept responsibility.

Other aspects of problems of low involvement and cohesion include considerations such as not being given the opportunity to participate in framing decisions, yet being required to implement those made by others. The result is that subordinates feel that they are working for someone else, rather than accomplishing a task which is of personal significance to them.

Transference

A special case of emotional response in the work situation occurs in attitudes toward persons in positions of authority in either two-person or group situations. Typical are reactions where the subordinate feels unable to perform work which appropriately requires his assumption of independent responsibility. At the opposite extreme are situations where an individual contests direction and guidance from superiors which is normal and appropriate to the accomplishment of the task. While the resolution of extreme dependency and problems of aggressive resistance may require therapeutic intervention, the management of lesser degrees of these kinds of reactions may effectively be dealt with through increased understanding of transference types of phenomena both by superiors and by subordinates or by an alteration of the specific relational aspects of the interpersonal situation that provoke these kinds of responses.

Goal Setting

Goal setting constitutes a source of numerous interpersonal difficulties. Typical are those arising in the context of appraisal and evaluation, where critical comments about the behavior of an individual are made but where no further effort is directed toward setting goals which could result in correction of the behavior which has been subject to criticism. Reprimands also are conspicuous for the criticism that they contain and for the lack of effort functionally to set goals which would result in changing the undesirable conduct. Additional areas in which difficulties may arise are found within departments such as in staff meetings or in interdepartmental goal setting by representatives of the departments directly involved.

Group Standards

Ample evidence supporting the point of view that problems of an interpersonal character occur in association with issues involving formal and informal group standards is provided in the summary above. Organization within a department contains examples of informal standards such as the scheduling of work, rest periods and breaks, the amount of work which is appropriately accomplished within a given period of time, and so on. Areas of responsibility for work and boundaries separating individuals with different but overlapping responsibilities within the same area also constitute aspects of the standards problem, particularly with respect to the coordination of interdependent actions between two or more people. Standards also function to regulate the interaction between departments in the same fashion as described here on a within-department basis. Though only representative, the issues identified above involve problems of explicit and implicit standards, both for independent conduct, interaction between various members of a group, and between groups. To the degree that standards are not shared, are in conflict, are poorly defined or are inappropriate to the work setting, they are likely to result in a variety of interpersonal disturbances.

Reference Group Affiliations

Several examples from the census material constitute demonstrations of the importance of reference group phenomenon in work situations. Most conspicuous are those involving communication between departments where one's own department is taken as either a positive or negative reference group, with communication to members of other departments regulated to a significant degree by the fact. For example, the process of disseminating information throughout the larger organization may be restricted or distorted because of the negative implications that its communication would

have for the department represented by the speaker. Under such conditions loyalty to the reference group has a higher priority than loyalty to the larger organization.

Reference group phenomena also may arise as a function of level within an organization rather than between departments as evidenced, for example, in the regulation of behavior that supervisors can exert on one another as they function in their own work settings. Under such conditions the supervisor's behavior is understandable only if recognition is given the fact that his behavior is to some degree influenced by his attitude relative to the reference group composed of other supervisors and with which he feels an affiliation.

SUMMARY

A summary of five areas of human relations problems in work based on the reports of approximately 1500 people from a variety of different occupations has been presented. As experienced and reported by the people who face them these difficulties are subject to categorization as problems of authority relations, interviewing, conducting staff meetings, departmental organization and interdepartmental relations. From a systematic point of view, the problems are interpreted as arising within the areas of communication, involvement and cohesion, transference, goal-setting, formal and informal group standards and reference group affiliations.

The material reported can be of use in several ways. One is in focusing research effort on more relevant types of problems, increased understanding of which can contribute directly to the improvement of the social conditions of work. Another is that both technical and nontechnical writing can be oriented to the clarification of the motivational and phenomenological aspects of these problems to meet the needs for increased understanding by people who must deal with them in concrete work situations. A third use is for more appropriately designing training and treatment programs concerned with various aspects of human relations difficulties in order to meet the needs of people who participate in them.

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AN ASPECT OF THERAPEUTIC THEORY

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A remark made by a competent psychoanalyst during an informal discussion of group therapy, stimulated the author to re-evaluate certain basic concepts in different types of psychotherapy. This analyst had remarked, in discussing the dangers of group therapy, that certain difficulties arose from the loosening of libidinal forces by virtue of the transference of each patient in the group to the leader, the father-figure. To paraphrase his remark, he had felt that, "After the session, the transference feelings of hostility may be so strong as to lock the members in an interminable discussion among themselves." The feeling so expressed is, of course, not realized in the experience of group therapists. But this specific anxiety on the part of the analyst implies important theoretical divergences indicating basically differing sociological orientations of group therapy and psychoanalysis.

The broad sociometric premise underlying psychoanalytic treatment is that the therapeutic group is dyadic, i.e. a group of two. This means the relationship involved is dual: doctor to patient and patient to doctor. It is with derivative assumptions involved in this dyadic relationship that the present communication is concerned. The assumption to be examined maintains that there is a follower and a leader, a doctor and a patient, in the dyadic relationship, the two becoming an unequal partnership in the sense that a leader is greater than, more omniscient than a follower. Freud himself, in connection with his analysis of group psychology, drew the parallel between hypnosis (as a paradigm of a psychological treatment situation) and group behavior. He ascribed the underlying feelings wherein an individual personality cedes his feelings and ideas to those of the leader as a regression to a situation existing in a primal horde. In this sense Freud thought of a group "as a revival of the primal horde."¹ From this notion he moved on to an analysis of the totemistic clan and then to those remnants of the clan remaining active in modern society, to religious institutions, the family, and the crowd. Thus "behavior of the individual to the leader," is projected in a therapeutic situation from its deeper roots in the Totem and Tabu constellation which pervades the sociology of the human family.

¹ Freud, S. *Group Psychology and the Analysis of the Ego*, Liveright, New York, 1949, p. 92.

To capitulate our point, this sort of social psychology lies at the bottom of psychoanalytic treatment and is encompassed in the conception of the "transference situation." If a psychoanalytic situation constitutes a group of two, then in varying degrees of intensity all libidinal relations within groups come to play a part in the therapeutic situation. That element which stands out is the leader-follower relationship with its attending unloosening of fear, hostility, and sublimations of hostility. Let us quote Freud's description directly to show how the primitive clan paradigm remains the sociometric orientation in psychoanalytic thinking.²

"The uncanny and coercive characteristics of group formations, which are shown in their suggestion phenomena, may therefore with justice be traced back to the fact of their origin from the primal horde. The leader of the group is still the dreaded primal father; the group still wishes to be governed by unrestricted force; it has an extreme passion for authority. The primal father is the group ideal, which governs the ego in the place of the ego ideal. Hypnosis has a good claim to being described as a group of two."

It is clear that the pattern of the relation between members of a group has deep, collective (or racial) unconscious reflections, but little room is left for the interaction between members of a group in terms of direct living experience. However, the "attractions and repulsions," the preferences and dislikes that Moreno³ insists develop spontaneously between individuals constitute the motive forces tying groups together. This is true even in view of whatever individual psychological reflections are implicated in the leader-follower relation. There can be little doubt that this view of group relations, rather than primal horde paradigm, lies closest to the psychological basis of present day democratic life.

The purpose of this note is to point out that some of the fear, clinically expressed among those who have not worked in groups or who maintain a psychoanalytic format in their thinking in group work, has developed under the distant influence of the Totem and Tabu idea. That archaic forms of group relationships can be analyzed out theoretically does not perforce prove that which is seen empirically in group formations in our day is in fact a replica of group dynamics which may have been true in a totemistic clan, the tribe, and the family. It is true that Freud related his primal

² Ibid, p. 99.

³ Moreno, J. L. *Who Shall Survive?* Beacon House Inc., Beacon, N. Y., 1953, Revised Ed., Book One, The Sociometric System, p. 39.

horde ideas more specifically to larger institutions such as religion, but the influence of such thinking has perceptibly characterized the analyst's relation to his patient in today's setting and hence secondarily has influenced emotional relations and counter-relations between this "group of two."

SOCIO-CULTURAL MODELS IN PSYCHIATRY

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No greater tribute can be paid to Sigmund Freud than to say that modern social psychiatry—psychoanalytic and all—is, in many ways, an outgrowth of his works. Nor would Freud have been disturbed about the fact that many of his original ideas have been overcome, and that additional dimensions have been added to therapeutic theory as well as procedure. For one, Freud himself thought of psychoanalysis in its classical setting as a “personality-anchored” method: he was quite aware—more than some of his followers—that the types of procedures he outlined (and abided by) were particularly suited for his personality, and not necessarily universal (1). He, too, was the first one to weigh the meaning of psychoanalysis: what is it that you have after you have psychoanalyzed an individual? (2).

In this paper, we shall dwell on one issue alone: that is the manner in which psychoanalytic theories have *gradually* been extended to become increasingly more psychodramatic. In saying this, we are not stating, or even implying, a value-judgment; and we are far from thinking that, with psychodrama in all its forms, the development in psychiatry has stopped and all change has ceased. In fact, we are sure of exactly the opposite. Yet, at the same time, the direction of growth seems clearly indicated although it may take very special procedural forms, indeed.

Roughly speaking, the chronology of psychiatry’s growth is one of a step-by-step transition from medical-biological, to psychological, to sociological, and anthropological models. Except for some remarks, we could not possibly add anything illuminating to the outstanding discussion of this by Marvin K. Opler (3).

If the medical model is concerned with organismic disfunctions, and the psychological one with the problems of the “psyche”, the newer socio-cultural models (in as much as they represent a worthwhile blending of social psychology, sociology, and anthropology) are firmly rooted in *interactional, culture-bound*, theories. In that interactional considerations are emphasized, the social psychological and sociological concepts acquire importance. In as much as, at the same time, the interactions of men occur in a specific concrete cultural context (typified by a flexible, yet given,

axio-normative order), cultural anthropology comes to bear upon psychiatry.

All this leads not to the rejection of the biologicistic or the purely psychologicistic models, but to their refinements. Freudian theories have been altered one by one: psychoanalysts themselves have been the ones to *advance* the initially (and by necessity) crude Freudian model. Nonetheless, primacy in theory which partakes of, at least, the medical, psychological, and sociological dimensions, belongs to Moreno (4) whose early writings foreshadowed the paths which psychiatry was to travel in the past few decades.

It is for this reason that we have asserted that psychoanalytic psychiatry has been converging toward psychodramatic psychiatry, even though Moreno's psychodrama will, itself, not remain unmodified (5).

Thus while the focus of inquiry in the medical model is the individual organism, and the individual psyche in the early Freudian schema, some psychoanalysts—for instance Bela Mittelman—tended toward relational concepts: Mittelman would, on occasions, deal simultaneously with a pair of individuals (husband and wife). It is only natural that the next logical step is one in which the total relatedness of an individual is taken into account: the *socius* (6) is studied, the person who lives within, but also outside, of himself.

If Freud was to be predominantly interested in verbal communications of the subject (a vast problem in itself), it was not too late for scholars such as Sullivan (7) and Horney (8) to start investigating the patient's emotional states—at least, by asking about them. And, again, the next step seems to have been to consider all forms of communication (Juergen Ruesch (9))—including words, emotions, gestures; that is, the whole configuration of interpersonal relationships. And finally, as opposed to investigations into such communications patterns, one envisages immediately the relevancy of *acting out*, wherein psychiatric inferences may be drawn from observing the actual behavior of the subject instead of merely his verbal discussions *about* his behavior.

Similarly, the format of the therapeutic situation is altered. The couch provides an adequate setting for verbal communications. The chair (to which some psychoanalysts soon resorted) still underscores verbal techniques, although the relative artificiality of the couch already disappears. The multi-dimensional stage (or in the extreme situation, the actual setting of the subject) is merely the necessary counterpart of the transition toward *action* (which includes words, but is not only words).

Methodologically, these trends, of course, reinforce one another. When the *socius* (the person and his relations) becomes the focal point of inquiry, it becomes obvious that therapy requires that the individuals our protagonist is related to *must also* be studied. The therapeutic setting then includes many actors, or co-actors of which the protagonist is but one—and in this case, the central one. The realization of the importance of *acting out* similarly presupposes that the acting occur in a *spatial*, as well as *human* context: the latter including affective relations, as well as the normative (cultural) ones. And that for such acting out, another format is needed than the couch or the psychiatrist's office: the stage, or the field itself.

But also, the time-direction of therapy is affected: the historicist orientation gives way to the "here-and-now" (G. H. Mead, J. L. Moreno, Kurt Lewin) (10) even though this does not mean that the past is, or can be, ignored. But it is the "present" which sheds light on the past, and not the past upon the present (wherein the past must *first* be reconstructed anyway).

* * * * *

When *acting* in the *context* of other actors in some *multi-dimensional setting* in the "*here and now*" (four major principles of psychodramatic theories: and each separately or in partial interdependence accepted by all modern psychoanalysts short of, perhaps, the very few completely dogmatic ones) becomes the underlying theme in psychiatry, something else still is implied: it is acting which is concrete-situational. And concrete-situational acting has some *aims*. These aims are attached (say by the protagonist) to the co-actors as well as to the self. Behavior becomes integrated as means toward the achievement of some concrete ends. Now: when behavior is so organized, it is associated with a set of expectations which mutually guide it. An obligation pattern is formed. The modern social psychologist and sociologist (as well as anthropologist) speaks of *social roles*. The implications of psychodramatic therapy are those of *role theory*, a field recently well developed. In contemporary sociology of renown, of Parsons or Merton (11), the social role becomes the unit of analysis—and *not* the individual.*

Whether we think of the importance attached to specific (role-bound) criteria in a sociometric test of Moreno (12), or of the psychodramatic procedure which deals directly in social roles (and never with the "total

* This approach largely stems from Ralph Linton.

psyche", or the "total personality" at once), the ramifications of this for the crucial physician-patient relationship must be realized. The psychological model presupposes a stable relationship. In the psychodramatic model (which we say is socio-cultural), the relations between the doctor and the patient take place within a larger fabric of social role, within a role-system (Parsons): and the relationship between the two crucial players, the physician and the patient, may itself be changed as the situation seems to demand. Hence, the psychodramatist introduces elasticity into the formerly rigid relationship, flexibility which corresponds to the flexibility of role relations among men.*

Clearly, the patient enters the situation with specific expectations regarding the physician.** And similarly, the physician draws upon his experiential knowledge to associate certain expectations with respect to his patient, as well as himself. Nonetheless, in the process of interacting, these mutual expectations may change: we are stating that psychodrama leaves room for such changes (even to the point that the patient may "take over" the therapy, or "discard" the therapist for a while—or completely), whereas classical psychoanalysis does not.***

Of the many issues which are pertinent, we shall dwell briefly on only two: one pertains to the libido, and the other, to anxiety.

Adler already (13) understood the libido in a much larger sense than Freud did. Once more, in the writings of Moreno, the equivalent concept is that of *tele*, an affective relationship of individuals which is spontaneously formed. But to consider it from the viewpoint of the sex-restricted libido would not do. The tele is more like the cathectic orientation to persons in the theory of Parsons (14), and tele-for-objects (also discussed by

* There is plenty of continuity (and thus stability) in spite of this flexibility. The point is that the socio-cultural model *makes it possible* for the relationship to be dynamic as much, or as little, as all relations of an individual may be.

** These expectations are likely to be very concrete in some areas, but they may be rather vague in others. Specifically, the patient may expect "cure". He may have diffuse expectations related to the way in which he might be cured. (Indeed, if he hadn't he would hardly be in need of professional help.)

*** We are not discussing here the myth of non-directive therapy. We say "myth" because that is what it is. The silence of the therapist *is* a strong form of acting, and hence, a cue with respect to which the therapist must act anyway: and thus extremely directive. The sole question as to whether "silence-directed" therapy is to be preferred over other ways of directing (by the physician) is answerable only by research.

Moreno) as the corresponding concept for object, or non-person, cathexis. The libido of Freud, and even that of Adler, are but special cases of a more complicated process of cathecting. The psychodramatic therapist leans more upon Scheler (15) than he does upon the narrow meaning of libido in Freud: yet, this means again an extension of the concept to include a greater variety of human interrelations, it means a transition from mono-factorial to poly-factorial considerations (and roughly corresponds to the difference between classical and modern scientific theories).*

In as much as the idea of *anxiety* is rather crucial in all psychiatry one should expect that it, too, underwent considerable changes. Truly, this has been so. In psychoanalytical writings, anxiety generally is seen to stem from the birth trauma: a theme especially predominant in Rank. Freud argued that anxiety produces repressions: but he, too, was to recognize that repressions lead to anxiety as well. When we translate this into a somewhat newer language, we would say that an individual develops a system of inhibitions in the process of socialization (Moreno speaks of gradual suppression of spontaneity): and in so far as he functions in distinct social roles, normatively defined, the individual is never the holistic self, but always a certain segment of the larger self. Erich Fromm speaks of the double-edged guilt-feeling of the modern man who feels guilty for being the self (in a situation in which others also live) and also for not being the self (by conforming to the inter-personal norms).

When the sociological concepts are utilized, one may discuss the complex interrelatedness of the normative and the informal configurations around an individual, or within a group. Early in his writings, Moreno reduced much personal instability to the conflicts between the "official" and the "depth" society: the contradictions between formally defined social roles, and those which the individual *desires* to play, or *rejects*.

Finally, the social anthropologist adds the dimension of culture: some civilizational processes, such as industrialization or urbanization seem definitely related to the growth of ailment, and thus are conducive to anxiety. Whether this takes the form of the early Marxian thought on alienation, of the Durkheimian notion of anomie, one relates anxiety to cultural phenomena, and places the possible anxiety-breeding birth-trauma into its proper limited context. One needs to consider only the newer writings by psychoanalysts—Fromm (16) of Horney (17), social psychologists, such as

* Cf. an excellent discussion of Scheler by Howard Becker in the *International Journal of Sociometry*, September 1956.

Lewin (18), sociologists—such as Parsons (19) or Merton (20), anthropologists—such as Kluckhohn (21) or Mead (22) to see the manner in which the simplifying theories of anxiety have been refined lately.*

* Equally pertinent are the writings of modern existentialists—Martin Heidegger or Jean-Paul Sartre.

FREUD, ROGERS, AND MORENO

AN INQUIRY INTO THE POSSIBLE RELATIONSHIP BETWEEN MANIFEST PERSONALITY, THEORY AND METHOD OF SOME EMINENT PSYCHOTHERAPISTS

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Why are there so many schools of psychotherapy? Why do methods vary so much? How do people come to select particular procedures for their own therapy or as their method of practice? How is it that intelligent and sincere people exposed to various theories and procedures reject some and accept others? What are the basic determiners of choice in this area?

Without doubt, proponents of various systems would give "intellectual" answers: would attempt to show the validity of their theoretical constructs, the logic of intervening variables; point out clinical successes; and may even attempt, when pertinent, to present nomothetic evidence based on approved hypothetico-deductive investigations using objective criteria. However, the naive investigator of systems would still be puzzled since various proponents would give, in essence, the same arguments for different systems.

There can be a quite different kind of explanation for this human phenomenon, the subject of this inquiry, namely "emotional." As used here, this term differentiates from "logical." Personal, private, emotional or feeling determiners may precede and determine action, while logical, intellectual, or unemotional reasons may be post hoc rationalizations.

There is one outstanding study in this genre which may be cited, although it is in another area. Pastore¹ was interested in why eminent scientists took either side of the nature-nurture controversy. He hypothesized that the side they took could be explained by political liberalism or conservatism, with the liberals being on the side of nurture and the conservatives on the side of nature. He did find evidence to support his views: hereditarians were conservative, environmentalists were liberal; the former believing in eugenics, the latter in euthenics. In short, how these scientists came to side themselves on this perennially unsettled topic appeared to be a function of social-political opinions, which presumably came first—and which presumably themselves were a function of what is generally called "personality."

¹ Pastore, N. *The Nature-nurture Controversy*. New York: King's Crown, 1949.

The protopostulate of this essay is that selection or adherence or "discovery" of a theory and method of psychotherapy is not fortuitous in terms of personality, but rather that they are a function of the self. That is to say, what a person believes and does in this area can, by and large, be understood in terms of his personality.

SOME PRELIMINARY IDEAS

This complex and sensitive question is complicated by the vagueness and indefiniteness of the terms "schools of psychotherapy" and "personality." Below, an explicit denotation of the precise way these terms are used will ensure some degree of control and restriction in the manipulation of the concepts.

Personality

Personality may be conceived of in three general ways: (a) real, true, basic, essential, (b) phenomenological, (c) manifest. These will be now defined and an explanation will be given why the third definition is used in this paper.

Real personality. What a real personality is remains a philosophical question, unanswerable by science. People are readily deluded about themselves; this is a common experience for those who do psychotherapy. The purpose of psychology as a personalistic science is to attain understanding of final and fundamental reality of self, but it can be said that no method of analysis or of testing has yet been claimed to attain this end. We may say that "real" personality is a metaphysical issue, and not currently scientifically meaningful.

Phenomenological personality. Is personality what a person thinks he is? Surely, no matter what the opinions of others may be, one can argue that an individual operates in terms of his conception of self, and that he sees things and behaves in accordance to self-perceptions. However, to depend on phenomenological impressions to define personality has many hazards in terms of reality. The paranoid's system of perception may be readily established, but can one say that it is operationally or reality valid?

Preston² and associates argue that personality may be considered an impression. A's personality is what B sees it to be. A's personality does not reside in the realm of reality, nor in the area of self-perception, but

² Preston, M. G., Peltz, W. L., Mudd, E. T., and Frosher, H. B. Impressions of Personality as a Function of Marital Conflict. *J. Abnorm. Soc. Psychol.*, 1952, 47, 326-336.

rather in the minds of others. Therefore A has as many selves as observers. If we take this view, we can argue that the personality of any person is the consensus of observers.

To handle the problem to be set up, we shall use the concept of *manifest personality*, that is the impression of the personality of several people as obtained by the writer. If these impressions accord with those of the reader, we may say that consensual validity exists, but if there is difference it will be unknown which of the several views is closer to the metaphysical conception of true personality or the phenomenological impressions of the individuals involved. In short, no claim is made that these impressions are valid; they are merely the writer's opinions.

Schools of Psychotherapy

No one, to the writer's knowledge, has established any classification of schools of psychotherapy. Nevertheless, it appears intuitively valid that some schools have much in common with others. Adler's and Horney's version of psychoanalysis appears to have many points in common; McCann's Round Table Psychotherapy resembles in some respects Bion's Leaderless Psychotherapy; Klapman's Textbook mediated therapy has some resemblance to Low's Will therapy, etc. However, what is needed is some over-all general classification scheme to subdivide the therapies. If this system can also be used to classify individuals, then one can handle the main issue of this paper—the comparison of theories and methods to personalities.

Corsini and Rosenberg³ located a total of 166 different mechanisms of group psychotherapy, which after a kind of semantic factor analysis were classified into three groups: *Intellectual*, or dynamics that stressed understanding, logic, explanation, learning—in short mechanisms which depended on cognitive process; *Emotional*, that is to say dynamics that depended on feeling processes, acceptance, transference, and the like; and *Actional*, or therapeutic processes that were characterized by behavior or physical expression.

This trichotomy appears to reflect three maxims found in philosophy and religion: *Know thyself* (intellectual); *Love thy neighbor* (emotional); and *Do good works* (actional).

It appears to the writer that the *psychoanalysis* of Sigmund Freud with its emphasis on understanding the individual is an example of a psycho-

³ Corsini, R. J., & Rosenberg, B. Mechanisms of Group Psychotherapy, Processes and Mechanisms. *J. Abnorm. Soc. Psychol.*, 1955, 51, 406-411.

therapy that relies heavily on *intellectual* elements. The *client-centered psychotherapy* of Carl Rogers with its core insistences on the importance of the acceptance of feelings is a school which depends considerably on the effect of the *emotions*. The *Psychodrama* of J. L. Moreno with its emphasis on action is a psychotherapy based essentially on the importance of spontaneous *behavior*.

STATEMENT OF THE PROBLEM

The major purpose of this paper is to illustrate the relationship of "personality" to "psychotherapy." Personality is viewed from the point of reference of the writer, i.e., the manifest personality of various therapists. Both personality and psychotherapy are to be classified in terms of Intellectual, Emotional and Actional factors.

The specific hypothesis is that there is a direct relationship between the "personality" of eminent therapists and the procedures and theories they employ. More specifically, it will be argued that Freud was manifestly an intellectual individual; Rogers an emotional person; and Moreno a man of action.

However, one additional problem arises: each of these three men were initiators in this field, who had the daring to break away from tradition. Are there commonalities in their manifest personalities which explains their leadership behavior?

With some comprehension of the superficiality and naiveté of this approach, as a first approximation to an interesting and perhaps important problem, let us try to determine what these men have in common which made them initiators, how they differ, and what made them go in different directions.

MANIFEST PERSONALITIES

Freud's manifest-to-me personality comes from secondary sources: his own writings, and those of his various biographers, all of which appear to have the virtue of consistency. Freud appears to almost the stereotype of the pedant: a precise, meticulous, compulsive student of minutia: patient, untiring and logical. Clues are picked up and welded into an inductively built system of great logical coherence. While he may have been personally warm and kind, he gives nevertheless an impression of courtliness, distance, even coldness. He was in the tradition of Wundt, Kant, Ebbinghaus—the gentleman German scientist.

Rogers, known to the writer as a member of his doctoral committee and psychotherapist, is regarded by all known to the writer as a person

whose manifest personality qualities are those of consideration, gentleness, confidence in others, warmth, modesty, and acceptance. He is quiet, friendly, maintains a high regard for others, is sympathetic and empathic.

Moreno is known personally to the writer by interviews, participation on committees, correspondence, etc., and certainly gives a major manifest impression of dynamic action. He is the almost pure type of *l'homme social*, gathering groups around him, continually on the go, moving rapidly and excitedly—sometimes giving the impression of a person suffering from mania. He is filled with apparently inexhaustible energy.

Commonalities

Above we have attempted, in terms of the system, to portray Freud as essentially an intellectual, Rogers as a feeling person, and Moreno as a man of physical action. However, to complete the portraits, it is necessary to stress the commonalities of these men to understand their strivings in this field.

Intellectual. It can hardly be doubted these men each have a superior level of what the psychometrists call "G" or general intelligence. However, it is how the intelligence is used that is of interest to us. We may label it *cleverness*.

Intellectual. Freud was a genius at exposition. He was able to present evidence in such a manner that cynics and skeptics of psychoanalysis were readily convinced. Freud had a knack of permitting the reader to come to his own conclusions, which were really those of Freud. He could well have been a supreme pleader at law or an advertising genius.

Rogers' intelligence is seen in his artful capacity to avoid controversy, to use words with extreme precision and delicacy. It is perhaps no accident that Rogers is a student of semantics. The terms "non-directive" and "client-centered" have a built-in appeal, with their sly dig at other procedures which become by implication "directive" and "therapist-centered."

Moreno perhaps manifests his cleverness best in his capacity to manipulate people; to organize movements, to be able to feel the pulse of a movement and to know when to initiate steps.

Emotional. The common aspect of these three people in this area is courage. Each of these men have faced hostility and have not run away from it.

Freud, a product of a puritanical era, investigated sex, even in the face of opposition of his early collaborator, Breuer. In the face of followers who opposed him, he showed an intransigent attitude, when a little di-

plomacy might have kept the group together. He held tenaciously to his ideas and discussed unpopular issues. He attacked religion and he even argued that physicians did not make good psychotherapists—a point which we must return to—, but of the most pertinency is that Freud was no Freudian, since he continually changed his ideas, having no respect for doctrinaire philosophies.

Rogers' courage is also seen in many respects. As a psychologist venturing into areas that physicians had staked out for themselves, he suffered from almost united disapproval of medical groups. It is stated that he spoke before assemblies of people he knew would attack him. He maintains a kind of gentle stubbornness, rarely attacking people, as Moreno is wont to do, but defending his opinions as Voltaire is said to have stated, to the very end.

Moreno's courage is seen in many respects. It is found in his capacity to pioneer: starting societies and journals. It is seen in his writings, which are sometimes more candid than anything found in Rousseau or Koestler. He calls himself a genius, declares this is one reason why he may never be elected president of the American Psychiatric Association, boldly considering his ideas of an importance equal to those of Jesus, Buddha, and Socrates, *and* claiming to have written bibles.

Actional. If in the intellectual sphere, cleverness characterizes these men, and if courage characterizes them in the area of the emotions, then it is work that unites them in the area of action. Each of these men shows a prodigious capacity for labor.

Freud's heavy writing and analytic schedule is well known. In his later years, wracked with cancer-pain he stubbornly continued his work.

Rogers has produced a large number of books and articles, maintains a normal teaching schedule, a strong lecture program, and nevertheless keeps a normal 18-hour-a-week therapy schedule. In addition, he directs the equivalent of a small institution and as a professor is loaded with all kinds of committee meetings. Nevertheless, Rogers is a person who is known always to be available.

Moreno's wife once stated "he does the work of six"; he is the author of more than a dozen books, the editor of two journals, the superintendent of an institution, the director of a teacher institution. He still maintains a heavy patient load, lectures and demonstrates in Europe and the United States, and is an indefatigable writer of letters, of which the present writer has more than one hundred. One who is dealing with Moreno may expect to be called on the telephone any hour of the day or night.

Above, what has been done is to attempt to explain the eminence of these individuals by claiming they are alike in that they are clever, are courageous and work hard. Let us now attempt to see why they have gone in such different directions in their systems of psychotherapy.

PERSONALITY AND PSYCHOTHERAPY

We have already stated that Freud was a reserved person who operated in a cautious and logical manner. In his method of psychotherapy, the patient was made to lie on his back so that neither could see the other. He had a horror of personal relationships with his patients: transference was given the label of "neurosis" and acting out was called "regression." Actually, Freud was not a psychotherapist: he was a scientist. In stating that physicians were not equipped to be psychoanalysts he was most probably projecting, realizing his own deficiencies as a therapist.

It seems evident that the method he used was entirely consistent with his manifest personality. It is of interest to note that Freud was aware of his peculiar method and argued that other people, differently constituted, would probably do best to operate differently, but nonetheless he was able to pass his own neurosis on to a generation of psychotherapists, who dutifully put their patients on their backs, and called transference a neurosis.

If Rogers is manifestly a kind, gentle, unobtrusive person, then we must expect that his method of psychotherapy should mirror him. In the client-centered therapy, the therapist tries to get into his patient's frame of reference, to understand the other, to appreciate, value and accept the other. He avoids interpretation and advice, and argues that every person has a potentiality for good adjustment. In short, his system of behavior is entirely consistent with his manifest personality.

Moreno, as we have stated, is a dynamo of action, always on the go, full of plots, plans and procedures. It is not to be wondered then that psychodrama takes place out in the open, on a stage in front of all humanity, that the therapeutic behavior consists of action—that intellectualizations and expressions of feelings are subordinated to outright spontaneous behavior.

DISCUSSION

The argument is that eminence in this field is a function of cleverness, courage and capacity to work. It is also argued that a psychotherapy that bases itself on intellectual elements was begun by a man of intellect; a system based on feelings and acceptance was initiated by a gentle and friendly person; and that a system based on spontaneous behavior was started by

a man who himself demonstrates a capacity for immediate action. The conclusions would appear to be that in order to understand why these and possibly other methods of psychotherapy came to be, we have to understand their initiators. We may say that schools of psychotherapy, just as institutions, are the shadow of a man.

However, what has gone above may appear to have little meaning in terms of its implications for other therapists. The writer would suggest that a very important generalization derives from the above: the proper method of psychotherapy for any person must be an extension of his own personality. For a therapist of Moreno's disposition to attempt to become a psychoanalyst is ridiculous; for a person like Freud in nature to attempt psychodrama would be a tragedy; for a person who is like Rogers in his temperament to try to be an analyst or a psychodramatist is foolish. How one does psychotherapy should be a function of the type of person one is.

The practice of psychotherapy must be divorced from the theory of psychotherapy. The first refers to *how* one operates and the latter to *what* one believes. The relationship between theory and practice is not unvarying. One can be an analyst and not have his patients lie down; one can accept Rogers' phenomenological theory of psychotherapy and do psychodrama; one can accept Moreno's sociometric theory and be non-directive. There has arisen a horrendous myth that a theory and a method are united. In short, how one does psychotherapy should be consistent and natural for the therapist; what theory the psychotherapist assumes has little or nothing to do with how he operates.

It appears that although these three men were alike in that they were intelligent, were courageous and worked hard, nevertheless they had distinctly different personalities, and intuitively realizing that the method they should use should be a reflection of their essential selves, found procedures entirely consonant with their personalities.

We may learn from these men several lessons: the manner in which psychotherapy is to be practiced for maximum advantage should be a reflection of the therapist's personality; and that theories of psychotherapy are not welded to procedures. Various proponents of a particular theory may nonetheless operate quite differently.

PSYCHOANALYTICAL GROUP-PSYCHOTHERAPY

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In 1947, we had an opportunity of undertaking our first tests in group-psychotherapy for the child (9). At that time our only idea was to economize the efforts of the psychotherapists, due to the large number of children who had to be treated. There was a lack of foreign publications in France at the end of the second world war, and we knew only of Moreno's psychodrama by hearsay. Little by little a certain number of colleagues began to be interested in this kind of psychotherapy and the applications of psychodrama (8) (10) (2) (18).

But it was bound to happen that our colleagues working with us, who had, like ourselves, a psychoanalytical background, attempted to clarify group-psychotherapy by the theory and technique of psychoanalysis. It is important to stress the fact that up to now, the confrontation of psychoanalysis and psychodrama has always seemed to us to be productive. However, our body of psychotherapeutic doctrine leans solidly on psychoanalysis. We admit none the less that psychodrama is a psychotherapeutic instrument of the first order and often irreplaceable, which we can use as well for the child—at least when approaching puberty—as for the adult.

In other respects, the originality of dynamic group phenomena must be straight away equally stressed. It has never seemed opportune to us to apply mechanically the dynamic laws of individual psychoanalysis to group psychotherapy. However, in the fundamental relation of the psychoanalytical cure, that of patient and doctor, the specific modality is the aggregate of the relations of Transference and Counter-transference. This is also the case for a group, and as we shall see, certain dynamic phenomena observed in the therapeutic groups seemed to us to help a great deal in the understanding of transferential relations.

Thus, as we are going to try to demonstrate, psychoanalysis, psychodrama, and group psychotherapy, support one another and justify our researches into the reciprocal applications of these various techniques.

It goes without saying, that the present work does not aim at presenting a synthesis of all the efforts made in France in the field of group psychotherapy. A certain number of research workers and psychotherapists are working in directions which differ from that which we have chosen. We shall merely recall that sociologists have studied the applications of psychodrama

in micro-groups (Gurvitch (7)). Group psychodynamic phenomena have been the object of numerous investigations by the Maucorps team (13), especially directed to the study of the phenomenon of the rejection of deviant. Various psychiatrists use group psychotherapy, but especially in psychiatric hospitals. A recent symposium was devoted to this subject, under the direction of Henri Ey (5). Finally, it must be clearly pointed out that other psychoanalysts use psychodrama and group-psychotherapy, in a direction which does not always completely coincide with ours. (J. Dreyfus-Moreau (4)—F. Pasche (15)—R. Bayet (1)—J. Schweich (16)).

In this article, necessarily limited, we shall envisage only two theoretic problems.

1) With regard to the application of verbal psychoanalytical technique to therapeutic groups, we shall show several particular aspects of Transference. From now onwards, we shall try to specify the important consequences, that in our opinion, can be drawn from it for the study of Transference in industrial psychoanalysis. From that, we shall justify the idea that the study of group phenomena helps the investigation of the traditional psychoanalytical theory and technique.

2) With regard to the application of psychodrama, we shall try to show how the theoretic and technical ideas of psychoanalysis are easily and enrichingly turned to account.

3) It will remain for us to present briefly in a third and final chapter, the indications, which appear to us sufficiently specific, in these various methods.

I. GROUP PSYCHOANALYSIS

(Its importance for the comprehension of Transference)

Various psychoanalysts, either before or at the same time as we, have tried to apply their technique to group-psychotherapy. Among them, Slavson (17) and Foulkes (6), must certainly be mentioned. But Sutherland and Ezriel's contribution in the work directed by Bion at the Tavistock Clinic in London, appeared to us to be especially decisive for the subject in question (19).

Like the last-named authors, we try to apply verbal psychoanalysis in its traditional modalities to small groups of adults. Briefly, it is a question of small groups of 6 to 8 young adults affected by moderately serious neuroses, and of analogous cultural status. The sittings are weekly and last 90 minutes. The patients are invited to discuss freely any question. The psychoanalyst's activity is purely that of an interpreter, and as in the psy-

choanalytical cure, the interpretations are nearly always of a transference order, that is to say, they try to show the patients how infantile situations, forgotten but still active, are reactivated in the present, and by means of transference neurosis. This provokes resistance which, in this experiment has aspects, quite particular and different from the silence so often observed by the psychoanalyst. The material supplied is rich; it is true, the historical material is not so abundant as in individual psychoanalysis. Therapeutic work bears especially on fantasies and dreams. The patients often present their dreams when the entire therapeutic group joins in, and "group transference" thus shows itself in an experimental fashion. These psychoanalytical group cures are long, as long as the individual treatments; generally, they last more than three years.

Without doubt, transference, the resistance which tends to obscure it (resistance *to* transference) and the resistance which is established on the very existence of transference itself (resistance *by* transference) tend to take the same turn as in individual psychoanalysis, with the slight difference, however, that the displacements on the image of the psychoanalyst, which determine transference, tend to become confused with new displacements of the psychoanalyst's image on the image of another member of the group: for example, it is much simpler to express aggressiveness against a patient in the group than against the therapist.

But more specific transference phenomena are observed that are, in any case, especially interesting in this study. Ezriel draws attention to the fact that in individual psychoanalysis the therapist accepts all the displacements which his patient makes on his image, by the very nature of his systematic attitude of benevolent neutrality. In a group, on the contrary, patients inevitably react to the displacements which the other patients make on themselves. From which follows quite a complex game of character-investing which leads the group to a balanced state of tension. This allows the interpretation of "common group fantasies".

It is here that the idea of role intervenes. Moreno, the creator of sociometry very justly started it. In the groups, the roles are given by one member to another, but they are not necessarily assumed. The psychoanalyst, on the contrary, assumes the role with which his image is invested. It can even be said that a good counter-transference allows him to assume fully the roles with which his patient wishes to invest him. The idea of role is definitely interesting, because it answers to the "social" definition of the Ego that Moreno formerly gave (14). "The roles are not derived from the Ego; but the Ego is often derived from the roles." In other words this

reflection on roles whether assumed or not, either in group or individual psychoanalysis leads us to an understanding of valorisation in the frame of the therapeutic relationship and in certain aspects of the image of the other, not only in terms of the automatism of repetition described by Freud, but also in terms of a repetition of the needs which show themselves in the roles with which the psychoanalyst is credited, and which he must assume.

II. DRAMATIC PSYCHOANALYSIS

(Psychodrama in the light of psychoanalytical theory and technique)

Without doubt, Moreno the creator of psychodrama has, on many occasions criticized the psychoanalytical theory. From his point of view, the history of psychoanalysis seems to justify this opposition: indeed, if at its beginnings, Freud insisted on the cathartic aspect of his psychotherapy, as the psychoanalytical theory of the Ego developed, it was inevitable that psychoanalysis should direct its efforts on the interpretation of resistance and the defence mechanism by which it is shown, on the container more than on the contents, as has often been said. Thus the "acting-out" which is exactly what Moreno places in the centre of psychodramatic psychotherapy, becomes the image of resistance in the psychoanalytical cure. Still more, is not transference often really conceived like the aggregate of behaviours induced by the systematically frustrating attitude of the psychoanalyst who refuses to enter into his patient's act.

Without denying the considerable interest of this evolution and of these conceptions, we can state, needless to say, that such a definition of transference does not completely agree with the dynamic already stressed, of the interreaction of roles. However, we know at least one case, where acting, with the consent at least of almost all psychoanalysts, constitutes the basic technical instrument: it concerns the psychoanalysis of the child. As Diatkine said (3), is it not the function of the child psychoanalyst to play the game, without playing it and while refusing to play it?

Now it is without doubt possible to see how psychodrama can be used as a means of expression in a psychotherapeutic cure directed on psychoanalysis. Dramatic expression is often a privileged method, or even the only possible one at certain ages (adolescence) in certain mental troubles (psychoses). It should not be only used for cathartic ends, but as we shall soon see, psychodrama can be widely used, and especially in the cases which have just been envisaged, with the usual psychoanalytical techniques of interpretation of resistance and transference. In the current psychoanalytical sense, psychodrama cannot and must not be a therapy by "acting-out".

There it concerns a manifestation of resistance which must be interpreted and reduced.

In this struggle against psychodramatic "acting-out", we shall give a single example, often observed elsewhere; the patients generally seriously affected, begin to consider the psychodrama as a preliminary apprenticeship before certain experiments. They thus imagine that by acting love scenes they are preparing themselves to get rid of their inhibitions. It is thus easy to show these patients that these love scenes that they declare they want to act, are in fact "actings-out". They know quite well, that although everything can be imagined and acted, the psychodramatists are not teachers of love technique; there it certainly concerns "acting-out" which consists of refusing a satisfaction, infantile behaviour, repeated in the therapeutic situation. The psychoanalyst knows this type of "acted" transference which is, in fact, resistance to transference and which must be interpreted as such.

In fact, psychodramatic therapy easily allows the interpretation of resistance: in certain cases it is even a privileged technique for bringing out the defense mechanisms by which it shows itself. The technique of reversal of roles, has been considered important by Moreno for a long time, and is exceptionally productive. Here is an example. An adolescent, whom we shall call Marc, presents behaviour trouble of the inhibition type with intermittent reactions of the "running away" type. He draws his father as an authoritarian tyrant. As a matter of fact, in the psychodramatic production he is seen to be incapable of appearing before a father, whose role is taken by a psychotherapist. In a second scene, Marc plays perfectly the role of *this father, who prevents him from expressing and realising himself*. Lastly Marc is asked to project himself into the future and to act the role of the father he wants to be and whom he imagines to be quite the opposite of his own father. He is seen to take up exactly, trait by trait, the role of his father and to appear as an obstinate instructor. Is there for the subject under treatment a better illustration of the definite role of his Super-Ego and is it not a striking explanation for the patient, of the defense mechanism of Identification with the aggressor, which it illustrates so clearly?

The use of the psychodramatic method, appears to us, as is seen by the single examples we wish to give, perfectly in place in the frame of psychoanalytic therapy, essentially characterized by the interpretation of transference and resistance. In these conditions, it has obviously certain indications which we shall now specify very briefly.

III. METHODS AND INDICATIONS IN VERBAL AND
DRAMATIC GROUP PSYCHOANALYSIS

In the methods employed we distinguish:—

a) *Verbal group-psychoanalysis*: This, it seems to us, should be reserved for young adults, of the same cultural status, affected by moderately serious neuroses, but who show inhibitions in the verbalisation of what they feel in individual dialogue with the psychoanalyst. It is not a question of an economic method; to us, as to Ezriel (19) it seems to be a very interesting method for the experimental study of transference, and for its teaching; as it allows the presence of one or several assistants, who having undergone their personal psychoanalytical training, can find in this experiment, a great enrichment of their knowledge of the dynamic phenomena of the psychoanalytical cure.

b) *Dramatic group psychoanalysis*: This is a question of a group which participates completely in a psychodramatic action in which it integrates, after discussion of the themes to be acted, the group of psychotherapists. This method combines the advantages of psychodramatic production and the interpretation of transference, in the nature of the roles with which the group invests the therapist. This method seems to be indicated especially for young adults of relatively low cultured status intelligent, but having difficulty in verbal expression. We often employ it with adolescents affected either by neurotic troubles, by psychomotor troubles, or by behaviour troubles of the anti-social type. Indeed the well known verbal inhibition in these young subjects fully justifies the adoption of psychodramatic therapy.

c) *Individual dramatic psychoanalysis*: In actual fact this is a question of a group-therapy, since the subject under treatment is treated by a group of therapists that the psychoanalyst, leader of the psychodrama, arranges to his liking. This technique, certainly expensive, seems however the most rewarding modality of psychotherapy for adolescents and psychotic adults—the techniques of reversal of roles, and the mirror, to which we add that of the “Greek chorus” designed to materialize the hallucinations and delirious ideas, allow deep research into the fragile Ego of these patients.

d) *Psychoanalytical psychodrama*: is a kind of psychotherapy where the psychodramatic study of certain themes allows a reaction *from the audience*. The audience watches the scenes unwinding and participates emotively. This form of psychotherapy is especially interesting for small groups, not exclusively psychotherapeutic, and indeed professional groups from whom a certain emotive consciousness is hoped for.

This last modality of psychodramatic psychotherapy leads us to our conclusion. Many professional groups must change their attitude with regard to their "clients". Let us mention only general practitioners, pediatricians, social workers; teachers. . . . And why not mention parents whose job is so difficult.

All efforts to obtain a change of attitude in these different professional categories are in vain, if we limit ourselves to giving rational information and intellectual advice. Moreover, psychoanalysts know to what depths the roots of the Super-Ego go—that we thus claim to modify.

On the contrary, the consciousness produced by psychodrama in the subjects who participate in it, and in the audience which participates in its fashion, has always seemed to us infinitely richer in the emotive programme. This is why the psychoanalytical applications to group-psychotherapy and psychodrama overflow from the strictly therapeutic programme into the social programme for mental health. These psychological applications will perhaps, in certain cases, and through the background work or emotional reform carried out by certain professional categories, avoid the onerous recourse to long and costly therapy which can be in the end used only rarely.

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ENTITIES AND ORGANIZATION IN INDIVIDUAL AND GROUP BEHAVIOR: A CONCEPTUAL FRAMEWORK

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Are problems in the field of psychiatry and social psychiatry sufficiently well defined to appear amenable to scientific attack? In this centenary of Freud's birth, one thinks immediately of his predominant interest in the psychosexual development of *the individual within family contexts*; of his concept of that individual as an energy-distributing mechanism; and of his awareness of the possibility of symbolic substitutions, or surrogates, for parental figures. All individuals were regarded as possessed in some degree of typical human mechanisms of defense, as they underwent this psychosexual development and reached out, or were repelled from, figures beyond the original parent and sibling circle.

It seems today that these primary Freudian concepts and their use in a total system still stand, decades later, with the single exception of the central notion of an energy-distributing mechanism, uniform for the human species. The revolt against fateful and mechanistic determinism, and the widening of family contexts to include broader cultural horizons impinging upon the individual may be put down as the two major additions to Freudian theory since his time. Perhaps this is why Sullivan viewed schizophrenias as more than a regressive or fixating process and called them, generically, "a way of life". Perhaps this is why Kardiner alludes to "social emotions", Fromm to the social determination of sexual behavior, Horney to a range of cultural determinants of conduct, and Leighton to "human striving". The last is the most recent of these broadening conceptions and will consequently be defined: (11)

"The human being exists more or less continuously in the act of striving; interference with this striving has consequences which often produce psychiatric disorder." (Leighton, p. 369.)

Obviously, a biological mechanism does not strive; it simply functions. Further, while culture itself may exist *in part* to subserve biological human needs, man is indeed nature's Ugly Duckling and he escapes from, or transcends, the realm of biology. In this sense, culture not only has a biological need basis and is an instrument of adjustment as Malinowski and Lowie each contended, but it is equally a means of regulation and control

of human behavior. Culture therefore affects the more or less continuous strivings of human beings, on conscious or unconscious levels. Leighton introduces a creative and possibly cultural element, influencing strivings.

In behavioral sciences, unlike the physical, we deal with few uniformities of this order since we are confronted with similarities, not identities, within groups. Both the unique characteristics of individual personalities or the special features of a sociocultural system make the search for absolute uniformity in human affairs generally unproductive. David Riesman's *Individualism Reconsidered* raises many of these questions. At the same time, the limits to uniqueness are manifold. For example, personalities are bounded, if by nothing else, by the mapping of a person's social identification. Even these sociocultural systems, so far as their similarity one to another is concerned, seem always to be involved in still larger historical relationships and processes of cultural evolution. Not only, then, is the range of personality bounded by history and culture, but similar historical forms are far from unknown. In addition, stimulating the production of transcultural values, any individual of the species has his physical and physiological kinship with others more or less reduplicated anywhere among modern humanity. In short, mankind everywhere shows his proneness to human physiological, psychological and cultural processes. But human differentiation occurs increasingly, almost in Spencerian terms, as one ascends the scale from physiological processes and enters the realm of those called psychological and cultural. Increasing awareness of this fact has followed Freud's basic discoveries and pan-human approach.

The fact that there are operative in the human scene both the linked psychological-cultural differences, as well as the more independently functioning intra-species, biological similarity has led to methods in research for controlling the psychic or cultural variables to ascertain group characteristics in psychiatric phenomena (12). R. W. Gerard, touching upon both points—the individual-group relation and the scientific task—writes the following: (8)

“Most of the quarrels over the nature of man . . . have been too polar. Some have insisted that man is only an individual and some that man is only a unit in a group. He is an individual . . . but man is *also* a unit in an epiorganism, and as such he is overwhelmingly in cooperation with his fellows. . . . Finally, I like to think of science . . . of collective, cumulative, reliable knowledge, as the great autocatalyst of evolution which is accelerating human evolution. . . .” (Gerard, p. 108.)

In a similar vein, for therapeutic studies, Diethelm emphasizes the need to be “constantly guided by dynamic psychopathology, with a recognition

of the physical, environmental and cultural influences" (6). Finally, considering the special importance of cultural values to psychoanalysis, Reid concludes: (15)

"But as Freud has made clearer than anyone else, such emotional maturity depends upon knowing ourselves, *the grounds of our values and the sources of our ideals*. For it is this kind of self-knowledge that alone will make us really free." (My italics, M. K. O.) (Reid, p. 122.)

The suggestion is clear, following Leighton, that psychological *meanings* and *aspirations*, a motivational definition of striving which we would add here, are influenced in various patterns of attraction or repulsion by cultural forms and situational contexts.

Gerard, in the article quoted above, notes also certain applications or parallels of biological concepts in social science; and he reports Marshak's work at Chicago on the value of contextual or environmental information in decision making. One biologist associated with this work found that the more an animal gets around, the more important information about the environment becomes. Hence, the more metabolic energy it is worthwhile to expend in maintaining the brain for handling additional information. Such self-regulating or negative feedback systems are discovered elsewhere in biology, from Claude Bernard's classic *milieu intérieur* to Cannon's more elaborated concept of homeostasis, and provide important conceptual frameworks for organizing data. They may be compared directly with the Freudian model of an unconscious served and maintained by mechanisms of defense. Each conceptual model is a massive framework describing or attempting to analyze the human individual in contexts respectively, of environment, of emotional climaxes like fear and rage, or in terms of sexual history and family or peer relations.

It is well to note, however, the larger setting is studied for its effects on individuals. As Gerard implies, such research models are concerned with inner stability, structure and equilibrium, but they imply, depending on the larger context, the phenomena of change, of development or disturbance. They open the way for the study of the individual, the family or the group in wider contexts binding upon the individual.

The notion of wider contexts, *and their binding conditions*, is not always remembered in the philosophy of science. Einstein, writing of Russell's theory of knowledge, stated the enlarged role of mathematical and metaphysical thought: (7)

". . . The concepts which arise in our thought and in our linguistic expressions are all,—when viewed logically,—the free creations of

thought which cannot inductively be gained from sense experiences. This is not so easily noticed only because we have the habit of combining certain concepts and conceptual relations (propositions) so definitely with certain sense experiences that we do not become conscious of the gulf,—logically unbridgeable,—which separates the world of sensory experiences from the world of concepts and propositions.” (Einstein)

Undoubtedly, this is true of mathematical thought in recent science. But the *psychologist's conception* of the conscious substratum of thought more characteristically tends to stress the most mundane and necessary relations we build up as we experience the day-to-day world. Without emphasizing the logical vantage-point stated above by Einstein, we may turn instead to the Harvard psychologist, E. D. Boring, who indicated long ago that consciousness itself “exists as relations and exists only in the sense that relations exist” (1). The context of mental activity, in the human case, is at once physical, psychological and cultural. The individual operates as if past, present and future were immediately apprehensible, but his thought is relational thought, relating, utilizing or striving with what he has experienced. Even the free creations of the human mind have this prior commitment of what might be called an egocentric, culturally delimited predicament.

In searching for a consolidation and advance in the Freudian position from this perspective, one must not forget that two purposes of the science of psychiatry are to increase knowledge of normal and abnormal behavior, and to become adept in the solution of human psychiatric problems. For reasons just given, the term, *human*, has both individual and group connotations. Obviously, the first purpose of understanding individual behavior in the group setting is essential to the second aim of modifying that behavior in a beneficial direction. Consolidating and advancing the original Freudian insights here means combining them with these newer conceptions of the individual as a striving sociocultural being consistent with advances in recent behavioral science thinking. At the heart of the problem lies the further necessity for integrating knowledge of individual-group relations so that this information may be applied in psychotherapy.

Subcultural groups, such as ethnic, class and regional groupings, constitute one approach to cultural realities. While *culture* is a generic term, applicable to much of human behavior, in this special sense it is also a means of adjustment, regulation and control of that behavior. The specific cultural instruments of such groups vary in their usefulness to safeguard survival and security, or to implement striving. In this sense, it is possible to denote

“cultures” and interaction patterns of institutional settings, or, as Stanton and Schwartz have done, to study the effects of hospital procedures (17). In a broader sense, however, all individuals are involved in subcultures of ethnic, class and regional types long before they may function in any institutional setting.

It is well to weight these group settings of the individual in respect to their impact upon him in his life course. For example, in studies of cultural transmission over generations, one hypothesis has been that early learning “simply orders the cultural content in terms of potential resistance to change”, although the actual sequence of change may be dependent on a complex of factors in the cultural contact situation (2). The early learning hypothesis, of course, holds that what is inculcated in the formative periods of infancy and childhood (kinship systems, family duties and obligations for examples) have greater persistence in the patterning of cultures over generations. Yet in application to questions of cultural change, this matter has not been definitely resolved; and it may be necessary to modify it, as Bruner suggests, in terms of specific contact-between-cultures phenomena. However, we should then be describing a cultural pattern as itself containing elements of change or conflict as these affect early learning. As a tenet in the structure of a neo-Freudian system applied to discrete individuals and groups, the modified notion would still have face validity. Thus such factors as family value-orientations *or values conflicts* retain their effects on developing humans. While not defining the basic personality structures as consisting of one single, timeless type as is true in most studies of national character, we can delineate a range of types based upon values conflicts that merge with inter-generation conflict (5). As a matter of fact, the points of conflict in either the static or variable system of values are the nodal points or molar aspects which may most affect psychopathology.

Provided such points of culture change or conflict are incorporated, the early learning important in individual and group dynamics and implicit in cultural pattern may be more important in defining basic personality structures than the later learned class and caste vicissitudes. As Freud noted, one learns kinship and its action modalities earlier than one learns occupation or similar modes of adult participation. From the psychiatric (if not from the viewpoint of cultural change) methodology, class and caste differentia are best studied *as a part of culture* or as a further variable within the cultural matrix. This is not to say that there are not class and caste differentials *within cultures* which may be studied for their effects, but it is to assert that these are cultural segments. In fluid and mobile class

societies like our own, this cultural or ethnic difference may be more expressive of contexts of early learning than class itself or than class segments since ethnic subcultures may be more readily transmitted in "early learning" than the later and often changing class identities. Later learning and socioeconomic factors may modify what was culturally given by the early family and ethnocultural setting. They may even be decisive in cultural change phenomena. But they recede in importance when one shifts focus to typical problems of basic personality structure unless the class characteristics are consistent over generations, a condition not always frequent in American society.

Perhaps this is why, in one of the best developed studies on class, parental authority behavior and schizophrenia, the factor of socioeconomic status is found to be more germane to normal controls than to the schizophrenic group primarily studied (10). The authors, M. L. Kohn and John Clausen describe these results as follows:

"We find, then, that for the schizophrenic group itself sex and socioeconomic status do not appear to be related to perception of parental authority. But among normal persons, these characteristics are quite closely related to perception of authority. Consequently, male schizophrenics and higher status schizophrenics differ significantly from their paired controls, whom we take to represent the norm for persons of their social background." (Kohn and Clausen, p. 307ff.)

On the other hand, "female schizophrenics who report strong maternal and weak paternal authority behavior say they were closer to their fathers than their mothers, while male schizophrenics who report such authority relations say they were closer to their mothers". Obviously, what a Freudian analysis would call a problem of sexual identification with the parent of same sex occurred in these cases for *both* males and females. Other than this consistent finding, the authors are forced to conclude that they have not located an authority pattern "specific to schizophrenia . . . have not yet isolated the crucial factors that make for schizophrenia per se. This lends support to the interpretation that while this pattern of parent-child relations is undoubtedly a correlate to schizophrenia, it is premature to ascribe to it a leading role in etiology." In less than one-third of the cases in a 62-person sample were the schizophrenic patients perceived as different from their well siblings in patterns of parent-child relations; and there was little difference between lower class patients and their controls in matters like maternal dominance. In short, class-related patterns of authority were not etiologically important.

However, at the same time a concurrent study of Irish and Italian schizophrenic patients by the author and a colleague disclosed distinctive patterns of authority, parental dominance and modes of emotional expression differentiating the schizophrenias of each group. Here the conclusion was statistically validated that "culture influences types of family organization and the social experience and role position of its carriers, its deepest reflection occurring on any and all biosocial levels as evidenced in norms of behavior and in types of psychopathology". More particularly, we stated: (13)

"The search for monistic aetiology, and failure to recognize over-generalization in major classifications of psychoses and psychoneuroses, are corrected by noting that Italian and Irish patients differ in their psychogenetic and psychodynamic pattern. Each group illustrates the socio-cultural variability stressed by field data of the cultural anthropologist. Distinctive effects of family organization, social group and cultural experience are differentiated. In addition, we are led to extend the earlier purely psychogenetic searches for a unitary, single theory of behavior and psychopathology to the point of recognition that the energy distribution of physiological drive mechanisms is always mediated by family systems, the values and the symbols of the cultural group into which one is born."

(Opler and Singer, pp. 21-22.)

The thought occurs whether there is danger, in such an integrative synthesis stressing cultural values, that cultural instrumentalities overshadow universal psychological mechanisms or even human transcultural values. The fact is that culture is not a uniform mould completely determining kinds of affect associated with parental or sibling relationships and the exact quality of self and sexual identifications. It does, however, favor certain stress systems and sanction given styles of emotional expression. Since culture is interpreted within people and often in unconscious depth, it cannot be considered external in the meanings, aspirations and strivings of its carriers. While all cultures subserve invariant imperatives of every socio-cultural order, such as maintaining systems of social control, prestige, production and distribution, child-rearing, or assigning significant meanings to human existence and interpersonal ties, such universal human needs are met differently depending on cultural evolution and cultural epoch. While undoubtedly transcultural values exist within such historical and evolutionary periods, they are produced by similar attack on similar problems dictated as much by exigencies of group survival as they are insured or guaranteed by physiological similarities or psychological "givens" within the species. It is

doubtful whether the study of either normative behavior or social psychopathology can afford much longer to overlook the species similarities, or the cultural and psychological linked-differences which operate phenomenologically as unit behavior. Indeed, knowledge of cultural systems offers the best means available for judging such features of behavior as: (a) what is normative and what is aberrant; (b) intensities of affect as measured by usual cultural standards; (c) the uses of cultural symbols in communications *versus* more idiosyncratic communications; and finally (d) the cultural factors implicit or important for diagnosis, case formulation or psychotherapy. That such linked psychological and cultural factors may be considered together with levels of psychological functioning has been suggested recently by E. I. Burdock and J. Zubin in the following manner: (3)

"In dealing with culturally determined or symbolic behavior, it is well to recognize that such behavior is dependent on well-established patterns which are deeply ingrained and not readily alterable. Because it is so completely overlearned, such behavior can be extracted from the organism's repertory with a minimum of attentive effort. Altered brain function, psychosurgery, shock therapy, and mental disease itself may leave these functions relatively intact. They may be distorted so as to assume bizarre forms in mental illness, but the basic elements involved in such behavior—vocabulary, speech patterns, old association, etc., are relatively immune even to radical alterations in brain function. . . . For these reasons, physiological activities and those psychological activities which do not draw exclusively upon socially overlearned behaviors are likely to provide more accurate measures of the current state of the organism, while conceptual activities give a better estimate of its past history. Both types of measure are useful, especially if they are contrasted or viewed as a pattern."

(Burdock and Zubin, p. 45.)

Our point that man is capable of, indeed most constantly engaged in, various patterns of striving on both biological and cultural levels is rather similar to the Freudian position. But the important proviso wherein it differs is that the biologically and culturally derived needs must be assessed in terms of the variety of life-ways and social experience developed in man's historical and cultural evolution. We differ also in the claim that the significance of social science frameworks for evaluation of individual functioning stems from their constant effects on human functions themselves, whether physiological, psychological or cultural. The latter, we hold, are integrated functions requiring a wholistic method of appraisal. Within the integration achieved in each individual case, both cultural and psychological dynamisms affect the physiological levels of functioning narrowing the areas of biological determinancy and restricting its autonomy.

Actually, even more is asserted. If cultures are man-made and group oriented means of interpreting, modifying and transforming human nature, they will provide processes of guiding ordinary cognition, perception and analysis. Not only may functioning systems of physiology be affected, but concomitant psychological systems of activity, communication and expression are caught in the same transactions. If we are to view the degree of balance and integration in the whole individual and personality—and see it in its real setting—such categories as are often used in psychiatric literature dealing with areas of imagination, emotion or integration must be studied on the group, or subcultural plane, as well as in individual manifestations.

Any discussion of establishing “ego boundaries” in a patient will have to note how those boundaries now existing were established in both family and cultural contexts. No other methods can guarantee a knowledge of the range of possible behavior within given settings and establish meaningful parameters for such conduct. If it is realized that the individual, the family and the larger social group each has its life cycle bounded and affected by the successively more massive entity, at least the contexts for successive measurements are indicated for sampling and control group procedures, and the experiments in the next larger entities of family and group may be devised. Several models already exist for experiments of this order in controlled group situations, along with their rationale, notational systems, and factor analysis strategies. One of the most recent, by W. L. Smith and D. D. Glad might be mentioned (16), along with the suggestion, quoted therein from Cattell (4) that factor analysis might almost “as well be called factor synthesis, for although it analyzes out the distinct factors at work among the variables, it also groups the variables together in ways which permit one to synthesize a new entity”. (Cattell, p. 15.)

It is proposed also that a series of more dynamic categories replace, where necessary, the static conceptions ordinarily used in application to problems of social psychiatry. Above we have suggested that social mobility phenomena may be more useful than static notions of class in application to disturbances in social or individual homeostasis. Similarly, acculturation phenomena and intergeneration conflict may be more expressive of areas of values-*conflict* in the individual, particularly in modern, rapidly changing societies, than noting solely and exclusively the values conflicts as they occur in presumably unchanging cultures. Similarly, human strivings may be less related to universally ordained pan-human physiological needs of individuals, than to the peculiar warping of these in given social and cultural settings. Beyond this, there is evidence of the transformation of this

individual from the status of a mere pan-human biological mechanism, in theory at least, to one who more actively functions in settings of family and sociocultural group.

One may point out, contrariwise, that notions of sociocultural systems have been expanded to allow room for the motivated strivings of culture carriers. In a recent analysis of social systems in general by Parsons, his pattern variables for the larger contextual frameworks have included such categories as: affectivity versus affective neutrality; self-orientation versus collectivity-orientation; particularism versus universalism; ascription of fixed status versus models based on achievement; and specificity versus diffuseness (14). Obviously, despite such expansions of a simple Freudian system, on dynamic grounds we continue to be in his debt; and it requires little insight to note in Parsons' listing such categories as the expression of affect, narcissism (for self-orientation), and, in addition, notions of social rigidity, lack of spontaneity, vagueness and the like. Clyde Kluckhohn and Florence Kluckhohn have also moved in the direction of comparisons in value-emphases (9). Such contributions are most useful to the task, perhaps a more empirical one, lying ahead. Perhaps in a centenary year which is equally dedicated to both the birth of Freud and also of Kraepelin, we may note that the former contributed heavily to the theoretical framework we have suggested, while the latter symbolizes a need in his own cross-cultural studies and descriptive observations of again observing human behavior in its various settings and forms. This time one may analyze the ranges of conduct, the factors producing mental illness, and the preventive and remedial steps that may be taken.

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FREUD'S TIME BOUNDED GROUP CONCEPTS

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In contrast to his minute and careful observations of his own and his patients' individual behavior and intrapsychic life, Sigmund Freud was an armchair-philosopher when it came to groups and mass phenomena. He failed to observe directly and systematically and instead relied on the observations often available in the literature. Freud wrote four books on social-psychological topics which demonstrate Freud's recognition of the importance of social-psychological aspects of human existence (Totem and Tabu; The Future of an Illusion; Mass Psychology and the Analysis of the Ego; Civilization and Its Discontent).

But Freud's extensive interest in social phenomena was *not* awakened by direct observations of group life, observations which would challenge his scientific curiosity leading to further direct observations and research. Rather, Freud selected certain descriptions of social phenomena by other writers (Lebon, McDougal, Frazer, Lang, Wundt, a.o. (3)) with all their unexamined biases, stereotyped thinking about the nature of "mass-soul", and in the academic tradition of the German scholar, Freud sifted this largely unempirical, philosophical material critically. Where he found pretensions, discrepancies, unexpressed or invalid assumptions, Freud, the book-critic, would bare them with his own delightfully sharp wit and then fluently proceed to his own explanations of the social processes described by the other authors. In his "new" explanations, Freud accepted the same over 2,000 year old Aristotelean assumption:

"Society is but MAN writ large", i.e., group phenomena were nothing but derivatives and summations of individual strivings, mostly regressive or unrealistic in nature.

As an armchair scholar who could logically derive other armchair scholars' descriptions of society from his psychoanalytic theory of personality dynamics, Freud and his followers were more than satisfied. They felt they had scored an epistemological triumph. The psychoanalysis of the individual, they thought, can or will eventually reveal the dynamics of group life as well. There need not be any other scientific frame of reference for furthering our knowledge of social psychology except the one "Derivative Theory", first championed by Aristotle in the third century before Christ, and now proven valid by Freud in the 20th century after Christ.

It was this theoretical-deductive quality of Freud's interest in social phenomena which accounts today for the failure of Freud's social psychology to inspire direct research observations of group life. Some of his otherwise most faithful followers have already found it necessary to re-vamp psycho-analytic concepts of groups. For example Bion (4) has from his direct participant-observations of actual therapeutic groups felt over-restricted by the Freudian tendency to "model" all adult groups after the oedipal and sibling-rivalry dynamics of the family situation. Emotional assumptions even more basic than those first experienced in the family settings, namely, emotions associated with the early infant situations (explored by Melanie Klein), determine in Bion's neo-Freudian view, the nature of the unconscious or hidden agenda of human groups. The child-like neurotic family experience is no longer regarded by Bion (4) as the prototype of even just the *regressive* aspects of adult group life. Previously, this writer has shown (Bach, 1, 2) why psychoanalytic ideas about group life fail to illuminate an understanding of the progressive or growth-stimulating forces generated under certain conditions in adult group living.

The development of current ideas concerning the "Therapeutic Community" are not derivable from Freud's armchair group ideas, but rather are dependent on what further progress will be made along the lines of direct observations and research of the dynamic characteristics of groups. This line of investigation was pursued independently of Freud's contributions in Kurt Lewin's group-dynamic field theory (12) and in J. L. Moreno's group psychotherapy, sociometry and psychodrama (13). Other interactional concepts (10, 11) have sown the seeds for new investigations of the productive progressive aspects of group life which Freud failed to observe. A respectable harvest of research-obtained knowledge is becoming available to be used by all social scientists who can overcome the resistance against giving up the time-bound Aristotelean-Freudian way of thinking about groups (cf.: Bibliography: 5, 8, 10, 11).

Sigmund Freud himself knew that he had failed to make original observations of group life "in situ". In his famous correspondence with Albert Einstein in 1932 (6) he was aware of the fruitlessness of his pessimistic social psychology which, for example, viewed wars as inevitable. He wrote: (p. 285) "The result, as you see, is not very fruitful when an *unworldly theoretician* (italics mine) is called in to advise on an urgent practical problem." The problem on which Einstein tried to elicit Freud's cooperation was the Prevention of World War II. In his personal life, Freud was, as any outstanding personality always is, very definitely affected by such group-

dynamic processes as status-differentiation, in and out group problems (minority problems), war and peace, expatriations, etc. Yet Freud thought that in social affairs, wisdom lay in the acceptance of the unavoidably distressing social consequences of that unalterably primitive "little man", the "primal man in each of us" (Freud, 7).

As we this year celebrate the birth of a genius one hundred years ago, it is heartening for the progress in the social sciences to be able to see him already in a perspective of scientific advance beyond his own limitations. Today group dynamics, the study of interdependence of social field and individuality, is the most vigorously pursued research interest of the contemporary social scientist who, owing much to Freud, owes to his memory as a scientist-ideal that he should search and explore the dynamic nature of groups, as Freud devotedly explored the dynamics of the individual soul. Freud failed to foresee the vigorous growth of the group therapeutic approach to mental health, primarily because of his acceptance of time-bound beliefs about the suppressing and regressing influences of groups, where he saw people anonymously enjoy a "holiday from the super-ego" and "act out" otherwise repressed, suppressed or sublimated infantile-instinctive tendencies. Freud was blind to the health-giving, social-reality-oriented group work, as he was blind to the possibility of a world democratically devoted to the realistic task of mutual survival.

To the contemporary group dynamic researcher, Freud's blindspot is a serious legacy: the social scientist must show the world ways of surviving, ways of overcoming, managing, immunizing or even creatively utilizing the regressive-unproductive-unrealistic tendencies which Freud's work laid bare for all of us (not just for practicing psychoanalysts) to see in ourselves and in others. The answer seems to lie in the group dynamic direction: **WHILE AS AN INDIVIDUAL THE HUMAN IS RIDDEN WITH REGRESSIVE-NARCISSISTIC PRE-OCCUPATION, HIS PRODUCTIVE-ACTIVE-CREATIVE SELF CAN EMERGE ONLY UNDER SOCIAL CONDITIONS KNOWN AS THE "THERAPEUTIC COMMUNITY"**. The task before us is the study of the dynamics of growth-stimulating social climates which through their man-made structures can therapeutically influence the regressive-destructive tendencies which threaten the realistic world-survival problems. Freud discovered the primitive in civilized man; he pointed out the primal horde aspect of civilized society; and he developed a socially impractical method to treat these parataxic tendencies in the individual. Now the task before us is to find practical ways of "treating" societies in such a way that its individual members are growth-stimu-

lated rather than encouraged to indulge individually and collectively in arch-hordal regressions of which genocide is "the end".

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PROGRESS IN PSYCHOTHERAPY 1956

*Edited by F. Fromm-Reichmann and J. L. Moreno. New York and London:
Grune & Stratton 1956*

*Comments by S. H. Foulkes
London, England*

This book fills a real need. It is most valuable, at this point of development in our field, to have this up-to-date cross section of various viewpoints, which may pave a way for a much-needed meeting—in operational terms—of the different schools and approaches in the wider field of psychotherapy. This I know to be the editors' intention, and they gain our gratitude for having made a concrete beginning with this book. Many divergent schools are represented, and one cannot of course expect that these short accounts do full justice to them.

I enjoyed reading the thoughtful introduction by Fromm-Reichmann, and appreciate the embracing approach J. L. Moreno brings to his task, which is what we have come to expect of him. As I see it, Moreno puts overmuch emphasis on the sociometric aspect. He sees in action-dramatic methods a culmination of all the developments in psychotherapy. It is useful to be reminded of this aspect of psychotherapy, particularly in connection with group psychotherapy in which psychotherapy links up most productively with action methods. *Psychotherapists will have to work out selective criteria by which different conditions and different personalities can be judged in the future for responding to certain admixtures in the therapeutic spectrum, ranging from the pure action to the pure analytic.*

As a psychoanalyst I would like to say that the complete prohibition of action is an essential factor in orthodox psychoanalysis, and in no way an outworn relic. There are quite particular therapeutic merits in reducing action and acting-out to a minimum.

One of the best contributions in this volume is Professor Whitehorn's short paper entitled "Understanding Psychotherapy", and Professor Ewen Cameron's discussion of it. They are quite excellent, clear and enlightened accounts condensing the experiences of an epoch and bringing it right up to date from a progressive standpoint. Scarcely anything more enlightening has been said in this whole field recently than these short contributions, and it is most useful to have them preserved here in book form.

Another thoughtful and weighty contribution is Lawrence S. Kubie's on

"Some Unresolved Problems of Psychoanalytical Psychotherapy". Kubie, one of the psychoanalysts represented here, has retained a totally scientific attitude. One of the points he raises concerning an unresolved contradiction in Freud's writings has struck me also: in "An Outline of Psycho-Analysis" Freud seems to equate ego functions with the pre-conscious and the secondary process, and id functions with the primary process; whilst in "The Ego and the Id" he had established that ego must *not* be equated with consciousness, in that parts of the ego, particularly the super-ego, are unconscious, whereas the id is by definition unconscious.

The chief merit of Kubie's paper is his exposition of the reasons why any attempt at comparing the results achieved by different approaches in psychotherapy is scientifically premature. He discusses the prerequisites for such comparisons and many related problems. Kubie makes a plea for differentiation among the essential ingredients of the therapeutic process and for a clarification of the language on which we communicate about these matters.

Kubie makes an interesting excursion into the subject of early ego identifications and early role diffusion, and considers whether and how they could change. Kubie's final plea is for patient multidisciplinary co-ordination at special institutes where all these problems can be studied in a scientific spirit.

Among the schools of psychotherapy which are very competently and well presented in this volume are the Adlerian, the Jungian, those of Adolf Meyer and of Stekel.

I would like to make a comment in this connection. It is, I feel, too frequently overlooked that developments do not take place independently in each separate school of psychotherapy. One must beware of comparing one's own particular field and orientation, in which one is fully aware of dynamic progress, with a static conception of other schools, based on what one has read in one's student days. Similar progress does in fact take place in all schools of psychotherapy, and must be seen as a development in the whole field of psychotherapy.

Binswanger's contribution on "Existential Analysis and Psychotherapy" impressed me as giving the most advanced point of view represented. Without being myself an existentialist, I was pleased to find many of the points he makes completely in line with the general approach to a modern dynamic psychotherapy which I myself am trying to teach. He sees the patient's history as being important for the understanding of the patient

rather than for the objective information obtained. The differences in emphasis between the existential-analytic approach and the group-analytic on the one hand, and the psychoanalytic on the other, are brought out clearly in Binswanger's stress on not being content with merely showing the patient where he has failed, but making him experience it, meeting the patient in an encounter on common ground.

Moreno's psychodramatic approach is presented by Yablonsky and Enneis. There are also interesting accounts of some of the neo-Freudians such as Sullivan, Fromm and Horney.

From my personal interest in communication theory I am deeply interested in Jurgen Ruesch's contribution, "Psychotherapy and Communication", which clearly brings out the differential relationship between a verbal and a non-verbal approach. I particularly agree with many formulations such as the following: ". . . unlike the physicist . . . the psychiatrist has to employ the observer's way of perceiving, evaluating and reporting in order to explore the patient's ways of perceiving, evaluating and expressing." Or, describing the therapeutic process: "The unit of observation is not one person, but all the individuals participating in a given social situation." Considering communication as an on-going process, Ruesch writes: "The psychotherapeutic skills of any therapist, regardless of school or creed, are related to his ability to observe, interpret, express or act." "Science is analysis-oriented and emphasizes information; therapy is synthesis-oriented and relies upon skill." "The therapist is thus faced with the task of converting disturbed communication into successful communication."

Ruesch goes on to discuss communication in a two-person and a group situation. It is interesting that in his experience patients suffering from the classical psychoneuroses, that is those which Freud calls transference neuroses and which form the classic field of any analytic approach—the hysterias, phobias and compulsions—can use verbal language. I do not, however, agree with Ruesch's statement that these patients rarely function successfully in a group. This is contrary to my own experiences, although what Ruesch may have in mind may differ from the type of analytic group approach which I have in mind. Psychopathic personalities are singled out by Ruesch as suitable for action methods. Again, I would not agree with Ruesch that schizophrenic patients cannot function in a group.

Ruesch says, and I very much agree with him, that the therapeutic effort must aim at bringing about changes which affect the whole network

of disturbance. But when he goes on to say that "modern treatment" already does this, I must say that I am not aware of any centre where this is so. I have myself made tentative experimental experiences in this direction, but have not yet found the support for doing so in any systematic and regular way.

Multiple Therapy (discussed in a paper by Whitaker, Malone and Warkentin), that is the treatment of a patient by two or more therapists, may make valuable contributions to research, and may particularly help in clarifying the process of therapy. As a therapeutic technique it is of less interest.

Don D. Jackson's article on "Counter-transference and Psychotherapy" I found most interesting, particularly his ideas on teaching in a psychotherapeutic seminar, conducted in a free style, which is in line with my own practice. The participants in such a seminar derive great advantages from their cooperative endeavors. Group-analysts are particularly keen to establish this form of cooperative learning and teaching, but there are many practical obstacles in implementing it more widely.

The paper on "Psychoanalysis and Group Psychotherapy" by Ziferstein and Grotjahn is of quite particular interest to myself. They define as "truly analytic" a situation where transference and resistances are interpreted. They state that the group psychotherapist should not act out his own reactions inside the group, but must analyse his countertransference outside the group. He should be analysed to enable him to deal with the deep material revealed in groups, material incidentally which often had not been dealt with in any previous analytic treatment in an individual situation. I fully agree with Ziferstein and Grotjahn in all this. In fact this demand on the therapist's skill and understanding has caused the Group-Analytic Society (London) to prescribe for its members a training group analysis, although they are mostly either psychoanalysts, or have been in analysis, sometimes for many years. It has been found true to say that the group experience is a most valuable experience, both personally and for work, in the group field.

I also fully agree with these authors that group psychotherapy is not a superficial therapy. It has a definite place alongside psychoanalysis, and is in no way "second-best". On the other hand I would not go as far as to say (as seems implied in this paper) that group-analysis may replace psychoanalysis as a therapy.

Concerning the composition of the group, I agree that there is no need

for homogeneity. Their definition of open and closed groups is similar to our own; we have found similar difficulties when introducing new members to a group which has already reached an advanced stage. We have found that groups often form a "nucleus" of regular attendants, and carry more peripheral ones as "passengers"; this has led to the practice of using the open group as a sifting station, from which a closed group, consisting of the "nucleus", is formed at the right time. I warmly endorse the "maturation" effect of the group, as it is here described, and I also find myself in agreement with most other points the authors make, such as the contra-indication of extratherapeutic contacts between group members.

Kelnar and Sutherland report on "Some Current Developments in Psychotherapy in Great Britain." Perhaps I may be permitted to use this opportunity to correct some comments on my own work. Some points, by the way, which are specifically mentioned as being the domain of other workers (e.g., Ezriel) are in fact an integral part of group-analytic psychotherapy. I would say that group-analysis as I practice it does not in any way contradict psycho-analytic tenets, but retains all the basic analytic qualities; it has merely added further dimensions to the therapeutic situation. Also I do not think that the supportive function of the group's therapeutic work is due to my particular approach, but rather that this supportive function comes about inevitably side by side with the analytic process. Incidentally, there is a strong supportive factor present in the ongoing process of psychoanalysis as well.

Moreno's summing-up contains much that is valuable. He again stresses the need for scientific investigation, and the desirability for integration in this field. He emphasizes that in psychotherapy the therapist's personality *is* his skill. Moreno also pleads for a psychotherapeutic laboratory, as Kubie does, but with the significant difference that in the laboratory Moreno has in mind the individuals and groups come to the psychotherapist with actual problems, which they expect to work out with his help. He is thus concerned with the living individual in action. The problem here is an important one: should the psychotherapeutic laboratory be a scientific research institute in Kubie's sense, or can we go further and apply all the scientific controls and checks, auxiliary methods and observations in the actual on-going process of psychotherapy?

Moreno sums up individual psychotherapy as falling into five sub-groups: the psycho-analytical, the interactional, the communicational, the existentialist and the psychodramatic. He says, in the spirit of this whole

volume, that one of its chief features is the rediscovery of the psychotherapist. The emphasis is on operational concepts and operational research. I would subscribe to the formulation that research in psychotherapy must take place in the living process of the actual on-going psychotherapy. We actually work on these lines in my unit at the Maudsley Hospital, though as yet without the facilities which are available for more orthodox research.

SECOND INTERNATIONAL CONGRESS OF GROUP PSYCHOTHERAPY

The Congress will take place in Zurich, Switzerland, on August 29, 30 and 31, 1957, preceding the Second International Congress of Psychiatry. The meetings will be held at the Eidgenössische Technische Hochschule.

President of the Congress is J. L. Moreno; Director of the European office, Joshua Bierer; Program Chairman, S. Lebovici; Director of the U.S.A. office, Wellman J. Warner.

The local arrangements committee in Zurich consists of Adolf Guggenbühl, Chairman, assisted by Medard Boss, A. Friedemann, and H. Krebs, as consultants; and by A. Staeger, financial consultant.

For further information, write to: Wellman Warner, 812 Stuart Avenue, Mamaroneck, N. Y.; S. Lebovici, 3, ave. du President Wilson, Paris 16e, France, or J. Bierer, 9 Fellows Road, Hampstead, N.W. 3, London, England.

AMERICAN SOCIETY OF GROUP PSYCHOTHERAPY AND PSYCHODRAMA

Annual Meeting

The annual meeting of the Society will take place on Friday and Saturday, May 17th and 18th, at the Hotel Morrison, Chicago, Illinois. The program as planned at this time will consist of papers by: Presidential address: Jules H. Masserman; Marguerite M. Parrish, "Psychodrama in a Mental Hospital"; discussant Adaline Starr; Nathan W. Ackerman, "Family Therapy"; discussant James Enneis: Norman Maier, "Multiple Role Playing Demonstration—Industry"; discussant Ted Franks: Ralph Rabinovitch, "Psychotherapy of Children", discussant Earl Loomis: Dr. Paul Jordan, "Group Psychotherapy with Married Couples and with Children"; discussant Rudolf Dreikurs. Other participants in the program are: Allen Wells, Walter Bromberg, Raymond Corsini, William Lundin, Lewis Yablonsky, Robert Drews, J. L. Moreno.

Persons wishing to participate in the program should write to: Mrs. Adaline Starr, Program Chairman, 1350 Lake Shore, Chicago 10, Illinois.

New Officers of the Society

Nominations received: for President-Elect, Rosemary Lippitt; for Secretary, Hannah B. Weiner; for Treasurer, Zerka T. Moreno.

New York Chapter

The semi-annual conference of this chapter was held on January 4 and 5, at the Henry Hudson Hotel, New York City. The program opened with a Demonstration of Psychodrama by J. L. Moreno, with a discussion by Nathan W. Ackerman. It further included sessions on "Sociometry, Psychodrama and Role Playing Applied in the Area of Criminology", with a presentation of a case history by Martin R. Haskell, and a demonstration of the methods as applied to social problems by Lewis Yablonsky; a Luncheon session was held on "Reflections on Group Methods, Progress in Europe, India and New York" with K. R. Masani, Zerka T. Moreno and Hannah B. Weiner as speakers. The afternoon session dealt with "Psychodrama in Education and Guidance" with Nahum Shoobs conducting the discussion of two films which were shown, "Role Playing in Guidance" with Robert B. Haas, and "Introduction to Psychodrama" with J. L. Moreno. The late afternoon session revolved around "Role Training in Industry"

with Malcolm E. Shaw as the main speaker. Joseph Meiers, J. L. Moreno and Lewis Yablonsky closed with an evaluation of the meeting. An informal get-together at the Moreno Institute concluded the meeting, at which more than 500 persons registered.

Persons in the New York City area interested in the activities of this chapter are invited to contact its Secretary: Hannah B. Weiner, 1323 Avenue N., Brooklyn 30, N. Y.

Michigan Chapter

This chapter has organized a training course. Beginning Friday, February 8, 1957, a class in "Methods of Role Playing" sponsored by the Michigan Chapter, will be offered by Great Lakes College at the Florence Crittenton Hospital, 11850 Woodrow Wilson, Detroit. It will meet there every Friday at 7:00 p.m. for fifteen weeks. Under the direction of Dr. Rosemary Lippitt, the course will be taught by experts in their field: psychologists, psychiatrists, sociologists and others. The fee is \$40. Send remittance and application to: Registrar, Great Lakes College, 18734 Woodward Avenue, Detroit 3, Michigan.

For further information on the activities of the Michigan chapter, write to the Secretary: Mrs. Sonia Rogolsky, 19450 Cranbrook, Detroit 21, Michigan.

Illinois Chapter

This chapter is preparing to play host to the members who will attend the annual meeting in Chicago in May. Interested persons may write to: Mrs. Adaline Starr, 1350 Lake Shore, Chicago 10, Illinois.

California Chapter

A chapter is in formation on the west coast. Interested persons should write to Dr. Robert B. Haas, Director, Education Extension, University of California at Los Angeles, Los Angeles 24, Calif.

Columbia Chapter

The chapter in the District of Columbia is planning its annual meeting for October, 1957. Persons interested in this chapter and in participating in the program should contact: Dr. Michael Miller, Boy's Town of Maryland, Cheltenham, Maryland.

Wisconsin Chapter

This chapter is conducting regular sessions and has a very active program. For further information on activities write to: Dr. Glenn Bacon, 312 Seventh Street, Racine, Wisconsin.

Connecticut Chapter

This is a newly organized chapter. Persons in the Connecticut area who wish to join and be informed of its activities should write to: Dr. Nina Toll, Box 413, Middletown, Conn.

The Second
INTERNATIONAL CONGRESS
of
GROUP PSYCHOTHERAPY

Will Take Place
in Zurich, Switzerland
on
August 29, 30, 31, 1957

J. L. MORENO, *President*

J. BIERER (*London*), *Director European office*

S. LEBOVICI (*Paris*), *Program Chairman*

WELLMAN WARNER (*New York*), *Director, USA office*

The congress will precede the Second International
Congress of Psychiatry, September 1-7, 1957

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