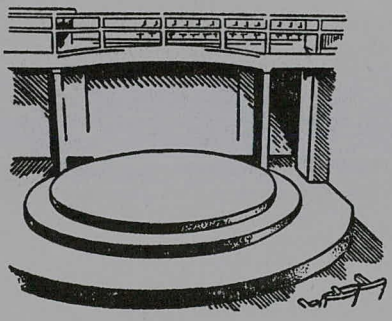
GROUP PSYCHOTHERAPY

A Quarterly



19th Annual Meeting,
Commodore Hotel, New York City
May, 1960

AMERICAN SOCIETY OF GROUP PSYCHOTHERAPY
AND PSYCHODRAMA

Vol. XII, No. 1, March, 1959

GROUP PSYCHOTHERAPY

Volume XII MARCH, 1959 Number 1

CONTENTS

INTERNATIONAL SECTION

FOUNDED BY J. L. MORENO, 1947

GROUP PSYCHOTHERAPY

Volume XII MARCH, 1959 Number 1

GROUP PSYCHOTHERAPY

Volume XII MARCH, 1959 Number 1

INTERNATIONAL SECTION

CONTRIBUTING EDITORS

Official Organ of the American Society of Group Psychotherapy and Psychodrama

Published by Beacon House Inc., 259 Wolcott Avenue, Beacon, N.Y.

Subscription $10.00 Yearly — Foreign Postage $1.00 Additional

Current Single Issues $3.00 — Double Current Issues $6.00

Single Back Copies $3.50 — Double Back Issues $7.00

Any issue is current until the following issue is off the press. Thereafter it becomes a back issue.

Membership dues in the American Society of Group Psychotherapy and Psychodrama: $9.00, including subscription to this journal.

NOTE TO AUTHORS:

Articles submitted are carefully considered by all members of the Editorial Committee. Editorial changes suggested by them are referred to the author for approval before being sent to press or, in the case of minor punctuation change for clarity, when galleys are sent to the author for correction.

No free reprints can be furnished. Use of cuts or drawings requiring special processing are at the expense of the author.

Prices for reprints of articles appearing in GROUP PSYCHOTHERAPY are based on printer's quotation, subject to change according to current costs. Authors are advised of printer's prices at time of paging.

Manuscripts and communications for the editors should be addressed to the Editorial Committee of GROUP PSYCHOTHERAPY, Beacon, N. Y., and *not to an individual.* Unsolicited manuscripts which are not accepted for publication will be returned if accompanied by a stamped, self addressed envelope. Manuscripts must be neatly typewritten and submitted in *duplicate.*

It is hereby understood that all articles are accepted for exclusive publication in this journal. Articles printed in GROUP PSYCHOTHERAPY become the property of Beacon House Inc.

For information concerning membership in the American Society of Group Psychotherapy and Psychodrama write to: Hannah B. Weiner, 1323 Avenue N., Brooklyn 30, N. Y.

Second class privileges authorized at Beacon, N.Y., April 2, 1958.

A SURVEY OF PSYCHODRAMATIC TECHNIQUES

ZERKA T. MORENO

Beacon, N. Y.

The psychodrama is not a single technique, it is a methodology, a synthetic method in which many dimensions of experience are mobilized in behalf of the patient. We will enumerate a few of them, adding some brief illustrations. These are by no means all of them, directors are frequently forced to invent new techniques or to modify old ones on the spot so as to meet a challenging situation presented by the patient.

Soliloquy Technique—This is a "monologue" of the protagonist "in situ". The patient enacts a scene in which he is on his way home from work, for instance. He is walking from the subway station to his apartment. In life itself his thoughts would not be verbalized as he is alone, but he is thinking about himself. The psychodramatic therapist-director instructs him to use the soliloquy technique, to talk out loud as he walks, what he is thinking and feeling at this moment, here and now. The patient uses the large, bottom level of the psychodrama stage. He walks and walks, shaking his head, warming up to this situation, one which he encounters daily. His face is frowned, his head tucked between his shoulders, drooping halfway on his chest, he is very despondent. His voice is low, barely audible as he speaks: "I am sick and tired of my life. I enjoy my work, it is true, but oh, how I hate to go home at night. I know just what is going to happen when I get there. There is my old mother with her complaints, an endless series of aches and pains which no doctor is able to cure. And then there is my sister Jane, a sour, unhappy old maid who resents having to dedicate her life to mother because life is passing her by. But she does not have the get-up-and-go to change the situation and find another life for herself. And here am I, her male counterpart, resenting both of them because I have to support them."

Therapeutic Soliloquy Technique—This is the portrayal by side-dialogues and side-actions of hidden thoughts and feelings, parallel with overt thoughts and overt actions, the private reactions of the protagonist to his role. It is particularly useful in highlighting the distance between the patient's perceptions and the actual events in an interpersonal relationship; it permits the patient and his life partner to bridge the gap between them, to share experiences which they feared to bring to expression or failed to perceive in all their aspects. The following illustration shows this very

concretely: The patient and his wife are both present; they portray the scene which, according to him, propelled him to propose to her two years earlier. They are in a boat, he is holding the line while she is baiting the hooks for him. His expression is one of complete bliss, he is quite obviously happy. He cannot see her facial expression, for she is seated at the very end, half turned away from him, looking completely miserable. The patient takes a deep breath, says out loud: "Oh what a beautiful day. Weren't we lucky the weather held out for this trip, Marlene?" Marlene responds non-committally: "Hm, hm." The director instructs each one to soliloquize at this point. The patient: "I'm so glad I thought of taking her fishing. It's a good thing for us to do things together, to share each other's pleasures. I wonder if I will have the courage to ask her to marry me this evening? I do love her and we get along so well. We have similar goals and interests. I hope she will say yes. Now's a good time to ask her, after such a peaceful, blissful day." Marlene: "My God," she blurts out, "this is a revolting job to give me. I should have refused to do it when he asked me. It's my first experience at fishing, and it's going to be my last, too. Imagine his nerve to make me do this!" At the sound of her words—to which he is not permitted to respond in the soliloquy situation—the patient looks up astounded and falling out of the role, he states "Good Lord, if I had known she felt that way about it, I'd never have dared to propose to her that evening."

Technique of Self-Presentation—The patient presents himself, his mother, his father, his sister, his minister, his employer, his girlfriend, and so forth. The patient, a fourteen year old boy, a runaway problem, takes the role of his father in a typical home situation, an auxiliary ego takes the role of his mother. Bill has informed the auxiliary ego how his mother acts in relation to his father. Bill, as his father, from offstage (representing where his office is located) shouts to his wife in an angry voice: "Stella, for heaven's sake, stop crying. It drives me crazy. I can't work here." Mother: "I'm so desperate about Bill (weeps, wails louder and louder), you just don't care, you have no heart, you never had and you never will. Much of the way Bill is today is your fault! My mother always says . . . (weeps again)." Bill (as father): "Your mother! For crying out loud! Why do you always have to bring her into everything?" (Slams door)

Technique of Self-Realization—The protagonist enacts the plan of his life, with the aid of a number of auxiliary egos. Because the description of this would take more space than can be used here, we will merely describe how this technique is put into operation. The patient believes himself to be Adolf Hitler. His former identity has dropped away and the psychotic

structure has replaced it. In order for him to free himself from his psychotic production, he needs helpers who embody for him the personages who interact with him as his new self. The patient is unable to complete this self-realization alone in the world of reality, but at the same time he is convinced that his psychotic world is the real one, indeed, it has become the only real world for him. The auxiliary egos who during the therapeutic sessions take the roles of Hess, Goering and Goebbels, among others, become midwives, assistants in the birth of his psychodrama. They make it possible for him to bring his psychodramatic pregnancy to fulfillment and, once the psychotic baby has been completed, to be delivered of it.

Hallucinatory Psychodrama—The patient puts his delusions and hallucinations to a reality test. Hallucinations do not follow the law of physical gravity, they may rise into space or come down from above. They disregard the laws of sensory perception, they may speak to and touch the patient. In the following scene the patient is sitting at the diningroom table. The director decided to have the psychodrama session deal with this everyday situation because it was a stressful one for the patient as well as her table partners, most of whom were present and taking their own roles. One of the patient's neighbors speaks to her, "Linda, please pass me the salt." Linda does not move. Another one addresses her: "Linda, please give Mr. Stone this glass of milk." Again, Linda remains frozen, she is physically present but otherwise absent from the reality of the scene. She gazes fixedly into space. Director: "What are you looking at, Linda?" Linda: (in a hushed and fearful voice) "Don't you see them?" Director: "Yes, I do, but how many are there?" Linda: "Three of them." Director: "How are they dressed?" Linda: "They are dressed in black, cloaked like members of the Ku Klux Klan." Director: "Can you see their faces?" Linda: "No, they are completely hooded." Director: "Just where are they?" Linda: "Hovering on the ceiling." Director: "Do they represent anything?" Linda: "Yes, they are the spirit of hate, fear and death." Director: "Hate, fear and death. Are they alone?" Linda: "No, each one is standing in front of a coffin." Director: "Are the coffins empty?" Linda: "No." (Throughout this interchange she does not stir, her answers are given in concise form; it is evident that she perceives all this very clearly.) Director: "Are there figures in them?" Linda: "Yes." Director: "Get up, Linda, let us pick from among the people here the spirit of hate, fear and death." Director takes Linda by the hand; she assists in the choice of the auxiliary egos—all patients who have experienced hallucinations—places them on the stage. Director: "And now, Linda, who is the first figure?" Linda: "I see my mother lying in the

coffin of death." Director: "You go now and lie down in the coffin of death." Linda does so, representing the figure which is under the spell of this particular spirit, that of death. Her actions and use of the coffin correspond with the feeling-tone emanated by the spirit. Here she lies with her eyes closed, arms relaxed at her sides, the image of sweet repose. Director: (addressing Linda as her mother) "Mrs. Mann, I am sorry to see you here. What happened?" Linda: (in sepulchral tone) "I am better off dead. That daughter of mine, she killed me. That Linda, she used to upset me so, she gave me heart attacks. I am better off this way." Director: "I understand, but where is Linda now? What is she doing without you?" Linda: "She is dead, too." Director: "Is she in a coffin?" Linda: "Yes, she is a murderess and had to die too." Director: "You are Linda now, there in the coffin?" Linda: "Yes. This is me." Director: (turning to the spirit of death) "What do you feel about this, oh spirit of death? Do you have anything to say?" Patient: (a very regressed schizophrenic who was rarely able to warm up to any role other than his own fragmentations) "She is too young and pretty to die." Director: "Shall we forgive her her sins and let her live?" Spirit of death: "Yes." Director: "And will you restore her mother to life also?" Patient: "Yes." Director: "Linda, come with me, the spirit of death will relinquish his claims on you. Leave the stage, spirit of death." Patient does so. Director and Linda now turn to the next coffin. Director: "Linda, which coffin is this?" Linda: "The spirit of fear." Director: "Get in the coffin and show us how it is in his coffin." Linda crouches on the floor, like a frightened animal, her back arched over her knees, her arms crossed over her head. Director: "Who are you?" Linda: "I am all the patients in mental hospitals, especially state hospitals." Director: (turning to the spirit of fear) "What do you think of this, spirit of fear? Spirit: (another very disturbed patient) "I only show her the fears she creates for herself." Director: "Is this true, Linda?" Linda: "Partly, I can't help it and the others don't help me." Director: (Signalling to all those present to join in speaking to Linda, as in a chorus) "We promise to help you, Linda, please have no more fear." (The chorus speech is repeated several times, more loudly and insistently.) Director: "Come out of that coffin now, Linda, for we will do our best to help you. And therefore, the spirit of fear may depart." Spirit leaves the stage. Director, taking Linda to the third coffin: "And here is the final one, Linda." Linda: "The spirit of hate." Director: "Get into the coffin and show us how hate feels." Linda lies down, her arms and legs twining around her body like self-imprisoning bands of hate. Director: "And who is this?" Linda: "This is me when I don't get what

I want." Director: "What, for instance?" Linda: "When I want them to stop using electric shock on me." Director: "Spirit of hate, how do you feel about this?" Patient, as spirit of hate: "They use electric shock when it is necessary, it is supposed to help patients." Director: "Has it helped Linda?" Spirit: "I suppose so, or else they would not have given it to her." Director: "What do you think about that, Linda?" Linda: "It's too dreadful a treatment." Director: "Did you ever have it here?" Linda: "No." Director: "How long ago is it since you had it?" Linda: "I think about one year ago." Director: "We all promise you will not get it as long as you are here, Linda, so you may rise and the spirit of hate will depart."

Double Technique—This is used in the penetration of the subject's conflicts on the ego level. An auxiliary ego is placed side by side with the patient, interacting with him "as himself", physically duplicating him in space and assisting him in the assessment of his problems. The patient is in her bedroom, reviewing the happenings of the day just ended. Both she and the auxiliary ego are going through the motions of preparation for bed. The patient is very evasive until the auxiliary ego as her double, sensing her unhappiness, bursts into tears, crying, "Why do I go on lying to myself! I can lie to others but I can't fool myself." Maureen, the patient, now commences to cry also, retorting, "What's the use of crying myself to sleep *again*. I've done that too often."

Multiple Double Technique—The patient is on the stage with several doubles of himself. Each portrays part of the patient. One auxiliary ego acts as he is now, while the patient acts himself as he was when he was little, and as he was soon after his father's death, another auxiliary ego how he may be thirty years hence. The masks of the patient are simultaenously present and each acts in turn. With psychotic patients the multiple double technique has been usefully employed when the patient suffered from numerous delusions involving parts of the body; each of the auxiliary egos then represented a different organ, responding to the delusional stimuli produced by the patient.

Mirror Technique—This is used when the patient is unable to represent himself in word and action as, for instance, in catatonia, or after psychotic episodes or shock therapy which produced residual or pseudo-amnestic states. An auxiliary ego is placed on the action portion of the psychodramatic space, the patient or group of patients remaining seated in the audience or group portion. The auxiliary ego proceeds to represent the patient, assuming his identity, is addressed by the director by the patient's name, and reproducing the patient's behavior and interaction with others,

either real or delusionary—all as seen through the eyes of the patient. The patient sees himself "as if in a mirror" how other people experience him.

Role Reversal Technique—In this technique the patient, in an interpersonal situation, takes the role of the other person involved. Distortions of perception of "the other" in interaction may thus be brought to the surface, explored and corrected in action, in the fold of the group. Role reversal has been used effectively with infants and children as a technique of socialization and self integration. An illustration is the role reversal between a mother and a three year old child, the child assuming the role of authority. Jonathan was fearful of a very large black dog which used to appear on the grounds as if out of nowhere. The dog would make attempts at being friendly with the child, tried to come close, to lick his hand, jumping around him. Jonathan became so fearful of him that he would cling to his mother's skirt even when the dog remained at a considerable distance. Verbal assurance was unable to assuage this fear. It was decided to work it out in the following manner:

Mother: "Jonathan, there is the big black dog again." (The dog was nowhere in sight.)

Jonathan: (Runs to his mother, hides his face in her skirt, exclaims) "I'm afraid of him, Mummy, I'm afraid."

Mother: "But honey, there is nothing to be afraid of. First of all I'm here and I wouldn't let him hurt you. Besides, he really wants to be friends with you and play with you. Wouldn't you like to pat him on his back?"

Jonathan: "Will he bite me?"

Mother: "Of course not. If you are nice to him he will be nice to you and besides I'm with you." (Takes Jonathan's hand who reluctantly allows her to use his hand to pat the back of the dog.)

Mother: "Now, you will be me and I will be Jonathan."

Jonathan: (as mother; his voice taking on notable strength, his posture becoming far more erect) "Jonathan, here is that black dog. Now, don't be afraid of him."

Mother: (as Jonathan, crouching low on the ground, clinging to his mother) "Mummy, I'm afraid, I'm afraid, I'm afraid."

Jonathan: (as mother) "Honey, there is nothing to be afraid of." (Puts his hands tenderly around his baby) "Don't forget, Mummy is here with you and she wouldn't let you get hurt."

Future Projection Technique—Joyce, the protagonist is in love with Emmett, but she is postponing marriage until he has completed his college education. In order to test the strength of their relationship and to assess

how much of her image of the future is involved with Emmett, the director asks her to project herself into the future ten years hence.
Director: "Describe the situation to us. Where are you?"
Joyce: "At home in a house in Montclair. It has six rooms. We are married and have two children, both girls, one is four and the other one is two."
Director: "What are their names?"
Joyce: "Mary Ann and Judy. Judy is the eldest."
Director: "What are you doing when the scene begins?"
Joyce: (to Director) "We are sitting in the livingroom reading; the children are in bed."
Joyce: (to Emmett) "The children were very noisy today. I'll be glad when Judy goes to school."
Emmett: "What were they noisy about?"
Joyce: "They pick on each other. I guess I will have to take them for a walk and let them meet some new children. Those two little kids across the street are so spoiled they are always fighting with one another. They are spoiling my children."
Emmett: "Might as well learn how to get along with them. We are going to have to live here."
Joyce: "I know, I'll have to try a little bit more, but I think that woman across the street doesn't discipline her children enough. If she did, mine would behave better because they play with them. After all, you are conditioned by your environment."
Emmett: "I heard that word environment ten years ago. I told you we are going to have to live here for a little while."
Joyce: "I know dear, I'll try to do better."

Dream Technique—Instead of telling the dream, the patient re-enacts it. He takes his position in bed, warming up to the sleep situation. When he is able to reconstruct the dream, he rises from the bed and represents the dream in action, using auxiliary egos to enact the role of the dream characters. This technique further makes use of retraining the patient, giving him an opportunity to "change" his dream and redirect his dream pattern. This is the unique contribution of psychodrama to dream therapy, for other types of dream therapy rely on analysis and interpretation.

Symbolic Realization Technique—Enactment of symbolic process by the protagonist using soliloquy, double, reversal or mirror for their clarification.

Analytic Psychodrama—An analytic hypothesis, for instance, that of the Oedipus complex, is tested out on the stage in order to verify its validity.

The patient takes the role of his mother in a situation with his father (coming home, fired from his job because of a heart ailment). The analyst sits in the audience and watches. Analysis of the material is made immediately after the scene.

Auxiliary World Technique—The entire world of the patient is restructured around him "in situ" by the aid of auxiliary egos. William has been classified as a dementia praecox. He calls himself Christ and has written a proclamation to the world which he wants to save. The auxiliary egos around him live in his world and are completely guided by his needs. One auxiliary ego becomes the apostle John. Christ asks him to kneel in a corner of the room with his head bowed. He does not want him to kneel in any other room or in any other corner. Another auxiliary ego becomes the apostle Paul with whom he prays together. A third is the apostle Peter who is the only one he permits to bathe him once a month. He does not permit members of his family to come to visit him. The only persons he accepts are those who people the world of his psychosis, according to his instructions.

Treatment at a Distance—The patient is treated in absentia, usually without his knowledge; he is replaced by an auxiliary ego who is in daily contact with him and is the go-between patient and therapist. He acts out in the clinic all crucial episodes in which the patient is involved. Other members of the immediate environment are drawn into the action, for instance, the parents of the patient.

Warming up Techniques are used to induce spontaneous states.

Techniques of Spontaneous Improvisations—The protagonist acts out fictitious roles and tries to keep his personal character uninvolved from his fictitious characters.

Therapeutic Community is defined as a community in which the disputes between individuals and groups are settled under the rule of therapy instead of the rule of law.

Mirror Techniques–Behind Your Back—Many mirror techniques are so constructed that the individual can "see" and "hear" himself through other people's perceptions of him.

In the classic mirror technique as described above, the protagonist is physically present, but psychologically absent. The auxiliary ego acts "as if" the patient were not present, so as to challenge the patient when he realizes that the person portrayed on the stage is a radically truthful exposition of himself.

But there are other forms which are used by Moreno and his associates at the New York Institute:

(a) *Behind Your Back Audience Technique.* The entire audience is instructed to leave the theatre but actually they are permitted to remain seated, pretending that they are not present, so as to give the protagonist full freedom of expression. The patient tells each member of the group how he feels towards them; the audience members are not permitted to respond, no matter how much he provokes them. The members of the group are now put on the spot, they see themselves in the mirror of the protagonist's world. This is frequently the starting point, the warming up period preceding a psychodrama. It is often effective if the members of the group *actually* turn their back.

(b) *The Turn Your Back Technique.* Protagonists are frequently embarrassed to present a particular episode face to face before the group. They are then permitted, if unavoidable for the warm up, to turn their back to the group and to act as if they would be alone, in their own home, or wherever the episode takes place. The director, too, may turn his back to the audience so as to observe the protagonist or protagonists. Once the protagonists, for instance in the case of a matrimonial couple, have reached a high degree of involvement, they become ready to face the audience.

(c) *The Black-out Technique.* The entire theatre is blacked out although all actions continue as if there would be full daylight. This is done so that the protagonist may go through a painful experience unobserved, to retain for the protagonist the experience of solitude.

Improvisation of Fantasy. Since the early days of psychodrama, improvisation of fantasies have been usefully applied in order to attain therapeutic aims (see Bulletin of Psychodrama and Group Psychotherapy, *Sociometry*, Vol. VI, 1943, p. 349). A popular technique was and still is the *Magic Shop Technique.* The director sets up on the stage a "Dream or Magic Shop". Either he himself, or a member of the group selected by him, takes the part of the Shopkeeper. The shop is filled with imaginary items, values of a non-physical nature. These are not for sale, but they can be obtained in barter, in exchange for other values to be surrendered by the members of the group, either individually or as a group. One after another, the members of the group volunteer to come upon the stage, entering the shop in quest of an idea, a dream, a hope, an ambition. They are expected to come only if they feel a strong desire to obtain a value which they cherish highly or without which their life seems worthless. An illustration follows:

A depressive patient who was admitted after a suicidal attempt, came to the Magic Shop requesting "Peace of Mind". The shopkeeper, a sensitive young therapist, asked her "What do you want to give in return? You know we cannot give you anything without your willingness to sacrifice something else." "What do you want?", the patient asked. "There is something for which many people who come to this shop long", he replied, "fertility, the ability and willingness to bear children. Do you want to give this up?" "No, that is too high a price to pay, then I do not want peace of mind." With this she walked off the stage and returned to her seat. The shopkeeper had hit on a sensitive spot. Maria, the protagonist, was engaged but she refused to get married because of deep-seated fear of sex and childbirth. Her fantasy preoccupations involved images of violent suffering, torture, death, etc., in the act of childbirth.

This illustration indicates the diagnostic value of the dream shop technique. The crux of the technique is for the shopkeeper to demand of the client what he wants to give in return, what price he is willing to pay.

Another fantasy technique is the dramatization of fairy tales as described in Moreno's *Stegreiftheater,* pp. 35-37. The tale remains entirely unstructured so that the protagonists are required to fill in with their own fantasies around the theme.

Still another fantasy technique is improvisation of early childhood experiences. In the process of acting them out the protagonists go far beyond that which they actually remember.

Many psychodramatic techniques—there are more than three hundred of them*—however odd and fantastic they seem, can be traced back to the rituals and customs of ancient cultures and are found in the classic writings of world literature. Moreno has merely rediscovered and adapted them to psychotherapeutic objectives. *Their real inventors are the mental patients of all times.* The number of applications of the psychodrama method is practically unlimited, although the core of the method remains unchanged.

* A general survey is in preparation by the author.

THE EFFECT OF SHORT TERM PSYCHODRAMA ON CHRONIC SCHIZOPHRENIC PATIENTS[1]

MARGUERITE M. PARRISH

Catholic Social Services, Washtenaw County

The subjects selected to be members of the special group, which was a closed group, were thirty-two white female patients, all of whom had been diagnosed as having chronic schizophrenic reactions. All of the members of the group had had considerable prior treatment including electro-shock, Recreational Therapy, Occupational Therapy and individual psychotherapy, but the degree of illness seemed to have increased rather than decreased. Degree of illness and inability to adjust in the hospital setting was also taken into consideration. Very sick, hostile and withdrawn patients who had been hospitalized over a long period of time or who had been ill over a long period of time were selected for the study group.

At the beginning of the study, the patients were interviewed at length by the ward psychiatrist. The psychiatrist explained to each patient that she had been chosen to be a part of a special study which would extend over a two month period and which it was hoped would result in considerable improvement for all of the patients involved and convalescent status or ground privileges for as many of the group as possible. During the study the patients lived on a ward housing seventy-seven patients, many of whom could be described as deteriorated, seclusive, hostile and difficult to handle. Some of the patients on the ward worked part time in the hospital, and a very small percentage had ground privileges. None of the patients in the study had ground privileges at the time when the study was started.

Twenty-two of the thirty-two patients making up the group were classified as paranoid, two as hebephrenic, five as catatonic and three as undifferentiated schizophrenics. The average age of the patients was 36.5 years, the youngest being twenty and the oldest forty-eight. Fifty per cent of the patients were between thirty and forty years of age. All of the group had been seriously ill and under treatment in the community or in the hospital for a number of years. Twenty-five had been hospitalized under ten years

[1] At the time when the paper was presented to the Michigan Institute of Group Psychotherapy and Psychodrama, January 31, 1959, the writer was Director of Social Service and of Psychodrama at the Pontiac State Hospital, Pontiac, Michigan. She at that time completed her work with a Psychodrama group which was initiated fourteen years previously and had remained in continuous operation since that time.

and seven over ten years. A couple of the patients had been hospitalized as long as twenty years. The number of years of illness was in all instances over ten.

The ward psychiatrist's notes made the month before the study started coupled with those made at the onset of the study accurately give a complete picture of the condition of the patients at the time when the study was initiated.

The majority of the patients, twenty, were described as hostile, delusional or hallucinated and confused. Only twelve were described as quiet and cooperative, and these were also described as seclusive and depressed. Four of the members of this group were further described as suicidal. The majority of the patients had difficulty in the area of concentration, and their abstract thinking was poor. Very few of the members of the group were able to adequately interpret proverbs. Judgment in connection with personal matters was poor but approximately half of the group showed fairly good judgment in regard to impersonal matters. A few patients showed emotional shallowness, negativism and mutism in addition to regressed mentality. Thirteen members of the group worked part time at simple, well supervised activities within the hospital setting. Eight had social workers but were not being seen regularly and a treatment plan had not been developed. Fourteen attended Recreational Therapy or Occupational Therapy on an irregular basis.

At the onset of the study, the patients were placed on Trilafon and Compazine. The psychiatrist in charge of the study placed each patient on what she considered to be a maximum tolerable dosage.

It is the purpose of this paper to show how we used Psychodrama, a dramatic-action method, with this selected group of schizophrenic patients. Psychodrama was made a part of the study as schizophrenia is considered to be a personality disorder which makes it difficult for individuals to share their thinking and their feelings with other people. Since the schizophrenic has difficulties in the area of communication and Psychodrama provides for non-verbal as well as verbal communication, the technique is an excellent one for reaching such patients and provides them with a twofold opportunity for social and emotional growth.

A session was held one hour each week from 9:00 A.M. to 10:00 A.M. Frequency of sessions is important. The decision regarding frequency should be made with degree and seriousness of patient illness in mind. Daily sessions would have been preferable for this group of patients, but staff time did not permit such plans. Regularity of sessions is another important factor

which bears careful consideration. In Psychodrama, just as in individual psychotherapy, the cancellation of sessions means disappointment, rejection, loss of love and frustration to the patients. Sessions have to be held according to schedule. During the time of the study, one session was missed and the result was marked behavior changes in the patients whose tolerance was particularly low.

The day room on the ward, which is relatively small, was used as a meeting place. The setting was crowded and as a result, movement was difficult, but this did not seem to hinder progress. The patients were permitted to determine their own seating arrangement, and it was from the first, interesting to note that the isolates were able to isolate themselves in spite of crowded conditions. One patient isolated herself by covering her face with her hands, another by sitting on the floor in the corner and staring at the wall, and another by refusing to come into the day room and standing in the hallway just outside the door.

The patients did not volunteer for admission to the study and all were not in favor of attending. Several of the patients expressed considerable hostility toward the therapists throughout most of the sessions and repeatedly pointed out their desire not to attend. Hostility toward one another was also readily apparent. Remarks such as "shut-up", "you don't know what you are talking about", "get out of the way", and "fool" were common.

The first half hour of the initial session was devoted to a brief introduction of the program and of the persons present, patients and staff. Staff members were the director and a social worker who acted in the capacity of auxiliary ego, and two volunteers, one of whom acted as auxiliary ego and one of whom acted as recorder. Each patient was asked to introduce himself and the patients who refused to introduce themselves were introduced by the staff or by other patients. Following the introductions, Psychodrama was briefly explained and the type of action and discussion in which it was hoped the patients would participate was discussed.

As hostility and feelings of anger were common to the majority of the patients in the group, it was felt that such feelings should be the basis of the initial dramatization. A twenty minute movie "Anger At Work" which shows how anger builds up and how it affects one's actions was shown to the group immediately following the introductions and a brief discussion of Psychodrama. It was felt that the movie would help establish group feeling and serve as a spring board for dramatization. Patients who have difficulty discussing deep personal material often find discussing such material easy

if it is presented in relation to a fictional person. A movie is an excellent means of depersonalization.

The movie served its purpose and brought forth immediate group activity. A few of the comments made by the patients follow:

"When I am angry it's because I think people don't like me."
"When people call me on the phone and ask me to do something, I say no as I feel like they don't really want me."
"People expect too much of me."
"The only way to get along is to fight."
"Anyone would fight in this place."

One patient then asked to portray a husband and wife scene which had occurred during visiting hours the previous day. She said the scene concerned another patient in the group and her husband and that the patient had asked her to present the scene as she wanted to know the reaction of the group to her situation but did not feel capable of acting out the incident herself. The patient herself set the scene and the psychodrama begins.

Ted: Hello honey—how are you feeling today?
Gretchen: How could anybody feel well in here? Get out of here!
Ted: I brought you some candy.
Gretchen: Thanks for nothing. How are the kids?
Ted: They are fine. They are staying with your mother and father.
Gretchen: What are they doing there? They should be home where they belong.
Ted: But honey, I have to work all day—
Gretchen: The kids are your responsibility. You put me in here so it's up to you to take care of them. After all, it isn't my folks' responsibility. My mother and father raised me, they shouldn't have to raise my kids too.

Following the portrayal, during which the patient hit the auxiliary ego playing the role of husband on the face and head with her purse, the patient explained that the husband had been knocked to the floor as was the ward nurse when she came into the room to see what was happening. The patient explained that she did not portray this part of the scene as she did not want to hurt the auxiliary ego. Following the scene the patients expressed hostility toward family, friends and hospital staff. They also expressed marked hostility toward one another. Many of the outbursts were violent in character.

Hostility and feelings of anger emerged during the first session as common to all of the members of the group. By the third session another factor

emerged which proved to be a common denominator—all were lonely and all dreaded the feeling of "aloneness". The patients blamed society for their loneliness, wanted revenge and hostile outbursts were the only revenge they could muster.

The patients were able to handle the resulting violent hostile outbursts with astonishing ease. After the second session the patients themselves usually handled the outbursts of hostility. In such instances as it was not handled by the patients, it was handled by the director in a direct manner. Direct handling seemed to help the patients with poor controls to develop a more adequate and successful mode of adaptation.

From the beginning, the patients were accepted by the staff members. There was, however, little or no acceptance by the patients of one another so all possible effort was put into development in this area. Patient to patient relationship is an essential component of group development if real progress is to be made. Having a staff member accept that part of you of which you are ashamed and which you consider unacceptable is valuable, but such acceptance is not as meaningful as having one of your peers accept you and understand you in spite of your shortcomings. Patient to patient acceptance was difficult to achieve. It was gradually brought about as the result of a conscious effort on the part of the staff to give each patient adequate opportunity to psychodramatically portray situations that would bring out positive personal qualities.

As the group congealed and patient to patient, as well as staff to patient relations developed, the patients gradually overcame their feeling of "aloneness". Not only did they come to feel that they had one another, but they also came to feel that they had the staff members and volunteers involved in the project as their special property. At this point, we noticed that the patients were always ready for sessions and anxious if we were a few minutes late. We also found that other patients on the ward were stopping us and asking to become a part of the group. With these developments, the feeling of loneliness was lessened, the hostility markedly subsided and other realistic problems were ready to be dealt with.

The remaining sessions usually began with an informal discussion in which the director of the sessions summarized a point or two of importance from the previous session and the patients were encouraged to relate how they felt, what they had been thinking and their immediate personal problems. As discussion developed, the patients were encouraged to show what had happened or demonstrate how they felt. Auxiliary egos were then selected from among the patients or staff and the scene enacted in the same

way as in a typical psychodrama session. Each scene was followed by related scenes suggested by other patients or by a discussion. As sessions progressed, discussion decreased and action increased.

Hypothetical scenes embracing some of the features of the individual patient's own problems adequately disguised were at times presented. Though these hypothetical presentations and the resulting discussions were planned in relation to a particular individual, the physical involvement in the scene and the discussion did not focus on that particular patient. All scenes were geared to reach as many patients as possible. These scenes readily led into reality situations which were important to the patients and which the patients voluntarily asked to present.

One patient asked to express her feelings regarding the hospital. She said that the hospital has a carefully planned system whereby certain patients are disturbed day and night by persistent individuals who talk constantly. She further said "someone talking at you constantly is very annoying, and at night it prevents any sleeping". A ward scene was suggested and this particular patient and several other patients with like complaints were asked to participate. All of the participants taking the part of patients were patients. The role of nurse was portrayed by a staff member. The brief scene that followed not only demonstrates the fact that patients help one another, but also bears out the fact that patients are many times able to accept material from one another prior to being able to accept it from the staff.

Nurse: Good morning girls. Did you sleep good last night?
Patient #1: Who can sleep around here!
Nurse: What's the matter?
Patient #1: I never can get any sleep. Someone is talking all night long. Sometimes it's women, sometimes it's men.
Patient #2: I know what she means.
Patient #1: Why don't they leave me alone?
Patient #2: I used to hear voices too, and I used to think it was God's voice, but I don't hear them anymore. It was just my imagination.
Patient #1: I do. I still hear them all the time.
Nurse: Are you sure it isn't your imagination?
Patient #2: I know it's your imagination because when I heard voices I didn't think it was my imagination either. But, now I know it was. This is part of your illness and shows you still need to be in the hospital. You are still sick. She is always talking to herself; she thinks she is a telephone operator.

Patient #1: I answer the telephone but no one is there, and I don't see anyone, but I know they are around somewhere and they just talk and talk and talk.

At the end of the session the patient made the statement, "I don't see how it could be my imagination; I hear people talking to me at night." The only response on the part of the director was, "that would certainly be annoying." At the beginning of the next session the patient remarked "I can't understand it, but I have not heard voices all week. Did you tell those people to stop?" (Long pause) "It just might have been my imagination." Other patients remarked that they had not been as bothered as usual by the voices, and within a short time the patients no longer discussed the voices and the ward nurse reported marked improvement in ward conduct.

This same approach was used to help another patient who was preoccupied with body tampering and thought her vagina and rectum were being burned out. The patient's gynecological examination was essentially negative. The patient mentioned her problem to her doctor and to the director in private and indicated she would like to discuss this in front of the group but said "I am embarrassed to bring up such a matter in front of the others." The director indicated she would help the patient discuss the matter and started a ward scene involving the patient's problem. All roles except the one of Marguerite were portrayed by patients. The director took the part of Marguerite and portrayed a patient's role. (An excerpt from the scene follows):

Nurse: Good morning girls; it's time for breakfast.
Patient: Good morning nurse.
Nurse: It's time for breakfast, Marguerite.
Marguerite: I don't think I'll go this morning.
Nurse: Oh come on, they're having nice hot cereal.
Marguerite: I think I better stay here.
Nurse: Don't you feel well?
Marguerite: It's my stomach again. Every night it gets so sore. I don't know why the hospital does that to me. I get so nauseated and throw up every night.
Patient: Marguerite is right, they don't poke my stomach but they poke other parts of me all the time. I'm not going to breakfast and Marguerite's not either.
Nurse: Well maybe you'll feel better after you eat breakfast.
Patient: I'm not going. I don't know why they do that to me all the time. It not only hurts, but it's wrong, it's sinful.
Nurse: Well, let's go eat and then I'll talk to the doctor about it.
Patient: Well, maybe we could do that Marguerite. The doctor just might make them stop.

As this patient was given adequate opportunity to express her ideas regarding body tampering her obsession with the idea outside of Psychodrama gradually lessened. With this particular patient the Psychodrama was, to a certain extent, also made a part of her life outside of session time. The ward nurse was instructed by the psychiatrist in charge of the project to accept the patient's complaints without comment. The nurse also helped the patient with special exercises which the patient was told would be beneficial to her physically. Within a short time the patient was commenting upon her improved physical condition and admitting to being able to sleep at night.

Difficulties between husband and wife also proved to be a prominent part of each session and not only helped the patients learn how to handle problems that develop in the home but helped the patients come to a better understanding of themselves. One patient asked to act out scenes between her husband and herself and cast her husband as unreasonable and feeling that she never did anything right. The following excerpt from an early scene shows how the patient saw herself and her husband. The patient portrayed her own role, and auxiliary egos portrayed the roles of husband and daughter.

Patient: Hello dear.
Husband: What's the matter, are you still working on the dinner? I told you I wanted dinner every night at the same time.
Patient: It will be ready in a minute, it's cooking slowly.
Husband: That's just about the way you operate. Where is the paper? I've told you I want it here when I come home.
Patient: Susie has it.
Husband: Susie has it! I want that paper before she gets it and cuts it up.
Patient: I'll find it for you after dinner. Would you mind calling Susie for dinner?
Husband: What's the matter with you—you're her mother, you call her.
Patient: Susie, dinner is ready.
Daughter: Hi mother.
Husband: Look at those hands, don't you have any pride, what have you been doing?
Daughter: I've been playing down the street.
Husband: Don't you have any pride about your daughter? What about my position in the community? You go and get those hands washed.

(Daughter goes to wash hands)

Those hands aren't clean. You get going and wash your hands. I want you to mind me.

Patient: Oh, who wants to eat with you anyway.
Husband: And don't you stick your tongue out at me. This is all your fault.

As we continued with the home scenes, the patient gradually began to portray the real home situation and her hostility toward her husband, her ambivalence regarding accepting responsibility for her children and her tendency to rule the home with an iron hand began to unveil. This change was pointed out by various members of the group and eventually accepted by the patient. This same patient brought out feelings of guilt over premarital sexual experiences and feelings of disgust with regards to relations with her husband. As sessions progressed she gradually developed some understanding of why she felt as she did and acted as she did and started making a determined effort to, as she put it, "mend my ways". During one session she showed how she prevented an argument with her husband when on a visit by excusing herself and pleading a headache until feeling better able to face visiting with him. Twenty-six of the thirty-two patients making up the group became actively involved in these scenes.

During sessions all of the patients at one time or another expressed concern regarding reactions and anticipated reactions of relatives, friends, and employees to their hospitalization and to their return to the community. Individual feelings of inadequacy were also brought out. They used the sessions to test their handling of prospective encounters with community people and demonstrate to themselves and to others their ability to handle threatening situations.

Employment agency scenes were helpful to many of the patients worried about returning to the community. One patient's handling of the interview situation in an employment agency shows the particular patient's development of insight into her problems and her increased ability to handle future plans. The scenes speak for themselves. The patient played her own role and an auxiliary ego took the part of the employment manager. The first scene took place during the second week of the project and the second scene took place during the last week of the project.

SCENE I

Employment manager: How do you do.
Patient: Hello.
Employment manager: Well Mabel I have your application right here. Are you ready to leave the hospital?
Patient: Yes I am; I'll be ready to leave the hospital in a couple of weeks.

Employment manager: What do you want to do?
Patient: I'd like to do housework, but I want to get near my home because I don't have a car.
Employment manager: Will you be living at home?
Patient: Yes, with my husband and children.
Employment manager: I have talked with your social worker and he tells me your family is out of the picture.
Patient: Well I haven't heard from them but I know they want me home. They're expecting me.
Employment manager: I hear you haven't seen them for eight years.
Patient: That's true but I know they expect me. I can locate them as soon as I get out.
Employment manager: Well, I'll have to have a talk with the social worker about this.
Patient: There's no use in talking to him. They don't like me there anyway and they won't do anything to help me. I've been there eight years and they haven't helped me. I'll locate my family myself.
Employment manager: I'm sorry you feel that way about it.

SCENE II

Employment manager: Hello Mabel, how are you?
Patient: Hi!
Employment manager: I knew you would be back. How are you feeling?
Patient: Fine. I'm ready to go now.
Employment manager: I talked with your social worker and he thinks you are doing wonderful. What are your plans? You wanted to do housework didn't you?
Patient: Yes, and I guess I'll go to family care.
Employment manager: That's good.
Patient: I wanted to go home, but I realize now I can't. The next best thing is family care.
Employment manager: Well good for you. Here is your card to your employer. Good luck!

The rapidity with which status hierarchies developed within the group was very interesting. At the first meeting one patient was singled out by the group and raised to high ranking status. In a group of mentally ill individuals just as in a mentally healthy group appropriate contributions to the discussion establishes a position in the higher ranks. Judgments regarding status are made on the basis of amount and quality of contribution and attitudes displayed toward the group.

The first patient singled out was a verbal, very hostile and delusional patient. This selection is an indication of the degree of illness manifested by the group—hostility was the only reaction acceptable to the group and understood by the group. As sessions continued and the patients developed insight into their personal difficulties and learned how to handle themselves in a more acceptable manner different types of patients were selected as leaders.

A conscious effort was made to help each patient at some time during the weeks of the project reach leadership level. The patient referred to earlier in this paper who isolated herself from the group by sitting on the floor in the corner of the room was helped to reach leadership level by means of a movie. A technicolor movie demonstrating Psychodramatic techniques had been made at the hospital twelve years prior to the project and this particular isolate was in most of the film strips. The showing of the movie gave the patient status in the eyes of the other patients and resulted in the patient getting up off of the floor and showing interest in the group. The patient made remarks such as:

"I have changed. No wonder my husband divorced me."
"What has happened to Mary; is she at home now?"
"You have not changed" (referring to director who was also in movie).
"I wish we could make another movie."

From the day of the movie showing the patient gradually changed. Her appearance improved, she no longer isolated herself, she entered into group discussion and she started asking questions about her family and expressed a desire for a visit home. The resulting visit was a success.

During the sessions we were consistent in our appeal to the positive social forces in the patients. It was both surprising and reassuring to find that these thirty-two severely ill women were in the protected and guided milieu of the group, able to function on a relatively high level. During the early days of the study these patients became entirely different people during the hour of the session. Each week, however, brought about changes in that an ever increasing number of patients were able to function in an increasingly adequate degree outside of the group. Table I shows patient progress in areas which indicate ability to get along outside the group.

Table II also indicates patients' progress. Table II shows the number of patients out of the hospital or ready to leave the hospital at the end of the study.

Considering the degree of illness and the duration of illness of these patients, it is remarkable that twenty of the thirty-two should have improved

TABLE I
PATIENTS' PROGRESS DURING STUDY

	Beginning of Study	4th Week of Study	End of Study
Participating in Group	3	21	32
Working in Hospital	13	22	30
Attendance at O.T. or R.T.	9	23	32
Sociability on Ward	4	15	30
Adequate Adjustment on Visits	3	16	22
Grounds Privileges	0	7	28

TABLE II
PATIENT MOVEMENT INTO COMMUNITY

	Family Care	Convalescent Status	Total
Out of Hospital	6	8	14
Ready to Leave Hospital (Social Service plans not completed.)	3	3	6

to such an extent that it is possible for them to live in the community. It is also remarkable that eight of the twelve patients remaining in the hospital should have grounds privileges.

The group was not a scientific study in that we did not have a control group so it is impossible for us to make a statement regarding the amount of patient's movement due to drugs and the amount due to Psychodrama. We can, however, say that such results are not obtained with a group of patients who are placed on drug therapy and are not a part of a Psychodramatic group.

Psychodrama is beneficial to such patients in that it helps them to socialize, helps them overcome their fear of failure, helps them to reveal their problems and helps them to make use of other hospital activities. To be most effective it is important that the interchange within the group be kept at an emotionally highly charged level. The success of Psychodrama is apparently due to the fact that treatment is not dependent upon verbalization. The acting out and goal directed role playing to a certain extent replaces verbalization and certainly helps along verbalization. The healing effect is achieved through relieving in action and counteraction important life experiences. Such acting out exerts a profound influence on the unrealistic thinking of the psychotic patient.

PSYCHODRAMA WITH A FAMILY

ADALINE STARR

Chicago, Ill.

For the most part, group therapists have bypassed the family as an operational group and used a substitute unit to work out the problems of relationship, feeling perhaps, that dealing directly with a manifestation of the disturbed family was more valorous than helpful. But of late, there is a growing interest in using the original household as a therapy group and, in some instances, psychodrama as the clinical method. We find for example, Ackerman and Behrens (1) writing that there is an urgent need to study the social system of the family and to reckon fully with the person as part of that system. Virginia Axline (2) writes "we can take case histories until the files bulge out, but we can learn more by meeting with the parents and children in the playroom for a series of interviews." Grotjahn (3) "considers the dramatization of the family problems and the technique of the psychodrama as one of the most important trends in present day family treatment and research." The oldest psychodrama was a family psychodrama (7).

In a previous paper (4) I showed that the family as a group can mobilize an action response typical to them and bring it, not only under the scrutiny of the therapist, but of the participating family. It is now my purpose to demonstrate how the climate the family lives in can be recreated in the psychodramatic session. As Moreno has pointed out, the essential aim of psychodrama is to construct or reconstruct situations which are real to the protagonist, even if this involves reproducing the relationships.

It is beyond the scope of this demonstration to show the many uses of the psychodramatic method, but rather how some of its techniques can be applied in working with a family group.

At the first session the whole family, if possible, is present. At subsequent meetings the psychodrama may involve only the director and one member of the family, or just the parents; at any time, a staff of trained auxiliary egos can be there, namely, psychiatrist, social worker or psychologists, as well as others actually involved in the relationship. The selection of those attending the next session is determined by a diagnosis of the family interaction.

Where there is a disturbed relationship between the husband and wife, the children are not invited back until later and the couple may be seen

together, individually or referred into another therapeutic course. Or, if the parents are relatively stable and one child in the family is unable to function, a sibling relationship with the mother may be a good grouping. The object is to discover the family line-up—which family roles are supportive of each other and which clash. It is well to remember at this point, that psychodrama is a synthesis of analysis and action that focuses on a person and the production brings out aspects of his life situation. It is a primary function of the director, from the information he has gathered in the session, to decide whether to use the actual person or an auxiliary ego.

Example: Mr. and Mrs. Jones complain that their only child, John, aged six, is in constant movement—scarcely taking time out to either eat or sleep—talking all the while. He seldom goes to bed before midnight and then, sets up a great commotion. He won't permit his mother to leave him without a tantrum which is followed by vomiting. He is able to control both his talking and walking around since, after he arrives at school, he is well-behaved; however, he avoids going to school by "being too sick." (The mother is a semi-invalid.) His parents took him to a wedding when he refused to stay home with the sitter, after he promised to behave in a becoming manner. When his parents got up to dance, he placed himself between them and made it a threesome. They accepted this discomfort rather than cause a scene or leave it.

Initially, the family was seen together. It was imperative to relieve the discomfort of living with a whirling dervish. The parents were shown how to remove themselves from the boy's tyranny and he experienced a constructive way to deal with his parents. However, the disturbed relationship of the parental pair seemed to be at the root of the boy's trouble. The wife was a pretty, frail woman, accustomed to special care and consideration from her mother and sisters; she continued to get it from her husband, but he was tired of trying to meet all her demands and passively defeated her. Although well-educated, he stayed in a job far below his training at low pay and with hours that kept him away from home nights and the week-end.

After a few sessions with the whole family, the mother was selected as the chief protagonist, being the most influential member in the household. An auxiliary ego was used to play the husband's role until it was considered timely to bring him into the group. This was followed by job-hunting situations with the husband, ending with sessions with the entire family. The psychodrama was terminated when the husband moved into a new job and the boy was more manageable.

This example of using the entire family to reach a practical solution

to the problems of everyday living may be all that is indicated. But when this seems an enormous task, the director may re-organize the family grouping. He should be guided by the manifestation of the family interaction and use it to increase family understanding.

Now I would like to describe an operational method.

Each production varies with the family and the situation. However, there is in general a plan we follow. Step 1, the warm-up; step 2, searching out the problem; step 3, the production; step 4, discussion. First, the warm-up: this is a process by which the group focuses on a problem. The director initiates it. One way of helping the family group to portray a current conflict is to explain the purpose of the session, then interview each one present. Often the question asked of each is "What takes place in your family that bothers you a lot?" Some families jump at the chance to act out this sort of incident, but other families are resistant and/or unable to pinpoint a specific episode. In that case the director can suggest a starting point—the familiar family scene of waking up in the morning and going through the day. A possible beginning is the following:

Director: You are all in your bedrooms, now. What time is it? I'll be the clock.
Johnny: It's seven oclock, and I get up first, and I run into the bathroom and wash my face and hands, get dressed and—
Director: Don't tell me what you do—do it.
Mother: That isn't at all the way it is. He runs barefoot into the living room and turns on the TV set then he . . . .
Director: All right, you be Johnny and Johnny, will you be (role reversing). What are you doing now that you're Johnny?
Mother: I'm catching cold by running barefoot into the living room.
Johnny: I am not. I don't do that, do I Daddy?
Director: You lost your role, Johnny. Remember you are Mother, so show us what Mother does when you wake up in the morning.

The director is getting them started in role playing by insisting they assume and hold the roles, as well as talk in the present tense. Reversing roles was introduced to present the child's behavior from the point of view of the Mother, at the same time, allowing the child to portray the way in which he perceives her. "The function of role reversal is to increase role perception." (5)

As soon as the action is in swing, the director moves to one side of the room, but is ready to prompt the players, to introduce other role-playing techniques such as mirroring, soliloquy, etc., or to stop it as soon as the relationship is diagnostically significant.

Mother: (as Johnny) Wake up, wake up. (runs around the room and jumps on the bed) I'm hungry. Come and watch TV with me Daddy. Mother, you come, too. I don't want Daddy to fix breakfast for me. You do it. (she tugs at Johnny.)
Johnny: I don't want to play Mother. I'll be Daddy.
Father: (after he's prompted by director) I'll be mother. Johnny, go put on your shoes. I don't want you to get sick. You can't go to school if you do. Did you wash your teeth?
Mother: (as Johnny) Yes, I did. Don't go shopping while I'm at school. I don't want you away from the house while I'm away. Promise me, promise me.
Father: (as mother) Let me see if you really washed your teeth. (smells Johnny) You didn't! You'll get cavities if you neglect your teeth. Go right in and do it.
Johnny: I don't like this play. Let's do something else.
Director: What are you thinking, Johnny?
Johnny: I don't always do that, I'm a good boy.

Either the director or a trained auxiliary ego stands beside Johnny saying, "let's both be Johnny and say whatever else we feel or think." The technique of the double ego is being introduced to provide him with some emotional support and to treat his resistance to reversing roles with his parents.

A child will resist exchanging roles if he fears to lose a much desired goal or he senses a lack of sympathy for his position. The double-ego, through identification with the patient—imparts information both to the boy and his parents—by verbalizing the inner conflict. "True," the double-ego may say, "my behavior aggravates my parents, but their behavior is very restrictive. I wish they would let me decide whether I am to catch a cold or lose my teeth." The double ego waits for the boy's reaction to this declaration, and responds to it. As they talk together, as one, a solution is being sought which will meet the needs of each better than the original attitudes which caused the conflict. The role-playing had uncovered the over-solicitousness of the parents and the boy's defenses against it.

A discussion with the family follows and each one is encouraged to comment on his family role—his responses to the stimuli of other family roles. There usually is some re-playing of how else can this situation be met. In the case of Johnny, some direct suggestions were given, both to him and the parents.

Again, there are other techniques available to the psychodramatist but it was not my intention to cover this vast area, but only to describe a few of the important ones so that it could be shown how this method provides

numerous possibilities for recreating the interaction pattern of the family constellation.

References

1. Ackerman, N. W., and Behrens, Marjorie. The Family Group and Family Therapy. Application of Family Diagnosis. *Int. Journ. of Sociometry.* Beacon House, Beacon, N.Y., Sept. 1956.
2. Axline, Virginia. Group Therapy as a means of Self Discovery for Parents and Children. *Group Psychotherapy,* Vol. VIII, Aug. 1955, 152-160, Beacon House, Beacon, N.Y.
3. Grotjahn, M. Letter to the writer, February 1958.
4. Starr, A. Psychodrama with a Child's Social Atom. *Group Psychotherapy,* Volume V, 222-225, Beacon House, Beacon, N.Y.
5. Moreno, J. L., and Moreno, Zerka and Jonathan. The Discovery of the Spontaneous Man, *Group Psychotherapy,* Vol. VIII, August 1955, Beacon House, Beacon, N.Y.
6. Loomis, Earl A. and Shugart, G. Psychodrama with Parents of Hospitalized Schizophrenic Children, *Group Psychotherapy,* Volume VII, October 1954, Beacon House, Beacon, N.Y.
7. Moreno, J. L. Das Stegreif Theatre, 1923.

ROLE PLAYING IN EDUCATION—SOME PROBLEMS IN ITS USE*

ABRAHAM E. KNEPLER, PH.D.

University of Hartford, Hartford, Conn.

Although a considerable literature is now available on role playing in education, relatively little seems to have been written concerning the problems which may be encountered in its use in education. The need for more deliberate attention to the problems which might beset the educational use of role playing is pointed up by the rapidity with which the use of role playing is being extended both in the training of educators and in the programs of educators.

Nevertheless, informal inquiries among educators—in both formal and informal educational settings—suggest that the training received is rarely systematic and rarely calls attention to psychological and sociological problems which may arise in connection with its use.

ITS NATURE AND LIMITS

A first problem in the use of role playing relates to an understanding of its nature and the limits within which it might be used in an educational setting.

Definitions and usages of the term differ, as the examples which follow illustrate. Lane and Beauchamp, in their book, *Human Relations in Teaching*, equate role playing with sociodrama, as "the spontaneous enactment of social situations for the purpose of gaining additional understandings about the concerns and motives of individuals involved in the situations."[1] Psychodrama is differentiated from sociodrama or role playing in that psychodrama is seen as deeply personal, involving the "kind of intimate experiences that we are reluctant to share with others."[2] Lippitt and Hubbell, in a review of the literature on role playing for personnel and guidance workers, seem to have used the term to refer to both sociodrama and psychodrama. They define role playing as a "temporary stepping out of one's own present role

* Based on papers presented at the Annual Conference of the New York Chapter, The American Society of Group Psychotherapy and Psychodrama, New York City, November 22, 1958, and the Michigan Institute of Group Psychotherapy and Psychodrama, Detroit, February 1, 1959.

[1] Howard Lane and Mary Beauchamp, *Human Relations in Teaching*. New York: Prentice-Hall, Inc., 1955, p. 274.

[2] Loc. cit.

to assume the role of another individual, of one's self at another time, of an animal, or even of an inanimate object. In assuming another role one tries to feel like, sound like, and behave like, the individual or object that one is attempting to portray."[3] One of the most useful definitions of role playing and differentiations of sociodramatic from psychodramatic uses of role playing is that of Levit and Jennings.[4] They speak of role playing as "a general term referring to the spontaneous acting out of roles in the context of human relations situations", and as "part of two broad methods devised by Dr. J. L. Moreno—sociodrama and psychodrama."[5] They note that both sociodrama and psychodrama require an essential element in addition to the players—"an audience who help the players interpret their roles." Sociodrama is seen as dealing with the "interactions of people with other individuals or groups as carriers of some specified *cultural role,* such as supervisor, leader, mother, father, employer, etc." whereas psychodrama is regarded as concerned primarily with the unique problems of a given individual. Levit and Jennings note as a "crucial difference" between the two, the greater emphasis in psychodrama" upon the private or personalized world of some individual . . . , and the greater emphasis on what is common in the social roles of many individuals in the latter".[6] Moreno has pointed out both the difference and the convergence of psychodrama and sociodrama in a significant manner. He has defined psychodrama as "a deep action method dealing with interpersonal relations and private ideologies," and sociodrama as "a deep action method dealing with inter-group relations and collective ideologies".[7] He has also defined sociodrama as "action in behalf of the other fellow".[8] But Moreno reminds us that these are both forms of role playing, the one representing individual ideas and experiences, the other representing collective ideas and experiences. He reminds us, too, that "these two forms of role playing can never be truly separated".[9]

Recognition of the fact that psychodrama and sociodrama can never be

---

[3] Rosemary Lippitt and Anne Hubbell, "Role Playing for Personnel and Guidance Workers: Review of the Literature with Suggestions for Application". *Group Psychotherapy,* 9: 89, August, 1956.

[4] Grace Levit and Helen H. Jennings, "Learning Through Role Playing", in *How To Use Role Playing and Other Tools for Learning,* Leadership Pamphlet No. 6. Chicago: Adult Education Association of the U. S. A., 1956, pp. 5-10.

[5] Ibid., p. 5.

[6] Ibid., pp. 5-6.

[7] J. L. Moreno, *Psychodrama* (New York: Beacon House, 1946), Vol. 1, 352.

[8] Footnote, loc. cit.

[9] Loc. cit.

truly separated suggests that the popular use of the term role-playing is likely to include aspects of both psychodrama and sociodrama, although it tends to be closer to sociodrama in educational practice. Furthermore, the use of role playing in education has not ordinarily had therapy as a primary objective, even though therapeutic consequences of role playing are probably inescapable.

Shifting Focus

It is the impracticality of trying to establish a sharp differentiation between the therapeutic and non-therapeutic purposes of role playing, and between the focus on the individual and collective ideologies, which is often at the root of a serious problem in the educational use of role playing—the temptation to shift focus. The shifting of focus from group to intimate individual experience raises some problems of an ethical nature. Whether the group constitutes a formal class or an informal gathering, when its cooperation has been enlisted in good faith to concentrate on a collective problem, how appropriate is it to shift to the enactment of a deeply personal concern of one or two members?

If one argues that the individual—or the group—has the choice of refusing to cooperate at this point, then the following considerations must be raised:

1. Many of those with whom educators work are too young to be able to exercise choice effectively, for one reason or another.
2. Some are too embarrassed or don't know how to back out of a role playing situation in which they have become progressively involved; or they fear retaliation through whatever system of rewards and punishments the educator may employ.
3. The shift from a problem of a collective nature to one which is highly personal may often take place so swiftly that the individual concerned may be unaware of what he has let himself in for.
4. Even when the individual consents to having the group concern itself with his personal problem, he may not be fully cognizant of what he is likely to reveal, of what his subsequent feelings about the revelations might be, or of what the effect of the revelations might be on his subsequent relations with the rest of the group.
5. The educator has the chief responsibility for decision-making here. It is part of his responsibility for facilitating the educational process in a protected setting, just as it is the responsibility of the professional therapist to protect those with whom he works from exposing themselves psychologically when it is not indicated by setting, timing, understood purpose, or similar consideration. This suggests the need for the educator to help the group to select

situations and to be sufficiently in control of them so that no one is harmed.

It suggests, too, that the educator must have sufficient awareness of the difference between the relatively more therapeutic and the relatively more pedagogical aspects of role playing, so that he can realize when he may be going beyond his depth.

Questionable Focus and Imposed Values

Sometimes the situation is considerably less subtle. Two somewhat similar experiences with role playing indicate what can happen when the teacher becomes uncritically "sold" on the values of role playing or of other media for stimulating interaction within the group. In a Connecticut community of high per capita income, a high school teacher of English[10] was disturbed at what she considered the slovenly speech and the unattractive eating habits of a boy whose father worked for one of the well-to-do families in town. The boy was one of a few pupils of low socio-economic status in her class. The teacher, who had often corrected the boy's behavior in the presence of other pupils, introduced a unit on etiquette, enlisted the cooperation of other students, and openly worked in class on the boy's difficulties through role playing and discussion. Despite all this effort, she could not understand the boy's failure to make appreciable progress.

As reassurance that such a misuse of role playing and related approaches is not unique to Connecticut, a case from upper New York State might be cited. A third grade teacher[11] developed a class project in health around the needs of a boy who regularly came to school with very little lunch and with unkempt appearance. After contacting the county nurse and visiting the mother and unemployed father, the teacher decided on the health project as the Science activity of the class. She went through all of the motions of preliminary buzz groupings for problem identification, sociometric choices for committee assignments, committee reports, panel discussions, and what the children thought they could do about them. She even had them make and use puppets in a role playing situation.

The "dirty little boy" who inspired all of this activity was an "isolate", as you might guess. When assigned to a group, expressions such as "Oh, no! Phooey!" were heard, others in the committee held their noses, and he was

[10] A graduate student in one of the writer's courses at another Connecticut university several years ago.

[11] A graduate student in the writer's group at a Family Life Institute at one of the New York State teachers' colleges, in the summer of 1954.

given to understand that he was not wanted. "So," the teacher writes, "the poor little youngster had to stand on the outside of the group and listen in." In the puppet role playing, the boy was chosen by others to be a cousin, but not because of any diminution in their olfactory sensitivities. According to the teacher: "When I heard these words (in the role playing situation), 'Goodness, you must be working pretty hard to look so very dirty', I immediately wished I had not allowed him to be in the show. But then I heard this answer, 'No, I ain't been working hard, I've just been setting 'cause where I live we don't have to keep clean, everybody looks like me. If we did get clean we would only get dirty again anyhow.' "

The teacher was so pleased that she then invited other classes, as well as mothers of the children in the grade, to another performance of the "Puppet Show". The boy's mother did not attend, but the class's Mothers' Club then became involved in making contact with his mother while the teacher involved the class leaders in showing the boy, through role playing and otherwise, "the need for washing his hands before meals, going to the bathroom when necessary, taking a bath". The teacher reported that "Our little boy did not immediately respond and react to all this cleanliness but he did try to be in the group". She claimed some eventual success with the boy, but did not indicate at what psychological cost. Correspondence with the teacher following the summer session in which she took the course with the writer indicated little insight on her part into the human relations implications of a project such as this, extending over a period of months, and revolving around a third grade boy whose predicament seemed originally to have been derived essentially from his family situation.

In both of the cases cited, some important questions occur regarding the conditions under which role playing and other human relations tools should be employed. How far, for example, should the educator go in publicly exposing certain private matters to group examination, in utilizing the group to rehabilitate or re-educate the individual, and in imposing the behavioral standards of one group upon others? Also, to what extent is the channeling of so much time and energy of the group to the modification of one individual's behavior, even if otherwise healthy, warranted? Are both the key individual and the group sufficiently benefited by such approaches as to overshadow any traumatic effects for the individual or disadvantages to the group?

A somewhat different type of situation involves the imposition by the educator of value judgments in the discussion following role playing. Where values contrary to those advanced by the educator, the educational system

or "society" are expressed during role playing (e.g., the expression of the view that cheating on tests is all right or that premarital sex relations can be fun), the educator may be tempted to set the record straight lest he be regarded as giving sanction to the views, may become involved in defending his personal views, or may castigate an actor for what he has said. On a college level situations like these have resulted in the educator's having difficulties in subsequent attempts at role playing involving values, since students have learned that they better say what is wanted. Such reactions, plus hurt feelings for participants or discussants, can of course result on any educational level.

The resort to role playing as a retaliatory measure represents, perhaps, an exceptional situation. In a professional school training situation, the trainer—a psychiatric social worker of considerable ability—had been prodded several times during the training program to use role playing by several students who had become familiar with it before entering the training program. Some of the prodding of the trainer was undoubtedly an expression of hostility to the trainer or the program. The trainer remarked on nearly every occasion that the role playing was inappropriate at the time. Then, in a session in which no previous mention had been made of role playing, and in the presence of visitors, the trainer suddenly turned upon the two chief proponents of role playing, asking each to play a role in an extremely difficult situation. Somewhat flustered, the students did, only to feel very inadequate in their roles. Their interpretation of the trainer's move as retaliation rather than as a genuine intention to utilize role playing as a training medium put an end to requests for role playing in the training program. So far as is known, role playing was not again used during that training season.

Problems in Audience Reaction

Sometimes it is the audience which has difficulty in accepting or recognizing the role playing as role playing. Lester Dearborn, a Boston marriage counselor, has described* a scene he played at a conference of *invited* family life specialists. He took the role of a father who had an opportunity to get another job. Following the session, on the same day and the next day, other family life *specialists* stopped Dearborn to say that they were with him in his decision or advised him that he ought to have made another choice. If this thing happens with persons who have considerably greater sophistication than the population generally about roles, role taking, and role playing,

* Verified orally by Mr. Dearborn on January 24, 1959.

what can be expected of others who are less sophisticated, and how meaningfully are role playing situations perceived?

Without trying to answer one's own questions directly, the writer will cite two examples of the misinterpretation of roles. Both involve the portrayal of issues in race relations. In one case, the group was composed of graduate students in education. One student, a teacher, played the role of an intolerant educator. For several weeks (the class met weekly) thereafter, the teacher had her remarks thrown back at her by other class members who had been unable to dissociate her enacted role from her actual role and convictions. The chances are that hostile attitudes toward the teacher lingered long after the open expressions of resentment had ceased. The professor in whose class the incident happened was unable to account for it by any failure in warming up the group to the role playing scene or by what appeared to be the personality traits of the teacher who played the intolerant role.

The writer was personally involved in a similar incident about eight years ago, when he was asked on the spur of the moment to play the role of a southern senator at a committee hearing on a proposed anti-discrimination bill. The program was one being conducted at a mass meeting of a local branch of the National Association for the Advancement of Colored People (in Connecticut). As the southern senator, he protested the presence of a Negro witness, saying, "I wouldn't sit in the same room with that nigger", and then got up and walked off the stage. Some in the audience became very excited and arose to follow the writer, disrupting the rest of the role playing for the time being. It required considerable gavel-pounding and the use of the microphone by the chairman to restore order and to assure the audience, composed preponderantly of Negroes, that the writer was merely taking a role that he had been asked only that evening to take. One NAACP member told me after the meeting that he was ready to "murder" me until he cooled off sufficiently to realize that I was assuming a role.

Problems in the Demonstration of Role Playing

Efforts to demonstrate the nature and uses of role playing often represent hazardous situations, since so often they constitute a play within a play, and are presented to critical observers who provide the group from which the actors are drawn, who serve as the audience, and who must divide their attention between action-content and process. Often such demonstrations reflect fine technical skill, but fail to take the nature of the group's

resistances (including their expectations) sufficiently into account. This would seem to be suggested as at least a partial explanation of what happened when Dr. J. L. Moreno encountered the hostility of the "frustrated group" at George Pepperdine College recently,[12] and what happened at an annual meeting of the Eastern Sociological Society in New England a few years ago, when many of the sociologists were unable to relate what they were observing to their own field of specialization. Perhaps the professional demonstration of role playing places the demonstrator too readily in the position of trying to demonstrate what is not really typical of what happens in a more spontaneous setting.

For example, at the Eastern Sociological Society meeting, as at some others in which the writer has observed efforts at a professional demonstration, members of the audience have been asked to propose questions from which one might be selected for role enactment. Unfortunately, there is a tendency to throw out suggestions with which there may be little involvement by either the group as a whole or even those who propose them. People are then asked to select one of the suggestions for role playing, thus narrowing even further the degree of involvement by the rest of the group. Little do most group members really care as to which topic is selected for demonstration. At this point the demonstrator has a herculean task in trying to produce anything in which the audience can become emotionally involved. In a few instances the writer has seen the demonstrator then shift the action from what started out as sociodramatic role playing to role playing which is essentially psychodramatic. Whether this is unintentional or intentional, whether considered for its therapeutic or didactic values, or as an effort to move into something more exciting in order to save the day, isn't known. But in the shift new tensions may be built up in the audience—tensions which include both empathetic strains with the individuals who are now revealing their private lives, and resentment at the director of the role playing for leading into such a private area in a public setting (along with the other side of the ambivalent picture—interest in the role player's private world which may be unfolding before them).

A final example of difficulty in demonstrating role playing to those who might use it, comes from a state conference in adult education, which offered a plenary session on "Role Playing in Program Planning". On the day before, the director assigned roles (unrehearsed) to each person who would

[12] Bobker Ben Ali, "An Experiment with a Frustrated Group," *Group Psychotherapy*, 11: 153-58, June, 1958.

perform the next day. Each was to represent a faction of the white collar community, except for one representative of labor. The role playing director provided a long introduction to the nature of the committee and the reason for its gathering, then tried to involve the role players in extending the program of adult education in the community. The role playing dragged on for 45 minutes, the focus was unclear, the audience was uninvolved and restless, the role players lacked spirit. One member of the "cast" began to show marked resentment to the other members and to the director. After it was over he explained to the writer that he felt he was no longer taking his assigned role, but was expressing impatience with the length of the session, with its lack of focus, and with the general quality of the so called "role playing".

The experience suggested several other problems in the use of role playing which cannot be elaborated upon because of space limitations—the risks of advance preparation rather than the spontaneous selection of cast and problem; the audience's frequent lack of feeling for the problem as their problem; the likelihood that the problem was an attractive or a good one when it was first conceived, but that it was no longer regarded as interesting when it was presented.

Summary

In this paper an attempt has been made to call attention to: (1) the relative absence of systematic studies of the problems which may accompany the use of role playing in education, formal and informal; (2) the overlapping nature of the two types of role playing—psychodramatic and sociodramatic—and the consequent difficulties in staying within reasonable limits of overlap; (3) the responsibility of role playing in education to focus primarily on group rather than private or individual problems, and the ethical problems involved in shifting focus too far in the direction of individual problems; (4) the practical as well as the ethical issues involved when the educator imposes value judgments as the basis of the role playing or as the view to prevail during discussion of the role playing; (5) the problem of audience differentiation of enacted roles from roles and values held in real life, where there seems a reasonable basis for such differentiation; (6) problems in the demonstration of the nature and uses of role playing to professional audiences.

Many other types of problems are present in the educational use of role playing.[13] Indeed, almost every step in role playing may as readily

[13] For concise accounts of some other dangers or pitfalls in the use of role playing

constitute a misstep. It has not been the intent of this paper, therefore, to present an exhaustive list or discussion of problems in the educational use of role playing, but rather, to call attention to some of them, with the hope that a more extensive concern with them may be included in training programs and in the utilization of this potentially and essentially valuable medium.

---

see Alan F. Klein, *Role Playing in Leadership Training and Group Problem Solving* (New York: Association Press, 1956), Chapter 8; Chris Argyris, *Role Playing in Action.* Bulletin No. 16 (Ithaca, New York: New York State School of Industrial and Labor Relations, Cornell University, May, 1951), Chapter 2; Bruce F. Young and Morris Rosenberg, "Role Playing as a Participation Technique", *Journal of Social Issues,* 5 (No. 1): 42-45, Winter, 1949.

ROLE-PLAYING AS AN AID IN IMPROVING READING ABILITY AND EMPATHY*

SYLVIA RUSSELL HEIMBACH, PH. D.

High School of Fashion Industries, New York City

INTRODUCTION

Our educational system concentrates on preparing the human organism to take his role in life at every stage of development from child to patriarch. Inculcated with thoroughness are details of decorum, of proper conduct, of responsibility, and even of rewards to be reasonably expected. Throughout, the stress is on "Thus you must do." Too often, as delinquency and other statistics of deviance indicate, thus the you does not do; or does only superficially, with a minimum of attainment and satisfaction, with no enrichment of the personality, with no creative self-expression. There is only infrequently awareness of a deeper self to express; where there may be such an awareness, its spontaneous freedom is checked by all the warning signs: "This is not done." Mass constraint stifles originality and checks the organism from developing as an individual. One proceeds conventionally in a prescriptive routine, taking the role defined as his by society, and wonders at the shallowness of his life and the frequent psychic contusions resulting from oblique collision with others similarly oriented.

Role is defined by Moreno on several levels: as a part taken by an actor; an assumed character within social reality; the actual and tangible form which the self takes; or a final crystallization of all the situations in a special area of operations through which the individual had passed.

Moreno, the originator of the role-playing method considers it an experimental procedure, a method of learning for performing roles more adequately and spontaneously; role-taking is an attitude already frozen in the behavior of the person as a role conserve. Both are phases of the primary learning and conditioning process—role acting and role perception, role-playing and role-taking go hand in hand, with cognition, perception, behavior and action interwoven. Role-playing is an experimental procedure, to learn to perform roles more adequately and spontaneously; role-taking is the taking of a fully established role which does not permit the individual any degree of freedom. It is part of the role conserve, originally developed from

* Paper read at the Conference of the New York Chapter of the American Society of Group Psychotherapy and Psychodrama, November, 1958.

a spontaneity level of interaction common to all; the conserve may be a disciplinary force or a hindrance in determining the form of creative expression.

To vitalize the conserves, there must be spontaneity, operating in the present to propel the individual toward an adequate response to a new situation or a new response to an old one. Because man fears spontaneity, this most universal factor in man's world is the least developed, the most frequently discouraged and restrained by cultural devices. With proper training it will be handled carefully, so that there is neither too much nor too little. In this controlled process, creativity and spontaneity interact upon each other, with the entire organism involved in a warming up process. As the result of a process of mimetic learning in how to take the role of the other, the cultural conserves emerge. Role spontaneity, playing a role spontaneously, modifying it, and warming up in ever novel situations, is in contrast to role-taking, the rendering of a role already established.

Role-playing shatters this shell of constraint and frees the latent creativity within each one by enriching his role conserves. There is sharper perception, as one puts on and takes off a variety of roles, playing with them for the stimulus of exploration and discovery. The role played becomes as real as one's habitual role; by departing from one's habitual role one sees it from a different perspective and returns to it with an added dimension of originality in its performance. For one is no longer an isolated organism: one is a social atom, aware, as a *socius* of interactive membership in a group. The role he must take has a vitality previously lacking; it is performed more meaningfully and efficiently.

The experiment here reported was undertaken to see whether this could be proven; whether playing a variety of roles other than that one had to take in real life would not result in much more efficient performance of the actual role. Roles were developed *in statu nascendi,* and in situations little structured, to encourage maximum creativity. The specific context was the highly formal one of the high school classroom; the problem, to improve reading ability. How could this best be done? The original group contained 247 students. Of these, 219 completed all aspects of the experiment: 166 girls; 53 boys. They included, in addition to 1 Chinese girl, 1 Japanese boy, and 1 American Indian boy, colored, white, and Puerto Rican students, in the ratio 2:1:1. The average group intelligence score was 85, with a range among groups of an average of 80-89, the scores secured under uniform testing conditions with the California Intermediate Test, Form S.

The Experimental Variable: Role Playing

The key variable was role playing, supplemented by devices to increase social sensitivity, or empathy, defined as "the ability to recognize the thoughts, feelings, motives or actions of another person or group." This aims to develop awareness of others as well as to increase accuracy in predicting the reaction of the other, through taking the role of the other so that it plays back upon one's own response, a reflexive effect. The language of empathy is largely that of non-verbal behavioral cues; of reading, letters and spaces which must be translated into a series of socially conditioned behavioral cues. Both have an emotional component.

The experimenter applied what she considered an empathic approach to the experimental groups. This involved placing herself in the students' role, to resolve reading problems from their point of view; and placing herself in the role of the characters in the materials read, to bring them alive for the group. In turn, she expected the students to react in terms of her expectation of them, as students and as readers.

Experimental groups received training in role playing. Control groups followed the same course of study and used the same materials, but did no role playing. Experimental reading classes had one session a week for this; the control group used the equivalent time for the reading of library books. In the experimental hygiene group the term's work was organized about the role playing approach; the hygiene control group had only discussion. Both hygiene groups followed the customary senior English course of study, with their English teachers unaware of the experiment in progress. During the second year of investigation, there was no role playing with the reading classes, but every effort was made to have as warm an approach as possible.

The experimenter worked with the tenth year reading groups, and with the eleventh year English class; the Chairman of the Health Education Department with the experimental hygiene group, assigning another member of her staff to the control hygiene group. All groups were initially comparable in age, ethnic composition, intelligence scores, and reading grades. Where some discrepancy appeared to exist, as in the case of the hygiene control group selected from seniors with better work records, the group least favored was selected for the experiment, to bias results as much as possible against success.

Standard reading tests and an empathy questionnaire were used as criteria to measure progress. The Nelson Reading Test, Forms A, B, and C, were used with the tenth year classes; the Nelson-Denny Reading Test, Forms A and B, with the eleventh and twelfth year classes. The empathy

questionnaire was a rough instrument, designed not so much to measure empathy as to be a comparative indicator of progress. All testing was done by the experimenter, so that the testing experience was identical for all groups.

The Nature of the Experience

The fact that the experimenter instructed both control and experimental groups does not mean they had an identical experience: she consciously controlled her role so as to minimize empathic reaction with the control group and to maximize it with the experimental. The main aspects of such differences are here given.

Statement of the Procedures with the Control Reading Groups

1. Greeted impersonally. Treated with detachment.
2. Formal attitude with stress on status differential between experimenter and student.
3. Dogmatic and brusque approach.
4. Little individual attention. Emphasis on conformity to standard expected of group as a whole.
5. No democratic planning. Work assigned as given, with minimum motivation.
6. Discussion limited. Class work chiefly specific answers to specific questions.
7. Teaching materials identical with those for experimental group; with the control group the experimenter went through the motions without any personal involvement, keeping to a minimum any interaction with the student.
8. Plays were read through at seats; summarized in notebooks, and briefly discussed only when questions were raised.

Statement of the Procedures with the Experimental Reading Group

1. Friendly, warm approach, with direct personal interaction.
2. Much informality, relaxed atmosphere, yet firmness.
3. Leisurely pace, but consistent with performance. All work completed and checked.
4. Much individualized instruction, with allowance for individual differences and patience with individual shortcomings.
5. Democratic planning. Group cooperation in selecting from alternative choices. Group initiation of units encouraged.
6. Students worked out assignments with each other in informal groups. Class organization flexible. Atmosphere of permissiveness.

7. Extensive use of dramatization, improvised as well as acting of prepared scripts.
8. Imaginative identification. All senses called into play.
9. Stress not on judging characters, but on understanding them.

Much use was made of materials from *Practical English,* a *Scholastic Magazine* publication. To show the intrinsically social nature of the contents selected, some of the titles used are here listed:

Boy Dates Girl: Blind Dates; Conversation; Finding Time for Everything; Getting Along with People Not in Your Age Group; Going Steady Problems

Health and Nutrition: Bread; Breakfasts; Clear Complexions; Diet for Losing Weight; Sunglasses

Plays: A Date with Judy; The Empty Chair; Fiesta for Juanita; Indomitable Blacksmith; Miracle on 34 Street

Speed Tests: Around the World on $80; Atomic Dreamboat, *Nautilus;* Emmett Kelly, Clown Who Never Laughs; "Hot Rock" (Charlie Steen); Hurricane Warnings; Studio Under the Sea; Up in the Air (Empire State tower-building)

Stories: Ah, Sweet Youth; Double Date; Martha and "The Nose"; A Mental Block; Prettiest Girl at the Dance; The Red Sweater; Seven Parts of a Ball Team; Son of the Coach; Sweet Mystery; The Strangers Who Came to Town

Your Career: My Interest Inventory; Personality Pays (Rating Chart); You, Inc. (personal data guide sheet).

That these materials were used with the experimental and the control groups helps account for the reading progress of the control groups. The difference lay in the approach.

Procedure with the Eleventh Year English Group

Every device was applied to develop social sensitivity: in committee reports, followed by group discussion, the topics voted upon by the class; in compositions; in literature, and even in the examination questions. Several of the students had been in a reading class with the experimenter the preceding year, and may have been working at capacity.

Committee reports dealt with such topics as Narcotics, Dating, Getting Along with Parents, How to Have Fun in Summertime. Each group dis-

cussed the topic among itself; read related literary materials, and had a chairman report to the class.

Compositions were on such topics as My Family; Making Friends; My Neighborhood; Introducing Myself; The Happiest Day of My Life; My Ambition; The Worst Thing One Person Can Do to Another; If I Had All the Money I Wanted and Only Six Months to Live.

In literature, both stories and plays were approached in terms of the relationship between the characters. Their motivation was extensively analyzed, scenes improvised to bring them to life, and their reactions criticized in terms of the kinds of people they were. Plays were dramatized as fully as possible, after initial character motivation. They were followed with discussion of the central problem, related to similar problems in the students' own experience.

The pivotal questions throughout were: How does this character feel? What makes him act this way? Is it right or wrong? What should be done to make it better? How are you like this person? How are you different?

Book reports were made on a contemporary play; a biography of a noted speaker or actor; on novels that were character-centered, and on short stories.

Vocabulary study was in unified groups: words of the senses, of action, of emotion were acted out. The various ways of walking were demonstrated —shuffling, striding, marching; flirtatious, egotistical, domineering. For the emotion such feelings as depression, elation, wonder, anger, solicitude. Students were encouraged to draw upon their own observation and experience with a touch of humor where possible.

Procedures with the Twelfth Year Hygiene Groups

The Hygiene groups followed the topics in the text, *Personal Problems,* by John B. Geisel. Among its major sections are "Knowing More about Yourself," "Getting Along with Others," and "Making Your Way." Under the second are considered, "Doing the right thing at the right time," "Life at home," "The opposite sex," and "A home of your own."

In the control group these topics received only oral discussion, with the instructor, other than the experimenter, reporting much enthusiasm and interest in the group. The instructor was married, and the parent of teen-aged daughters.

In the experimental group, these topics were crystallized into domestic situations acted out in groups. There were two sets of such situations, the first with original sociometric partners; the second, with changed groupings.

The first set of problems dealt with a child from two to five years old, and were analyzed from four approaches:

1. The opportunity or situation used to help it learn good behavior.
2. The objectives.
3. The possible difficulties.
4. Wise handling of these difficulties.

The girls discussed the matter within their groups of four; dramatized them; then criticized the handling of the problem. This procedure covered a series of four or five lessons, the problem being carried from one class session to the next. Some of the situations were:

1. Outdoor play with other children
2. Mealtime
3. Going visiting (friends with one child)
4. Getting ready for bed
5. Rainy day play indoors alone
6. Toilet training —or— picking up toys before lunch
7. Nap time
8. Child with temperature must stay in bed

To illustrate the approach used by one group:
Situation 4: Getting ready for bed

Objectives:

1. To learn a good routine: undress, take bath, brush teeth, drink, toys, story, prayers
2. To give the day a happy ending
3. To prepare for a good night's sleep
4. To give love and assurance of nearness to avoid fear

Possible difficulties:

1. Refuses to go to bed
2. Wants the lights left on when you want them out
3. Wanting to go to the street when he can't
4. Not wanting the covers over him

Wise handling:

1. Read a story
2. Leave a little lamp on
3. Try to amuse or entertain him in some way
4. Try to talk him into it, and telling him it's best for him.

The second series of sociodramas followed a film on family living, which presented three problem situations: a date; helping with housework; and staying out too late. Each situation was shown handled two ways in the film, one good, one poor. The assignment which followed was:

> "By imitating the film we saw, act out an incident in family life which deals with the problem suggested, giving three or four ways of dealing with it. After you have finished, the class will discuss
>
> 1. The problem
> 2. The mental health aspects of the problem
> 3. The good or bad effects of the different scenes acted out."

The Problems:

1. Parents who have had little as children and therefore want their children to have everything even though they can't afford it.
2. Parents disagree on the degree of discipline
3. Getting up in the morning (Family of 3-5)
4. Finances (Family of 4 or 5)
5. Doing the shopping (Family of 5-6)
6. Borrowing (Family of 4 or 5)

The script for the second ran as follows, before the action was improvised:

Mother: Carmen
Father: Mildred
Sister: Hilda
Brother: Katherine

Act I. The family problem of curfew.
It takes place in the family's home. An argument arises about the hours the daughter keeps.

Act II. The girl tiptoes in at 3:00 in the morning, Sunday night. The family is sleeping. She tosses all night.

Act III. Next scene takes place when the family comes down to breakfast. Sis is nervous because she doesn't know what to expect. She can hardly eat. They all go into the living room and then come the works. The father asks loudly, "What time did you come in last night?" She answers, "3:00." And on it goes until they finally decide to have a discussion rather than an uproar. The father says she should phone in if she expects to be in later than expected. If all families think twice about blowing up in a situation like this, children wouldn't come in at whatever time they feel.

Discussion followed the presentation of each group's problem.

Term Units: Hygiene Control Group

The Hygiene control group limited itself to discussion of these topics, relying chiefly on the text referred to, *Personal Problems.*

I. Mental Abilities
   - A. What is mental ability?
   - B. What is intelligence?
     1. Intelligence quotient
     2. Advantages and disadvantages
     3. Mental ability and its importance in your future

II. Mechanical Abilities
   - A. What are mechanical abilities?
   - B. Interests and abilities should go together
   - C. Making use of special abilities

III. Social Abilities
   - A. What is social ability?
   - B. Everyone's need of social ability
   - C. Tie-up of mental, mechanical, and social abilities

IV. Film: *You and Your Family.* Discussion forum.

V. Family Problems
   - A. Getting along with others in family
   - B. How to treat your younger brothers and sisters
   - C. Dating Problems
     1. How late to stay out on dates
     2. How to act in company of opposite sex

VI. Making Marriage Work

VII. Alcohol—Good or Bad?

Analysis of Findings

Due to lack of space the tables could not be included here. But an analysis of the tables indicates conclusively the effectiveness of the training in role playing. Role playing used as a teaching aid can increase empathic participation and materially aid in improving reading ability by increasing the power to interpret symbolic meaning on both verbal and non-verbal levels. A second article is contemplated in which the tables and their interpretation are presented in detail.

BIBLIOGRAPHY

BOARD OF EDUCATION OF THE CITY OF NEW YORK, *English-Speech Language Arts for Senior High Schools,* Curriculum Bulletin 1955-56, Series 12.

———, *The Retarded Reader in the Junior High School,* New York: Board of Education Bureau of Curriculum Research, September, 1952, Publication 31.

COOKE, D. E., Chairman, *The Road to Better Reading: Promising Practices in Reading for a k-12 Program Based on the Summary of Conference-Clinics for the Readjustment of High School Education.* Albany, State Education Department, 1953.

DOLCH, E. E., *Methods in Reading,* Champaign, Illinois: Garrard, 1955.

FORLANO, GEORGE, "Measuring the Effectiveness of Special Reading Instruction in Selected Vocational High Schools," Bureau of Educational Research, Board of Education, New York: February, 1954. P.N. 22-172.

HARRIS, A. J., *How to Increase Reading Ability,* New York, Longmans, Green, 1947.

HEIMBACH, S. R., "Empathy and Reading Ability: An Exploratory Study of Their Possible Correlation and Improvement," Doctoral Dissertation, New York University, 1958. Library of Congress, Mic 58-2484.

MORENO, J. L., "Comment on Walter Coutu's 'Role-Playing vs. Role-Taking'," ASR, XVI, No. 4 (August, 1951), pp. 550-551.

———, *Psychodrama,* First Volume. Beacon House, New York, 1946, pp. 151-160.

———, *Who Shall Survive,* Beacon House, New York, 1953, pp. 39-47; 75-89; 688-691.

NELSON, M. J., *Nelson Silent Reading Test, Vocabulary and Paragraph,* Forms A, B, and C. Boston: Houghton Mifflin, 1929.

NELSON, M. J., AND DENNY, E. C., *Nelson-Denny Reading Test for Colleges and Senior High Schools, Vocabulary and Paragraph, Forms A and B,* Boston: Houghton Mifflin, 1929.

Practical English: A National Magazine for English and the Communication Arts Designed for High School Students in General, Business and Vocational Courses. New York: Scholastic Publications, 1953, 1954, 15, 16. Entire Series.

The Reading Teacher: The Journal of the International Council for the Improvement of Reading Instruction, Pittsburgh: University of Pittsburgh. Selected articles.

SULLIVAN, E. T., CLARK, W. W., AND TIEGS, E. W., *California Short-Form Test of Mental Maturity. Intermediate 1950 S-Form.* California Test Bureau, Los Angeles, California, 1950.

THOMPSON, D. W., "Interpretative Reading As Symbolic Action," *Quarterly Journal of Speech,* 1956, 42, 389-397.

GROUP THERAPY WITH ADULT OFFENDERS ON PROBATION AND PAROLE*

ALEXANDER BASSIN, PH.D. AND ALEXANDER B. SMITH, PH.D.

Brooklyn Association for the Rehabilitation of Offenders

The BARO Civic Center Clinic is an agency unique in the history of therapy in America. It is the only full time, duly licensed, privately endowed mental hygiene clinic devoted exclusively to the treatment of adult offenders under psychiatric auspices in the United States. It was organized almost a decade ago by a group of public spirited citizens including its present Chairman of the Board, the Honorable Edward S. Silver, District Attorney of Kings County, and New York State Parole Commissioner, Edmond FitzGerald, former Chief Probation Officer of the Kings County Court. The professional functioning of the clinic is under the direct supervision of the eminent forensic psychiatrist, Dr. Ralph S. Banay. The clinic is located in a handsome 15 room suite in the heart of the Borough Hall neighborhood, accessible to all means of transportation. It is equipped with tape-recorders, physical examination paraphernalia, a psychogalvanoscope, a group therapy room wired for sound adjoining an observation room containing a one-way mirror, several large conference and individual interviewing rooms, a kitchen with stove and refrigerator, oil paintings on the walls, a tastefully furnished waiting room, modern desks and electric typewriters —in short, it is an up-to-date agency located in a suitable plant for its function of rehabilitating adult offenders of New York City.

However, almost from the beginning of its existence as an agency, members of staff were vaguely dissatisfied with the traditional diagnostic and individual treatment approach that characterizes mental hygiene treatment facilities in this country. They were disturbed by the perennial problem of the broken appointment, the unwilling, hostile client, the general lack of improvement in the patient population. Gradually the staff was convinced that in many cases the successful alteration of an offender's attitudes and values in the direction of socially approved behavior could most effectively be accomplished by a program based on *group interaction* and a group form of treatment.

In other contexts, it has frequently been stated that the major motivat-

* Paper delivered at the 1958 Annual Meeting of the American Society of Group Psychotherapy and Psychodrama, New York City.

ing factor in the rapid expansion and acceptance of group therapy has been the pressing need to supply treatment to large numbers of individuals in the absence of sufficient staff. Without doubt, this consideration of expediency was important and deserves recognition. But what is not so clearly grasped, even by practitioners in the field, is that in many settings group therapy should be the treatment of choice, the preferred treatment, the treatment that may succeed where the usual face-to-face therapy will fail. Especially, it seems to us at BARO, is this perspective justified in the case of the adult offender on probation or parole.

The Therapist's Dilemma

The dilemma confronting the therapist engaged in an individualistic one-to-one approach in working with offenders has been delineated by the criminologists Sutherland and Cressey:

> The objective in probation (and parole) work is to change the attitudes of the (offenders). A scientific technique for the modification of attitudes has yet to be stated. Instead of descriptions of techniques we find such statements as "by gaining the confidence and friendship of the young man," "through friendly admonition and encouragement," by "stimulating the probationer's self-respect, ambition and thrift," and "by relieving emotional tensions." It is necessary, however, to know how confidence is secured, or how ambition is stimulated, or how tensions are reduced . . . and also how these procedures produce reformation.[1]

What does the group therapist do in contrast to the poor individualistic therapist operating in a miasma of good intentions, fouled by a lack of specified techniques and theoretical foundations?

1. The therapist attempts to understand what the client is saying with reference to the content, feeling and import of the verbal material to the client, and to communicate this understanding to the client and the group.
2. The therapist offers a condensation or synthesis of the feelings expressed by the client.
3. The therapist attempts to convey to the client, through gesture, posture, facial expression, as well as through words, a sense of acceptance and of confidence in the ability of the client, with the help of the group, to resolve his outstanding problems.

And, in contrast, the group therapist does not engage in the type of activity that many people would expect. No, he does not:

---

[1] E. H. Sutherland and D. S. Cressey, *Principles of Criminology*, 1955, p. 434.

. . . interpret the behavior of the client with reference to hypotheses held by the therapist related to some theory of personality dynamics.
. . . attempt to promote insight directly.
. . . advise, moralize, praise, scold, blame, teach, plan programs of action or activity.
. . . ask probing questions or suggest areas for exploration.

One of the cardinal principles in group-centered therapy is that the individual must work out his own value system, with a minimal imposition of the value system of the therapist. Here, again, if the therapist working with offenders were to apply common sense standards in this relationship, he might well be impelled to indicate, directly or subtly, which of a number of alternate choices was the "right" or approved solution to any dilemma of role conflict. But the group therapist is expected, in each of his expressions, consistently and quietly, to uphold the primary value of the individual's right to determine his way of life. The therapist is enjoined from clouding the issue and possibly threatening the group by raising other values for consideration. The self-discipline on the part of the therapist brings a reward in the nature of the group interaction.

The therapist attempts to understand, not evaluate on any moral scale, what it is the group member is saying and feeling, to communicate this empathic understanding to the group, and to make it easier and safer for the client to push ahead in his explorations of his self. In more technical terms, the therapist engages in *simple acceptance* of what is articulated, *restates the content* or *clarifies feelings*. In an active group well advanced in treatment, it is not unusual for fifteen or more minutes of a 90 minute session to pass with the therapist doing little more than recognizing the next speaker by first name. Sometimes, four or more members will be clamoring for the floor, speaking at once, turning to the therapist as a resource for bringing democratic order to a situation of chaos. At other times a period of silence will develop . . . to which the therapist will respond with characteristic sympathy and understanding, waiting patiently, without anxiety, for the group to decide the next verbal gambit.

The group situation brings into focus the adequacy of interpersonal relationships and provides an immediate opportunity for discovering new and more satisfying ways to relate to people. The individual may learn what it means to give and receive emotional support and understanding in a new and mature way. In the group, the client may give help to others at the same time that he receives help, and this may well be a most important therapeutic experience in itself. Then, it has been found, that some

persons who are inhibited almost to the point of paralysis at the prospect of a prolonged one-to-one psychotherapeutic relationship, are able to accept and engage in group interaction with enthusiasm.

Role of Group Therapist

The casual observer, watching a group-centered session in action through a one-way mirror, might well remark that it appears the group therapist is little more than a passive participant or spectator in the activity that unfolds. It is true he does not regard himself, nor does he encourage the group to regard him, as the virtual repository of the wisdom of the world. He does not permit his position at the head of the table to go to his head. He does not succumb to the temptation to appear omnipotent and omniscient. He responds to direct questions of a factual nature by turning to the group for a response. He does not, ever, indulge in interpretation, no matter how obvious the dynamics of a situation might be. He does not engage in didactic monologues. Nor is he like the slandered funny-story psychiatrist who responded to the commiseration of a friend about having to *listen* to horrible tales of suffering all day long, with the laconic exclamation: "Who listens!" On the contrary, the group therapist is expected to listen with all his might, moving his head like a human radarscope, sensitive to pick up and integrate every nuance of feeling and content expressed by members of the group; accepting, reflecting, clarifying the expressed feelings and attitudes of the group by every symbolic device at his command.

Research in Group Therapy

Tape recordings obtained with permission of the group are made of all sessions, and used for analysis control and teaching purposes. Various personality tests of a projective or inventory type are administered on a "before" and "after" basis to all group members. A recent tightly designed, closely supervised experiment was promulgated to obtain a reasonably certain response to the ever reoccurring question: Does it work? Does accepting group therapy with offenders bring about the changes in personality which lead to rehabilitation?[2] The experiment involved, in short, the random selection of groups of adult offenders on probation who were subjected to a time-limited number of sessions of group therapy. A more-or-less matching control group of adult offenders was selected as a control; they received no group therapy

[2] A. Bassin and H. A. Weeks, "Effect of Group Therapy Upon Certain Attitudes and Perceptions of Adult Offenders on Probation." Paper presented at the 1957 Annual Meeting of the American Sociological Society, Washington, D.C.

at all, but were administered the same series of "pre" and "post" treatment tests that were used with the experimental groups. The results suggested that the experimental group, the group that obtained therapy improved on a statistically significant level in reference to their attitudes to authority and their perceptions of social conformity, whereas the control group which received no group therapy actually deteriorated in attitudes toward authority and remained virtually unchanged in reference to social conformity.

Alexander B. Smith conducted an experiment at BARO employing a sociometric scale and interaction analysis, and arrived at the following tentative conclusions concerning group members.

1. The flow of interaction at the sessions did not follow any specific pattern.
2. The use of tape recordings or the presence of an Observer-Recorder in the room did not interfere with the functioning of the groups.
3. The group member who spoke the most was not necessarily either the best liked nor the one considered most helpful.
4. The group member who was consistently late or absent was usually selected as the one "most likely to fail."
5. The group member who participated the most in the discussion did not necessarily "improve" the most as measured on the test battery. And, conversely, some group members who said almost nothing, appeared to profit very much from the sessions.[3]

At the present time, the clinic is actively engaged in negotiations with a leading pharmaceutical concern for the sponsorship of a controlled research project involving the use of tranquilizing medication intermixed with placebos for the testing of a hypothesis concerning the using of this medication as an adjunct in the treatment of adult offenders.

Theory and Practice

The phenomenon of significant improvement, specifically referring to a favorable modification of attitudes toward authority and perceptions of social conformity, may be conceptualized in general terms on the basis that the offender becomes a member of a primary group composed of actors who have passed with him through the trauma of arrest and conviction and are now engaged in the therapy group in defining a law-abiding attitude which is stimulated, first, by the role prescriptions of the treatment setting and,

[3] A. B. Smith, "Analysis of Interaction Process and Sociometric Relations Developed in the Course of Group Therapy with Adult Offenders on Probation," completed Ph.D. dissertation, New York University, 1957.

secondly, the accepting approach of the group therapist. As the treatment progresses, the offender becomes increasingly motivated to assume a law abiding role as his ego defenses relax and he finds it possible to communicate about his perceptions of authority figures, his feelings of status frustration and hostility, his familial relations, and his concepts of lawful society. He hears attitudes of law abiding conformity expressed by "guys like myself" and before long he notes that status in the group is assessed on the basis of the amount of sentiment positively reflecting the formerly despised values of the larger society. Repeated public declarations hasten the process of reorientation of perceptions. The newly formed, only tentatively accepted attitudes and motives become reinforced as the offender himself becomes a reformer. In effect, as the offender attempts to alter the attitudes and perceptions of some more deviant group member than he, the client becomes his own therapist, his own agent for change. Gradually, under these conditions of restored communication, the offender is enabled to perceive himself and the group members in terms of shared frames of reference. Once the offender has begun to communicate fully with the group, he starts to abandon an autistic role which has outlived its ego-defensive usefulness for one of reciprocity. At the end, if the treatment progresses according to course, he may acquire the satisfying kinds of role patterns of law abiding action in place of the criminalistic trends that led him to a brush with the law in the past.

EDUCATIONAL THERAPY
A METHODICAL APPROACH TO THE PROBLEM OF THE "UNTREATABLE" CHILD

HERTHA RIESE, M.D.

Educational Therapy Center, Richmond, Va.

JUSTIFICATION OF A NEW APPROACH

Educational therapy is a psycho-therapeutic endeavor aimed at assisting emotionally disturbed children who are considered nonamenable to treatment in the classic child guidance clinic. Contrary to the classic stipulations we are interested in the child who is not necessarily of average mentality, who does not relate or communicate verbally, and whose mental and emotional development does not give immediate promise that the child will be able to establish a transference or symbolic relation as needed for psychotherapy. As a rule, these negative attributes reflect a further handicap to treatment, for example, the inadequacy of the parents to meet the basic requirements of the usual approach. Their own needs are too concrete, their attitude toward life and the human society too negative in every conceivable way, their sense of isolation and incompetence too overpowering for finding a common ground for communication and a common goal in reference to the child's welfare. In particular, responsibilities can not easily be perceived or accepted by the parents.

To acknowledge helplessness in the face of one of the major human tragedies, child or infant rejection and neglect also means admitting that a populous sector of mankind is lost for human culture from one generation to the next. From the point of view of the child, to deny him the only assistance that could possibly reach the core of his problem amounts to punishment for having already been punished, and new rejection and neglect by the human family at large.

AMENABILITY TO TREATMENT FURTHER OBVIATED BY DISQUALIFICATION FOR TREATMENT

For the victimized child the validity of the parents' censure of his whole existence is thus confirmed, as is the distorted self-image conceived through identification with parental rejection. But equally, the community has become a rejecting parent to which the child extends his hopeless longing, but to which his approach is by hostility and negation.

The children are aware of the inequality of fate that has placed them in an underprivileged position. Deprivation as well as "badness" are taken as an inexorable destiny against which they revolt covertly "by obeying the verdict". In effect they resort desperately to "badness", which is not only the main source of palliation of as well as compensation for deprivation, but also the only language spoken by the resourceless child. However, there could be no revolt unless motivated by the longing for better things, above all love, and in particular the mother's love as essential to the joy of being.

The Method

In the Educational Therapy Center in Richmond, Virginia, a Mental Hygiene Clinic operating under the Mental Hygiene Act, a professional and educational team with clerical assistants treat twenty to twenty-five children, one fifth of them girls, throughout the day. The average age is 8-14 years at intake. The purpose is to create a "psychological home", where the children can feel spontaneous, free and accepted, and through which they will in turn accept the world.

Psychiatric Social Work:

Intensive work is being done with the families. The mothers generally can be reached with less difficulty than the fathers. Those fathers living in the home are often despondent, indifferent or withdrawn. Home visits are often highly appreciated and give a true picture of the child's human and material surroundings.

The Intake:

Due to the emergency of these children's plight, assistance has to be immediate from the point of view of the child, the family and the community. Therefore, delay at intake and waiting lists are out of the question. We meet the problem of the emergency at intake which exists in reference to all day-care, children, by setting them on the "inside waiting list", when none of the therapists is able to take one more child in individual therapy or cannot be fitted into a therapy group. The number of children in the classrooms vary, the teachers' personalities and their approach are different, a highly qualified and experienced supervisor is available for individual sessions and extended contacts, consequently much can be done to gratify, protect and support the children until therapy proper can be started. The new child's behavior in the group can be observed and adequately dealt with. For some children to become familiar and comfortable in the day-care

group and live as though anonymously in a "crowd" is a basic prerequisite before they can meet anyone on a relevant relation of "twosomeness".

Differential Criteria of Our Method

Other clinics treat children on scheduled individual sessions or group sessions, while simultaneously at least one of their parents or guardians are seen by the psychiatric social worker or a therapist equally in individual or group sessions.

In contrast our children live in a children's group with their teachers throughout the day every day of the week. They are given opportunity to gratify their vital needs as being accepted, sheltered, fed, taught, allowed to shape and own things to move.

Other clinics use specific devices such as doll houses, the target, etc., in order to elicit significant responses primarily in terms of stages of libido.

In contrast we try to capture them through pure and unrestricted observation of the children's spontaneous behavior.

Other clinics establish therapeutic object relations in *symbolic* terms. In contrast we foster in the group a *living* experience of home, family and companionship. Individual psychotherapy remains unaffected thereby.

Other clinics rely on a psychotherapy designed for children having attained social standing as reflected by communication and verbalization.

In contrast, we try to reach the asocial child unable or unwilling to communicate by words. More than once we had the experience that the simple- and at first silent-sharing of the same space initiates relevant relationship, thus has communicative power of its own.

Institutional confinement of such children whose early development has been severely interfered with to the extent that protection by a structured milieu is needed, can in certain cases be avoided. If the home placement meets the child's needs of discriminate attention and the child's transportation to the clinic occurs under parental protection, if similar protection in a child-adult, one to one therapeutic and later educational relationship is warranted, the daily routine of change represents a well tolerated, soon desired way of and to life. Under such protection and the precisely dovetailed routine between foster home and clinic, the child yields early to the lure of the community, to play with children in the neighborhood and interplay with the children in the clinic. The average clinic population can immediately be exposed to the advantage implied in our methods which lies in the fact that children, while being exposed to the test of reality, are prepared and trained in time to meet this test. In no other area is selection

according to carefully established criteria more important. It remains one of our most unexpected, challenging and rewarding experiences that the most destitute and neglected children proved to have the greatest strength in adjusting to the living conditions in the Educational Therapy Center and in coping with the menaces of their home and community. However, placement in foster homes often cannot be avoided and often is requested by the children themselves as their only road to recovery and adjustment.

We Offer:

(a) Individual psychotherapy, spacially remote from the area of activities and study, the opportunity for a review of the first object relation. This remoteness evidently is required not only for privacy and quiet, but also as a means to promote the symbolic aspects of the therapeutic relation. Group psychotherapy represents one special aspect of psychotherapy.

(b) Life in the day-care group in the permanent presence of an understanding and permissive educational staff. Here the majority of the children's concrete needs on various levels of developments are answered to the extent that it is possible.

(c) Opportunity is given for play and recreation or in other terms the manipulation of legitimately owned objects and the enjoyment of sensorimotor experience which conveys a sense of freedom, intensified by the recognized title to joy and leisure.

(d) Crafts, trades (carpentry and cabinet making) which are redeemed hostility and destruction, through mastery of matter and the offering of the exteriorated self through the achieved opus; the children are taught home economics and the preparation of meals which Bachelard* calls the festival at its morn. It is a lesson in suspended gratification, certainty gained through one's own contribution as well as the active enjoyment of the hours of necessary delay. Maintenance work on house and yard is spontaneously and well understood by the children as the fond tending of the "mother", who is kept well and alive that she may go on protecting them by her warming and enfolding arms. Maintenance is the symbol of reparation and rehabilitation. The wounds that the child could not help inflicting by impulsive destruction he can bind and he will increasingly enjoy the liberty to change, to give and to be an important helper and an accepted partner. The sense of his share in ownership and his partaking in the blessings of this world is thus intensely underscored.

(e) Academic Studies: A rewarding world in which we share, receive,

* Gaston Bachelard: La Terre et les reveries de la volonté José Corti, Paris.

own, and are thus enabled to give, is no longer feared and is therefore intriguing, challenging and worth exploring. The children's curiosity can now be gratified in their academic classes. (All day-care children at the time of referral are unteachable in public school because of their emotional condition.)

All children know each other well. They meet at meal time, at special activities and sports, at camping and at outings in and out of town.

Rationale of the Method

Due to the intensity and quality of the disturbance which ties these children to the natural mother, individual therapy is rendered difficult. The children long for treatment, but fear and resist it, due to the false lure of motherliness to which they have been exposed throughout their existence. They also fear their own angry insistence on breaking through to the evasive mother, because new rejection will be incurred. The need therefore arises for displacing hostility on a suitable substitute, thus to hit the mother without annihilating her. This target is found in the day-care milieu which thus absorbs much of the negative transference against the symbolic mother.

This we have learned to be of extreme importance. The children impressed us by the way they were using their individual therapy sessions. Regression was manifested predominantly by expression of dependency needs which naturally are extreme. Hostility, once total negativism in the most withdrawn children is overcome, contrary to the behavior in the group, is subtle. The children may turn their glances away from the therapist to loafers, alcoholics and prostitutes on the street corner to express "that is what I am and cannot help being, I defy you to prove it to be otherwise". Hostility, moreover, is displaced in the session and in the children's play and the bid for ego boost and the investment of the psychotherapist with an infinite variety of ideal characteristics is impressive at times and astonishing as to its graciousness. A young girl, given away by her mother at birth to an unknown woman who proved to be a prostitute of the most unsophisticated order, had been referred by the State for temper tantrums and a sex problem. One day during her session the telephone rang and was not answered. Desirous to be pleasant and generous, the girl exclaimed: "why don't you pick up your beautiful Queen Elizabeth telephone?" The initial interview usually also is revealing of these children's intense ambivalence between the longing for and the distrust and resentment against the mother image of the locked entrance to the world. The greater the impact of the first meeting with the psychiatrist, the greater is the fear of deception,

of loss of stature and face, therefore, the greater the child's need for over-securing himself by aggression elsewhere, because he still clings to the mother as the origin of all hope.

The children's group first represents the street gang or so many hostile doubles. They need reinforcement for intensification of the pleasures derived from expressed hostility as a defense against the temptation to yield to dependency needs upon the mother figure. This phase is desirable. It carries the street gang into the house and acting out is localized on the therapeutic scene, where it can be observed and therapeutically dealt with. In particular the children will be necessarily confronted with the results of their behavior, reflect upon it, feel responsible or guilty and learn to deal with uneasiness or conflict.

The gang is taken for granted by the psychotherapist and not denied. This attitude alleviates the children's prejudice that he and all of his companions are inherently bad and they begin to discriminate between the person and undesirable individual acts. The gift of the gang and the alteration of its meaning intensify the positive elements of the transference to the gratifying mother figure, a fact which benefits individual therapy.

As long as the child recognizes the gang in the children's group, the teachers who are constantly in their presence are widely ignored, annoyed, or evaded. But what happens is that the children's group will answer his needs, but also change him. This is due to the permanent presence of the permissive and understanding adult group, and the insidious influence which necessarily results.

The children's group in day-care is sweeping. We accept children all through the year as the need arises and agencies or parents request our help. The degree of improvement varies, as for instance their sense of adequacy, familiarity, identification with the Center, dedication and pride as well as their curiosity and constructive activity. Mutual pathological needs will therefore be aroused by the newcomer or he will be used and it is inevitable that an epidemic of pathological interaction of some kind will occasionally flare up. But there are also the old-timers of the Center who recognize their former self in the newcomer and the recidivist; they help the newcomers to understand what they are doing and what it does to them when you thus behave. He becomes a more readily acceptable parental figure or an elder sibling and a bridge to identification with the adults. They have learned to trust. The teachers, as evident, also answer dependency needs when they represent impartial, disinterested and ever present support and comfort to the children when they act out mutual hostility violently. Thus, insidiously,

the gang is infiltrated by adult love; it cannot be used any more as a hard tool against them. The child cannot disregard them; they are needed, leaned and relied upon. The children's group no longer represents the gang to the child, but his siblings. Love and hate, subtle rivalries, pathological and sound complementations, are now settled in the familiar milieu, the symbolic scene of the home as the origin of his problems. At this stage an intense rivalry for the psychotherapist's love regularly is in evidence, no longer as in the past for who receives most and is first, but who deserves love most. The group thus becomes a testing ground for a child's character, because it is here that he is challenged in his faith. To support his convictions he will for sometime resort to the dialogue in individual sessions, but become more and more discoursive and at times enthusiastically declamatory in the group as well.

Language, in particular the gentle and pondered discourse, stimulated by the adults' approach, their reflecting with them about what has gone on when difficulties arose, the insight thus gained as well as the gratification derived from one's understanding of people and their relations, stimulate the children's spontaneity for a similar approach. They first search the other fellow's motives suspiciously, then more and more objectively, then their own as well as their interaction with others. In his individual therapy session, the child will now be eager to discuss the emotional interaction in the group and see what happens there in the light of his previous experiences which are increasingly revealed.

Results

In a small random sampling of test results,* an increase of the Intelligence Quotient was noted in several cases, subsequent to therapy, in one instance of 20 points, one non-reader achieved mental growth of three years in one year of therapy. In several cases both the intelligence test and projective tests indicated a broadening of interests with consequent drop in perseveration and stereotypy. There was also noted in these children increased productiveness, and more concreteness in perceiving environment where before their approach had been vague and global, or on the other hand, ability to combine and synthesize parts into a whole, where before their approach had been too concrete.

In certain cases shock reaction to the ink blots disappeared after therapy. In others, fantasy reactions appeared for the first time, indicating

* Compiled by Mrs. Percy Smith, Psychologist.

growing ability to try out various roles where before acting-out had been the child's only means of expression. In one child who was withdrawn and a day-dreamer retesting uncovered emerging responsiveness to his environment. The falling off of anxiety indicators was observed in several instances.

While the Rorschach is the most sensitive instrument for detecting personality changes, stories given to TAT, Blacky and CAT in some few cases suggest a channeling of hostile and aggressive impulses into acceptable or at least limited objects. These stories also sometimes reveal that identification with substitute parents has taken place, subsequent to therapy.

Withdrawal, negativistic and ambivalent attitudes, paranoid ideation and sensitivity are relinquished. Dependency yields to reciprocal relationship and at times to profound and lasting dedication, as reflected in the visits of former patients returning from the Armed Forces and combat (Korean War) or now married men and fathers coming from distant homes to assure us that they will never be of any concern to us again.

Children who were blocking off remembrance begin to recover traumatic memories, to face their emotions, consent to reason and reflect on the changed and more realistic attitude toward their own behavior or the altered, no less realistic outlook on their disturbed family relationships.

Language development is impressive in all its spheres. Most obvious is the fundamental change from exclamatory or interjectional language, cursing, or clamoring to a formulated expression of thought, attuned to the person addressed. Progress is least in articulation, but sentence structures develop though certain constituents such as tenses may lag behind. Vocabulary is enriched and abstract concepts emerge.

The children gain a sense of security, of being accepted; consequently they reach self-acceptance. They lose the feeling of being different and singled out by destiny. They rise to constructive leadership in the group, in others envy and competition yield to cooperation, responsible attitude toward property replaces wastefulness and destructiveness, interest is awakened in the outside world, in the future, in the will "to get an education", in an active and sustained effort to perform manual work in the group and an ardent will to find a job, to provide for their own needs and contribute to the family budget. Many of the children keep their jobs for long periods of time, some of them have enrolled in long term Army Services. While improving under treatment, the children begin spontaneously to associate with children in the community, attend recreation facilities, join outside boys' clubs, the Y.M.C.A.; they request to go to Public School.

Treatments last from 18 months to four or five years.

Failures are due above all to insistent interference by the mother who tends to commit the child to a definite need of her own or to a lack of community resources as adequate foster homes, or small group homes.

A number of hostile and withdrawn children may not be reached and finally be hospitalized; others belatedly referred, are lost to the State Industrial Schools when they act out in the community.

A NOTE ON ROLE-PLAYING RESEARCH

HANNAH B. WEINER

Moreno Institute, New York City

We are living in an age in which the words "Empirical Evidence" assume a more and more relative meaning. In particular the social scientists studying patterns of human behavior of individuals in action need empirical validations to support the theoretical framework of the pioneers in the field. Paradoxically one such pioneer, J. L. Moreno, supplied the social scientist with a theoretical framework and a conceptual model to test this framework. The theory is the methodology of Psychodrama and the techniques of role-playing. Perhaps, the simplicity of design overwhelmed the experimental social scientists who were searching for complex experimental designs.

In a recent survey, Mann pointed out that little experimental evaluation of role-playing as a technique is available. This design is a heuristic investigation into the technique of role-playing with the hope that it may supply empirical evidence to support the theoretical concepts.

The research design has the basic framework.

1. Nature of case: Dyad.
2. Number of cases: 15 married couples.
3. Method of selection: Unsystematic chunks.
4. Source of data: Married couples in New York City.
5. Method of collecting data: Written questionnaire and role-playing in the form of the role-situational test.
6. Systematization of data collected: categories not defined in advance.
7. Extent of participation: Role-playing director.
8. Time factor: Static study.
9. Space factor: No comparisons outside the three experimental groups.
10. Method of reasoning: Presumably inductive.
11. Setting for collecting data: Natural in the laboratory of the Psychodrama stage.
12. Degree of advance specification of relationships among variables: Not specified in advance.
13. Control of variables: No control.

The fifteen married couples were each given questionnaires. Each

spouse was given a similar questionnaire requesting personal data and presenting eight role-playing situations which had to be resolved or solved on the basis of information given and in terms of their own problem solving methods and devices.

The fifteen couples were then broken into three five couple groups who met at the Psychodrama Institute, New York City, where each couple enacted one of the problem solving situations chosen at random. The participants were then rated on their enactment by: (1) By how the other individuals in the group perceived the enactment. (2) How each mate perceived the enactment and (3) How an expert non-participating observer perceived the enactment and the extent of involvement.

These ratings were then compared to the answers of the written questionnaire to determine how close the individual couples could accurately predict their behavior.

The situations used to explore the role relationships centered around the following situations: (1) A broken marriage. (2) An old flame calling a husband for a date. (3) A wife deciding to quit housework and go to work. (4) An automobile accident causing a husband to be out of work for six months to a year. (5) An overdrawn bank account. (6) Wife sending money secretly to a relative. (7) Husband decides to quit a job. (8) Decision to take in an ill aunt or place her in a nursing home.

INTERNATIONAL SECTION

ON THE APPLICATION OF SOCIOMETRY TO THREE PSYCHOTHERAPEUTIC GROUPS OF CHRONIC SCHIZOPHRENIC PATIENTS

N. C. RASSIDAKIS, M.D., J. YANNACOPOULOS, M.D. AND A. MALLIARA, M.D.

The Dromokaetion Mental Hospital, Athens, Greece

In a recently published short study on the theoretical considerations of Sociometry and the results so far obtained from its application, the German psychologist Hoehn, discusses the complicated but very interesting psychosociological phenomena which take place within the framework of various human groups.

At the beginning of her study, Hoehn considers the historical development of this new branch of science, originated by J. Moreno. Sociometry is defined as the quantitative evaluation of interpersonal relations in the form of attraction, indifference or rejection in an instance of choice. The questionnaire through which this research is carried out is in written form and only one specific question is asked. When the size of the group is large, only the two or three members most highly preferred within the group and the two or three most widely rejected are taken into consideration, the others being ignored.

What are the main characteristics, personality traits, and behaviour of the preferred ones and the rejected, the "stars" and the "blacksheep", according to Moreno's nomenclature? In children's groups the stars are usually better dressed than the blacksheep, they are better students and, on the whole, they are more cooperative. From another study it appears that the child-star smiles more easily. In an adult group, the answers of the stars showed that they are happier in their work than the blacksheep. Another finding is that the preferred ones seem to be more aware of the feelings of the group members towards them than the rejected ones.

At Harvard a similar research showed that the preferred members of the group had adequate self-assertiveness and a tendency to dominate the others. But members that are too sure of themselves are not the favourites of the community. Neither a group member who craves for an absolute rule over the others nor the one who does not care about leadership and behaves in a passive and submissive way is liked by the group. On the other hand

the rejected members have a poorer output in their work than the average, their appearance lags behind and, in groups of aviators or other active war groups, they seem to be more liable to injury than the stars. During peace time, they are more often in trouble through breaches of discipline.

We are not certain, Hoehn goes on to say, if between these variables there exists a relationship of cause and effect. Do group members show *their preference to the stars because of their better achievements or vice-versa?* For the moment statistics seem incapable of assessing the exact relationship between personality characteristics on the one hand and status in the hierarchy of preference on the other. It is a general opinion that the group member that deviates considerably from the average is more likely to be rejected. In children's groups, a child of a different religion or a child above the average age of the group is more frequently on the black list.

Furthermore, sociometry offers ample possibilities for a qualitative study of the inner structure of a given group. Sociograms, for instance, can show whether group members are *sufficiently well integrated within the group.* This is done through an assessment of the social status of each individual member.

The paramount importance to the individual of the recognition of his abilities and merits by the community in which he lives is well known in individual psychology. It is also common observation that individuals who for a considerable time have been rejected by the group tend to manifest a marked and steady deterioration both in character and in social conduct. In order to illustrate this Hoehn gives the example of two intellectually retarded pupils who attended a normal school. Naturally they were both blacksheep. Since they were both rejected by the others they formed a close mutual relationship. Another result of the unfavorable climate around them was the reactive aggression they manifested towards their classmates. It was only natural that the schoolmaster had the worst opinion of them and regarded them as the cause of everything that went wrong in the class. The situation changed dramatically when these two pupils were transferred to a special school for retarded children. In their new environment they no longer differed from the average pupil and their status in the hierarchy of popularity was now high. They were, in the new situation, surrounded by friends and many class members chose them as companions in games and other class activities. At the same time with the high social status they achieved, their behaviour was considerably modified, as the sociogram clearly showed. They attended their classes regularly, they no longer quarrelled, as they had done before, they assisted and protected the weaker member of the class,

and became friendly and gay. The projective tests clearly showed the subsidence of their aggressiveness.

This example shows, in an obvious way, the impact of environmental factors, favourable or unfavourable, on human behaviour. Similar examples can easily be provided either by the "normal" or the abnormal population. As Moreno pointed out in his early papers, building labourers who are permitted to choose their own workmates have a considerable greater output. Similar results can be observed in various working teams or army groups and more strikingly in air crews. But Moreno goes a step further: he hopes that when sociometry will be widely known and its application universally spread a new social class pattern will emerge, where interpersonal conflicts will considerably diminish or even disappear altogether.

Sociometry has obviously made a great contribution to group psychotherapy. H. Teirich has made studies in the sphere of interpersonal relations and the emotional contacts of group members through series of sociograms. Moreno, moreover, asked his patients to make hypothetical diagrams of their own groups. Each individual member was asked to indicate not only the group members he preferred or rejected, but also the ones by whom, he thought that he was preferred or rejected. From the replies obtained, one can see the extent of the grasp each individual member of the group had on external reality. By using the same method one finds how "normals" are able to "see" their family members, the people they work with, their schoolmates or their companions. Papers published so far on the subject show that, on the whole, the rejected and the neurotics form a distorted image of their milieu as compared with stars and normals.

The present research aims at the study of the application of sociometry in certain groups of psychotic patients; more specifically it endeavours to find the personality features and characteristics which enable a number of patients to become group stars. The material of the study comes from three groups of chronic schizophrenic patients in the II Clinic of the Dromokaetion Mental Hospital in Athens, who received group psychotherapeutic treatment during the period from November 1957 until August 1958. One of the groups studied consisted of 9 women and the other two of 10 men each. Group sessions were held once a week in a specially arranged room of the ward in which the patients were living. The time of group sessions was fixed at the same hour and day of the week.

We chose the patients on the basis of the descriptive diagnosis of their illness and their condition at the time. All patients selected were chronic cases, most of them no longer manifesting active symptoms of their disease

and to a considerable degree adjusted to ward and hospital conditions. Another common feature of the population studied was the patients' manifest flatness of affect. As a result poor contact existed among them and between the patients and nursing staff in general. The short term purpose of the therapeutic endeavor was the emotional rehabilitation of group members and their gradual resocialization.

The attitude adopted by the group therapist during the sessions was firm but friendly and polite with active interferences in the verbal activities of the group. He was permissive and encouraging, supporting free discussion among all group members. This non-analytical technique was mainly aimed at the development of the "group spirit". The therapeutic results achieved at the end of the group treatment were, generally speaking, considered satisfactory.

At the end of the group sessions a series of questionnaires was given to the group members. Reference to the content of these questionnaires will be made later. Here we only describe the patients' attitude and their reaction to the procedure. On the whole, members of all three groups complied eagerly with the instructions given. Yet as the patients filled out the questionnaires some minor differences became evident. In spite of the assurance repeatedly given by the doctor a few women insisted on asking him to keep their answers secret and not to reveal them to the rest of the group. No male had such a preoccupation. A second point was that several women tried through indirect questions to find out what the answers of the other group members were. No male member showed such an interest.

In order to discover the stars in the three groups under consideration, a questionnaire was given to all group members, which, according to Moreno's principles, contained one question only. This unique and concrete question of common interest to all members of the groups read as follows: "If you were allowed out of the hospital for a while with which one of the group members would you choose to go?"

The replies given are shown in the following tables. Crosses indicate preference of each individual member towards one member of the group. The left verticle column of the table gives the initials of the group members to whom the question is addressed. In the top horizontal one are the initials of the persons chosen. E.g., in the Table I, patient M chooses patient Si.

From the replies contained in the tables, it can be seen that in the 1st Group the patients Si, H and Sa, are the stars while patients E, P and

TABLE I
1ST GROUP (MALE PATIENTS)

Patients	M	Si	E	H	K	Bo	Sa	T	P	Ba
M		+								
Si	+									
E		+								
H						+				
K							+			
Bo				+						
Sa								+		
T							+			
P				+						
Ba					+					
Totals	1	2	0	2	1	1	2	1	0	0

TABLE II
2ND GROUP (FEMALE PATIENTS)

Patients	A	B	Th	The	D	K	Me	P	H
A		+							
B			+						
Th		+							
The									+
D								+	
K									+
Me		+							
P		+							
H	+								
Totals	1	4	1	0	0	0	0	1	2

TABLE III
3RD GROUP (MALE PATIENTS)

Patients	A	An	Da	K	Ko	Ma	B	P	S	De
A									+	
An									+	
Da	+									
K								+		
Ko				+						
Ma									+	
B				+						
P									+	
S										+
De									+	
Totals	1	0	0	2	0	0	0	1	5	1

Ba are rejected, since no one voted for them.* In the 2nd Group, patients B and H are the group stars while patients The, D, K and Me are rejected. In the 3rd Group the stars are the patients S and K and the rejected ones are An, Da, Ko, Ma and B.

Let us now investigate some personality characteristics, views, ideas, age and educational background of the people chosen as stars and also of the rejected members of the group and see if there are any significant differences between these two categories.

The age factor does not seem to play a decisive role. Thus, the mean age of the stars was a little higher than the mean age in two of the groups and slightly lower than the mean age in the third. The mean age of the blacksheep was considerably above the mean age in two of the groups while in the third it coincided with the group mean age.

The educational background apparently did not influence the election of the stars. Out of the five group members who had had some University education among the stars and the blacksheep of the 1st Group, three belong to the first category and two to the second. In the 2nd Group the number of high school students among the stars equals those among the blacksheep. Differences which can be found in the 3rd Group are of no statistical importance. Thus, these two variables show no significant differences between stars and blacksheep in the groups under discussion.

The next item to be analysed was the awareness each individual member had of his status in the hierarchy of preferences. Through this research we shall be able to find out if group members have an accurate and objective picture of the social "milieu" they are in or whether they distort it in one direction or another. At the same time we can discover whether any marked differences exist between stars and blacksheep. Do stars know that they enjoy the preference and friendship of their group and to what extent? Do blacksheep know that they are not wanted?

In order to obtain these data a second questionnaire was given to all members of the groups. This time it contained the previous question reversed: "Who (plural) do you think would choose you as a companion to go out of the hospital with?"

The replies obtained are in the following tables. Crosses indicate a positive preference. Patients to whom the question is addressed are written in the left vertical column. Horizontal columns show the group members

* Editor's Note: It is not usual to use the term rejected in this manner in sociometric literature. Not being chosen may have meaning other than rejection.

TABLE IV
1ST GROUP (MALE PATIENTS)

Patients	M	Si	E	H	K	Bo	Sa	T	P	Ba	Totals
M		+									1
Si	+		+								2
E		+		+	+	+	+	+	+	+	8
H	+	+	+		+	+	+	+	+	+	9
K		+	+	+			+	+	+		6
Bo		+	+	+					+		4
Sa		+	+			+			+	+	5
T		+	+	+	+	+	+		+	+	8
P	+	+		+		+		+		+	6
Ba					+						1

TABLE V
2ND GROUP (FEMALE PATIENTS)

Patients	A	B	Th	The	D	K	Me	P	H	Totals
A		+	+					+	+	4
B	+							+		2
Th		+						+		2
The									+	1
D	+	+						+	+	4
K	+				+				+	3
Me			+	+						2
P	+	+	+		+	+	+		+	7
H	+	+		+	+			+		5

TABLE VI
3RD GROUP (MALE PATIENTS)

Patients	A	An	Da	K	Ko	Ma	B	P	S	De	Totals
A				+		+		+		+	4
An			+			+		+	+		4
Da	+			+	+		+	+	+		6
K			+		+		+			+	4
Ko			+	+		+	+				4
Ma	+	+	+		+		+	+	+	+	8
B	+	+	+	+	+				+		6
P				+		+			+	+	4
S	+	+	+	+	+	+	+	+		+	9
De				+	+		+		+		4

guessed as companions. Individual scores can be found in the right vertical column.

Analysis of the three tables in correlation with the three previous ones reveals the following: in the first group, patient Si, a group star, who as Table I shows had a score of two votes, guesses that two group members had chosen him. This undoubtedly is a remarkable accuracy. The second of the group stars, H, who also scored two votes, thought that all members had chosen him. The patient thus guessed wrongly by 7 votes. The third star, patient Sa, was under the impression that 5 members had given him their votes although in fact only two had. Thus he guessed wrongly by 3. If we now add up all the objective preferences (2+2+2) we have the sum total of 6 votes whereas the votes guessed are 16 (2+9+5). The stars of the group thus guessed wrongly by 10 votes.

Out of the rejected of the first group none had any vote. Nevertheless, one of them thought that he was chosen by 8 group members, the second by 6 and the third by 1. Thus the blacksheep of the group guessed wrongly by 16 votes.

In the second group the stars had 4 and 2 votes of preference respectively, whereas they guessed that they had been chosen by 2+5 members. Thus, they are guessing wrongly by 1 vote only. The group rejected, on the other hand, had a nil vote of preference, yet they guessed that they were chosen by 1+4+3+2 or 10 members; thus they guessed wrongly by 10 votes.

In the third group the stars had 5 and 2 votes respectively, whereas they guessed that they were chosen by 9 and 4 group members respectively. In other words group stars guessed wrongly by 6 votes. The rejected members of the group, who in fact had had no vote at all nevertheless guessed that no less than 28 group members had chosen them.

To sum up, the stars of all three groups had 6+6+7 votes, i.e., 19 but guessed that they had 28, whereas the rejected had none but guessed that they had 53. Thus, one can conclude that neither category guessed completely accurately but stars are much nearer their guesses than blacksheep. In both cases the error tends towards wishful thinking.

The intelligence level of group members was another feature of the personality structure which we thought worth examining. For its assessment the Wechsler-Bellevue Intelligence Scale (Verbal) was administered to all group members. The results of the measurement, expressed in I.Q., are shown in the following table.

TABLE VII

1st Group (Males)		2nd Group (Females)		3rd Group (Males)	
Patients	I.Q.	Patients	I.Q.	Patients	I.Q.
M	96	A	96	A	84
Si	119	B	101	An	102
E	80	Th	105	Da	56
H	103	The	72	K	73
K	135	D	102	Ko	75
Bo	93	K	74	Ma	89
Sa	98	M	80	B	89
T	106	P	77	P	86
P	116	H	92	S	115
Ba	98			De	94
Mean I.Q.	104	Mean I.Q.	89	Mean I.Q.	86

The mean intelligence quotient (m.i.q.) of the stars in the first group as can be worked out from the table, is 107 and that of the rejected ones 98. This clearly shows that group members have a preference for individuals whose intelligence is above the group average whereas they tend to reject people with intelligence below the mean score. The same phenomenon can be observed in both the second and the third groups. Thus, in the second group the m.i.q. is 89, that of the stars 96.5, and that of the rejected ones 82. In the third group the equivalent I.Q.s are 86 (the whole group), 94 (stars), 82 (rejected ones). Thus, in all three groups the members chose the more intelligent and rejected the less intelligent individual.[1]

During the discussions which took place in group sessions, topics were suggested by the patients, the role of the therapist being to encourage all group members to participate in the verbal activity of the group. The subjects under discussion varied greatly from group to group and from session to session. Some topics, mainly social ones, were frequently chosen for discussion and the participants embarked on long and vivid debates in which progressive or conservative views emerged. The contrast between the "progressives" and the "conservatives" would occasionally take the form of sharp verbal contests.

We thought it might be interesting to test the hypothesis that group members preferred those among them with more progressive views. With the cooperation of sociologists and psychologists a questionnaire was prepared consisting of ten questions which could be used as a rough criterion

[1] There is a negative correlation between I.Q. and lack of awareness in all three groups.

of the progressiveness of group members. The questions aimed at eliciting the members' views on various social topics and took full account of the traditional cultural pattern, taboos, superstitions, etc., of the social group to which the patients belonged.

The questions addressed to group members of all three groups were as follows:

1. "Would you let your children choose their profession?"
2. "Do you think that girls should be given equal schooling to boys?"
3. "Are you in favour of women voting?"
4. "Would you let your wife share in the control of the family budget?"
5. "Do you think that children are born *solely* for the purpose of taking care of their parents in their old age?"
6. "Would you start an important enterprise on a Tuesday (traditionally an unlucky day)?"
7. "In your honest opinion do blue beads protect those who wear them or animals or cars?"
8. "Would you tell your children the facts of life or would you rather let them learn them casually from other people?"
9. "Do you believe that children are sent from or taken by God?"
10. "Granted that men have to do military service are you in favour of unmarried women serving too?"

The following tables give the answers of the members. Crosses show a progressive answer regardless of a positive or negative reply. The bottom line gives the score of each individual member's progressiveness. The final figure shows the mean progressiveness of the group.

From Tables 8, 9, and 10 we can estimate the mean progressiveness (m.p.) of each group as a whole, the mean progressiveness of its stars and of its blacksheep. Thus, in the first group we find: m.p. of the group 5.9, of the stars 7.5 and of the rejected 5.5. In the second group: m.p. of the group 5.9, of the stars 8, and of the rejected 6. In the third group: m.p. of the group 6.2, of the stars 7, and of the rejected 6.

It can be seen therefore, that stars in all three groups have considerably more progressive views than the average of their respective group, whereas the rejected are more conservative.[2]

---

[2] There is a positive coefficient correlation between intelligence and progressiveness in all three groups.

For a better evaluation of all findings so far obtained, a Control Group was formed composed of male nurses, to be used for comparison with the three groups of patients under analysis. The control group consisted of seven male nurses belonging to the nursing staff of a ward in the hospital who had been working under the same conditions for a considerable length of time. Furthermore their work was supervised by a head nurse, who for purpose of comparison could be considered as the equivalent of the group therapist in the patients' groups. Although there was not a complete resemblance between the three patients' groups and the control group we believe the close similarities permit a valid comparison.

TABLE VIII
1ST GROUP (MALE PATIENTS)

Questions	M	Si	E	H	K	Bo	Sa	T	P	Ba	Progressiveness
1st		+	+	+	+		+	+	+	+	8
2nd	+	+	+	+	+	+		+		+	8
3rd	+	+	+	+	+	+		+		+	8
4th		+	+	+	+	+	+	+	+	+	9
5th				+	+	+		+			4
6th	+	+		+	+	+	+		+		7
7th				+	+				+	+	4
8th	+	+					+		+	+	5
9th				+	+	+	+				4
10th			+		+						2
Ind. score	4	6	5	8	9	6	5	5	5	6	5.9

TABLE IX
2ND GROUP (FEMALE PATIENTS)

Questions	A	B	Th	The	D	K	Me	P	H	Progressiveness
1st	+	+	+	+	+	+	+		+	8
2nd	+	+	+	+	+	+	+	+	+	9
3rd	+	+	+			+	+	+	+	7
4th	+	+	+	+	+	+	+	+	+	9
5th						+			+	2
6th		+	+		+	+	+	+	+	7
7th			+			+	+	+		4
8th	+	+			+	+			+	5
9th									+	1
10th		+					+		+	3
Ind. score	5	7	6	3	5	8	7	5	9	5.9

TABLE X
3RD GROUP (MALE PATIENTS)

Questions	A	An	Da	K	Ko	Mo	B	P	S	De	Progressiveness
1st		+	+	+	+	+	+		+	+	8
2nd	+	+	+	+	+	+	+	+	+	+	10
3rd	+	+		+	+	+	+	+	+		8
4th	+	+		+	+	+	+	+	+	+	9
5th		+	+		+				+		4
6th	+	+				+	+	+	+	+	7
7th	+				+	+				+	4
8th				+	+			+	+		4
9th		+				+		+	+		4
10th	+				+			+	+		4
Ind. score	6	7	3	5	8	7	5	7	9	5	6.2

In order to discover the stars and the rejected of the group the following question was addressed to all its members: "If you were given two free tickets for a short trip to Paris with all expenses paid, on condition that you chose one of your group members as a companion, whom would you choose?"

The replies received are contained in the following table. Crosses again indicate a positive preference. The initials of the nurses tested are contained in the first vertical column while the initials of the people chosen are shown in the horizontal line at the top of the table.

TABLE XI

Nurses	Chr	Ha	Ko	M	P	Koo	S
Chr				+			
Ha							+
Ko	+						
M			+				
P			+				
Koo	+						
S				+			
Totals	2	0	2	2	0	0	1

It can be seen from Table XI that the stars of the group are the male nurses Chr, Ko and M, who took two votes of preference each, while nurses Ha, P and Koo, who received no vote at all should be considered as rejected.

In regard to the age factor, the members of the group under analysis

apparently show preference for people younger than the mean age of the group, while they reject older ones. Thus, the mean age of the stars is 35 years, the mean age of the group is 42.5 and of the rejected 49.

The preference of the group for more educated people is equally evident. Thus, out of the three group stars, two were high school graduates and one had completed primary school, while in the category of the rejected only one was a primary school graduate, the other two having completed only a few classes of primary school.

In order to discover how aware each individual member was of his status in the hierarchy of preferences, the following table was compiled containing the replies of the nurses to the previous question, this time reversed: "Who do you think would choose you for the trip?" Crosses again indicate the preferences guessed. The column on the left of the table contains the initials of the nurses guessing, while the horizontal column at the top those of the members guessed. The sum total of the preferences guessed by each individual group member can be seen in the last right column:

TABLE XII

Nurses	Chr	Ha	Ko	M	P	Koo	S	Totals
Chr				+				1
Ha	+		+			+		3
Ko					+		+	2
M	+						+	2
P			+				+	2
Koo	+		+	+	+		+	5
S	+		+	+				3

The analysis of the above table reveals the following: the stars of the group who, according to the previous table, had taken two votes of preference each were under the impression that they had been preferred by 5 members in all (Chr. 1, Ko. 2 and M. 2) e.g., the ratio between votes received and votes guessed is 6:5. Although no rejected member received any vote, they thought that they had received 10 votes of preference (Ha. 3, P. 2 and Koo. 5).

For the assessment of the intelligence level of the members of the control group, the same criterion was used, e.g., the verbal part of the Wechsler-Bellevue Intelligence Scale. The results of the measurement, expressed in I.Q., are shown in the following table:

TABLE XIII

Nurses	I.Q.
S	101
Ko	98
Ha	84
Chr	102
M	105
P	102
Koo	99
Mean I.Q.	98.7

The analysis of the above table shows that the mean intelligence quotient (m.i.q.) of the stars is 101.6 while the rejected scored 95, the m.i.q. of the group being 98.7. Thus, the phenomenon which has been observed in all three groups of the patients can also be seen in the control group, namely, that the intelligence level of the stars is higher than the mean of the group, while the mean score of the rejected lies below it.

The third criterion used, as in the case of the patients' groups, was progressiveness. The members of the control group were asked the same ten questions as the three groups of patients. Their answers are contained in the following table.

TABLE XIV

Questions	Chr	Ha	Ko	M	P	Koo	S
1st	+	+	+	+	+		+
2nd	+	+			+	+	
3rd		+	+	+	+		
4th			+	+	+	+	
5th	+		+	+		+	
6th	+		+		+	+	
7th	+		+	+		+	
8th	+		+	+		+	
9th	+	+	+	+			
10th			+				
Totals	7	4	9	7	5	6	1

The progressive answer is indicated by a cross regardless of a positive or negative reply given.

As can be seen from the above table the mean progressiveness of the group is 5.6, whereas the mean score of the stars is 7.6 and that of the

rejected 5. Stars again have more progressive views than the average of the group, while rejected members are lagging behind.[3]

In conclusion, we can summarize the findings in our present research as follows:

In groups of chronic schizophrenic patients undergoing group psychotherapy the application of sociometric methods is possible. The deductions obtained can be used for the better understanding of the patients' psychotic behaviour and for endeavours to promote their treatment. From the present research it can also be seen that the sociograms obtained show considerable similarities to those of "sane" people.

More specifically, after studying the data in hand, we can conclude that the preference of group members towards certain individuals and their rejection of others is related to certain psychological features which can be summarized as follows:

1. The "stars" of all patients' groups are more able to grasp the real feelings of the group and consequently are mistaken to a lesser extent than the "rejected". On the contrary the latter category tends far more to distort their environment in the direction of wishful thinking.

2. The "stars" are endowed with higher intelligence than the mean score of their group, while the "rejected" score lower.

3. "Stars" have more progressive views, while "rejected" tend to be more conservative than the average of the group.

An interesting point is the finding that the same data seem to arise from a group of "sane" people used as controls. Sane individuals are apparently attracted by the same personality characteristics as the patients for whom they care. The criteria, conscious or not, of the "sane" when choosing their stars are similar to those of the patients, and their stars and rejected are broadly speaking, the same. If there is any difference, this, as far as our findings go, regards education. "Sane" people have a preference for more educated people while patients do not seem to be interested in this.

There is no doubt that it would be desirable if our sociometric research were applied to more than three psychotherapeutic groups and included patients outside the therapeutic environment. As in all research work, the size of the sample on which it is carried out plays a major role in assuring safer conclusions.

At the same time, we could extend our control samples over various

[3] There is no statistical evidence that there is a correlation between I. Q. and progressiveness in the control group or that there is a positive coefficient correlation between I. Q. and awareness.

categories of sane people. This may eventually enable us to confirm the finding that there are no considerable differences between people treated and the nursing staff, between patients and "sane".

It would also be of interest if we could measure through sociometric techniques and with the material available to us, namely the chronic demented schizophrenic patients, the tele factor suggested by Moreno. It is, we think, safe to conclude on the basis of the experience gained, that groups tend to choose the more intelligent members. It is most likely that this criterion is essentially based on the "usefulness principle", and the choice of the "stars" is obtained through mechanisms conscious or very slightly below conscious level. We do not know if this principle holds true in the case of groups of non-patients and to what extent.

From the practical viewpoint it would be useful if we could utilize the data obtained from the sociometric methods for the benefit of our patients. It would be possible, for example, to form a proper artificial milieu for each individual, especially during the various activities of the patients' common life in the hospital, i.e., occupational therapy, recreation, etc. Thus, we could eventually, after modifying their social milieu, hope to alter their morbid manifestations and improve their conduct.

ACKNOWLEDGMENTS

We wish to thank Dr. Pollatou, psychiatrist, for her assistance in the present study, Mr. M. Raphael, sociologist, and Mrs. M. Phatourou, psychologist, for their valuable contributions. We are indebted to Miss E. Antoniades for carrying out most of the psychological testing and for the administration of the questionnaires to the patients. We also want to thank Mr. A. Clonis, for the statistical manipulation of the data in our work and Mr. M. C. King for his assistance in the translation of the paper into English.

Above all we are grateful to Dr. J. L. Moreno for his encouragement, advice and constructive criticism of the paper.

BIBLIOGRAPHY

BEVERSTOCK, N.: Group methods applied to youth leader selection. *Brit. J. Educ. Psych.* 19: 112-120, 1949.

BOCHKOVEN, J. S. AND HYDE: Application of a sociometric technique to the study of lobotomized patients. *J. New and Ment. Dis.* 114: 95, 1951.

BOWLBY, J.: The study and reduction of group tensions in the family. *Human Relations* 2: 123-128, 1949.

BRONFENBRENNER, U.: The Measurement of Sociometric Status, Structure and Development Sociometry Monograph No. 6, New York, Beacon House, 1945.

CAMERON, D. E.: General Psychotherapy, New York, Grune and Stratton, 1950.
DUNNINGTON, M. J.: Behavioral differences of sociometric status groups in a nursery school. *Child Develop.* 1957, 28/1, 103.
FISCHER: Statistical Methods for Research Workers. Edinburgh, London, 1950.
FRENCH, R. L.: Sociometric status and individual adjustment among naval recruits. *J. Abnorm. and Soc. Psych.* 46, 1956.
FROMM-REICHMANN, F. AND MORENO, J. L.: Progress in Psychotherapy, 1956.
HARRIS, H.: The Group Approach to Leadership-Testing. London, Routledge and Kegan Paul, 1949.
HOEHN, E.: Soziometrie.
IDEM AND SCHICK, C.: Das Soziogramm. Tübingen.
HYDE, R.: Sociometric milieu therapy. Progress of Psychotherapy. 1957, 162.
JONES, M.: Social Psychiatry. Tavistock Publications, London, 1952.
KEGELES, S. S., HYDE, R. W., AND GREENBLATT, M.: Sociometric network on an acute psychiatric ward. *Group Psychoth.* 5: 1952.
LANDERS, J. J., MACPHAIL, D. S., AND SIMPSON, R. C.: Group therapy in H. M. Prison, Wormwood Scrubs. The application of analytical psychology. *J. Ment. Scien.* 100: 953-960, 1954.
LEEMAN AND SALOMON: Group characteristics as revealed in sociometric patterns and personality ratings. *Sociom.* 1952, XV.
LOOMIS AND PROCTOR: The relationships between choice status and economic status in social system. *Sociom.* 1950, XII.
MAISONNEUVE, J.: Un bilan de la sociometrie. *L'Année Psychologique* 1956, 68.
MORENO, J. L.: Who Shall Survive. Washington, Nervous and Mental Disease Publishing Co., 1934, last revised edition 1953.
IDEM: Advances in sociometric techniques. *Sociom. Rev.*, p. 26, 1936.
IDEM: Interpersonal therapy and psychopathology of interpersonal relations. *Sociom.* 1: 9-76, 1937.
IDEM: Beacon House: Sociometry and the Science of Man. New York, Beacon House, 1956.
POLANSKY, N., WHITE, R., AND MILLER, S.: Determinants of the role of the patient in a psychiatric hospital. Austen Riggs Center, Stockbridge, Mass. Edited in the Patient and the Mental Hospital.
RASSIDAKIS, N.: Theoretical considerations and application of group psychotherapy on psychotic patients. The Clinic, Year 26th, Apr. 1-15th. 1955. Vol. 7-8.
IDEM AND MITSAS, V.: Friendliness and dominance in a small therapeutic group of psychopathic patients. *Greek Medic.*, Vol. 26, 1956.
SCHUTZENBERGER, A. ANCELIN AND MOLES, A.: Sociometrie et créativité. *Rev. Psychol. Appl.* Paris, 1955, 5/3, 155.
WIESE (VON) L.: Sociometry. *Sociom.* 12: 202-214, 1947.

GROUP PSYCHOTHERAPY AND COMMUNICATION

CARLOS ALBERTO SEGUIN, M.D.

Lima, Peru

It is, indeed, very difficult, for those who want to orient themselves among the variety of theories and methods of group psychotherapy, to find the basis which will allow them to understand the rationale of their differences or similarities and to classify them logically. Every school of thought proposes an apparently different set of basic concepts and denies almost all the others. However, experience teaches us, in group as well as individual psychotherapy, that every skilled therapist will get good results using the method he prefers among the accepted ones and, what is more, that there is a greater difference between a beginner and an experienced practitioner of any school than between two men equally qualified in two divergent schools of thought.

All that, and much more that could be added, points towards the idea that all methods of psychotherapy have something in common, some basic ground worked out in different ways from different points of view. If such idea could be proved accurate, we will be able to seek for an integration of the various procedures into a more general and complete system (1). A preliminary approach to such a task is the purpose of the present paper.

PSYCHOTHERAPY AND THE PROBLEM OF COMMUNICATION

It is a commonplace statement to say that psychotherapy is nothing but a very specialized form of interpersonal relationship—a relationship in which the therapist acts upon the patient or patients, trying to influence them. A human being is able to influence other human beings in a direct or an indirect form. In the first case we are dealing with the personal relationship between man and man, between therapist and patient or patients. In the second case such action is characterized by the employment of an intermediary link between them: the psychotherapist acts upon his patients not directly, in a person-to-person relationship, but by means of an instrument which can vary *ad-infinitum*.

In group psychotherapy we have to consider principally a direct relationship among several individuals who act upon each other in a particular way. Naturally, if such an influence exists, one is forced to consider the means by which such an influence can be established. It is, undoubtedly, by means of the language that one man influences another, that men act

upon men in life as well as in psychotherapy; therefore, if we want to understand the basic dynamics of group relationships, we have to direct our attention to language itself, its meaning and ways of action.

I will spare the reader a review of all that has been written about language, and restrict my remarks to one important aspect of the problem.

Karl Bühler, in a fundamental study (2), states that language has three functions: appeal-function (Appellfunktion), expressive-function (Ausdrucksfunktion) and connotative-function (Darstellungsfunktion). He says: "Language is a *symbol* because of its relevancy to objects and relations; it is a *symptom* because of its dependency on the speaker giving expression to his inner self; it is a *signal* because of its appeal to the listener, whose internal or external behavior serves as a guide, as do other traffic signs".

Perhaps these are not the only functions of language. Fliess (3) describes other possibilities, but I believe that, fundamentally, they may be included in the three groups mentioned above.

It would seem that those three functions are, really, three stages of an evolution. The first language, common with some animal species, has undoubtedly a function of appeal. It is the calling cry, the asking for help and, therefore, the stimulus to approach. It is, if we allow ourselves the deduction, the beginning of an emotional relationship between individual and individual. It is not difficult to imagine that language could have been born out of the need for the emotional relationship with a fellow creature. The most primitive signs (perhaps not to be considered as language) of animals are calls to an individual, usually of the other sex. In another stage language serves as a means to express precisely those emotional reactions, to somehow, communicate them to others. The third step, which seems to be reserved exclusively to the human race, is a very late development and is the basis of language as a powerful means, not only of understanding the world around us, but of mastering it.

The "Intimate" Functions of Language

A further exploration of the fascinating field of linguistic research brings us to the work of Lain Entralgo, who completes Bühler's exposition. I consider Lain Entralgo's conclusions so important that I am quoting them *in extenso* (4):

> "I believe Bühler's approach admirable but incomplete. It tells us what speech means to the listener, but not what it means to the man who speaks. Müller-Freienfeld has previously emphasized an 'exonerating function' or 'discharge function' (Entladungsfunktion) of lan-

guage, a function that cannot be included among those described by Bühler. But there are others. An extensive examination of the matter allows us to distinguish three other particular functions in the meaning of speaking for the psychological intimacy of the speaker himself. They are, somehow, the 'subjective' or 'intimate' correlation of the ones described by Bühler from the 'objective' or 'worldly' point of view.

a.—The *sodalic function* (from *sodalis,* fellow) or companionship function. In the eloquent intimacy it corresponds to Bühler's 'appeal function'. Calling the fellow creature we not only invoke him. The caller achieves for himself the function of giving and receiving company which is phenomenologically different from the appealing itself. Each appeal has a qualitatively different sodalic value.

b.—The *appeasing* or *cathartic function.* This function of speech regarding which reference may be made to Müller-Freienfeld's Entladungsfunktion, is the subjective correlation of Bühler's expressive or notifying function. To say something to somebody is not only (outwards) notification, but to the intimacy of the notifier (inwards) is also a cause for affective leveling, for appeasement.

c.—The *clarifying function* or function of internal articulation. It is, towards the intimacy, symmetric with the representative or connotative function. Naming what can be nominated—direct, metaphoric or interpretative nomination—the man who does it clarifies his inner world. This happens by means of successive configuration, articulation and ordination of the content of consciousness. Elocution always clarifies the speaker as teachers well know."

We face, then, a series of possibilities that language offers to interpersonal relationships. But Bühler and Lain Entralgo dealt specifically with the language of words. It may serve to complete their exposition to say that, as regards to language, *I do not refer exclusively to speech, but to all the manifestations fulfilling the functions we have studied.* As well as words themselves, gestures, attitudes and all the means used in appealing, expressing or nominating or to fulfill the sodalic, cathartic or clarifying functions have real importance and deserve to be considered as language. There is something more. It may appear paradoxical in the consideration of language to refer to something wholly antithetic: silence. This, however, requires consideration.

Silence As Language

The great value of silence in interpersonal relationship is well known. Artists, for instance, were always aware of the value of silence. Its importance in poetry, in the theater and especially in music has often been referred to. However, in connection with psychotherapy, there are relatively too few studies. It is the psychoanalytic method, with its emphasis upon the

silence of the analyst, which has brought to the foreground the real importance that silence has in the interpersonal relationships. Meerloo (5) describes the possibilities of psychoanalytic interpretation of silence, pointing out its meaning in connection with the different stages of libido development, expressing themselves through it. He speaks of an oral-erotic, urethral-erotic, anal-erotic and genital silence, as well as "the silence of the womb", a transference silence and the one due to repressed aggression.

Theodor Reik (6) considers different degrees of silence as well as different meanings of it. "Compare," he says, "for instance, 'silence gives consent' with the rejecting silence of a lady to a man who is forward or objectionable". He reminds us about the characteristics of ancient languages, the Egyptian, for example, in which the same word may have antithetical meanings. He quotes Carlyle as saying: "Speech is of time; silence is of eternity". I would add that what Carlyle said was really: "Silence is deep as Eternity; speech is shallow as Time", which increases the beauty and depth of the phrase, and that Lacordaire wrote: "Le silence est, après la parole, la seconde puissance du monde".

Going farther, I will apply to silence the concepts of Bühler and Lain Entralgo. *There are appealing, expressive and connotative, as well as sodalic, cathartic and clarifying silences.* However, to accept this statement it is well to make some qualifications. If silence is language, it is a passive language. Its value lies, not in itself, but in the moment at which it appears. The real function of silence rests in what has just been said or in what is not yet spoken, but, be it as it may, the language of silence is as important as the language of words or gestures—sometimes, more.

The Use of Language in Psychotherapy

To return to the relationship between language and psychotherapy: if we assume that language, in the broad acceptance we gave this word, is the supreme means of interpersonal relationship, and if we accept also that psychotherapy, individual as well as group psychotherapy, is essentially an interpersonal relation, we must inquire as to how psychotherapy uses language—an inquiry which may give us a starting point for a fruitful research in the very foundations of psychotherapy. One question presents itself immediately: Have the functions of language, as just considered, any direct relationship to the methods of psychotherapy? I believe the answer to this question may open an original path in the research of basic psychotherapeutic methods and the possibilities of their systematic application.

If we were able to find a clear relationship between the functions of

language and the methods of psychotherapy we would have, undoubtedly, a scheme of classification based, not on limited conceptions of school or procedure, but on the roots of every psychotherapeutic possibility: the functions of language. Let us examine those functions to see whether they lend themselves to such a systematization.

We have, to begin with, the *appealing-sodalic* function. We know already its principal characteristics: the establishment of an emotional relationship between the speaker and the listener. The man who speaks is actively seeking such a relationship. The precise word used by Lain Entralgo expresses this clearly. The one who speaks, speaks for a brethren, calls for the establishment of an affective relationship with another human being. The one who listens to the call, if he answers it, does so on the same level of personal relationship—that is, upon an emotional or affective basis. If we consider these facts from the point of view of psychotherapy we realize that this function of language, urgent and decisive, has a direct correlation with the most important of the psychotherapeutic methods: the *emotional relationship*. There is no doubt that the emotional relationship (be it called rapport, transfer tele or what not) and its management are the bases of every psychotherapeutic procedure.

Speaking of the *expressive-cathartic* function of language we refer to another psychotherapeutic method: *catharsis*. If we follow this line of thought we ask ourselves: Is there also a correlation between the *connotative-clarifying* function of language and another psychotherapeutic method? The answer is yes. It corresponds to a very important procedure: the *insight-producing* techniques.

Thus an interesting parallel has been found between the functions of language and the methods of psychotherapy, but we must ask ourselves now: are there no other methods than to establish an emotional relationship, to provoke catharsis and to give insight? Study of the literature and personal experience allows us to reply in the affirmative. There is only one exception. A procedure of such a decisive importance as *working-through* has not been considered so far. I do not feel obligated to change my assertion for this reason because I believe that working-through is nothing but the synthesis of the other three methods, a combination of them and harmonization of their results, allowing the therapist to use them more effectively.

Now I ask myself: How do the different schools of group psychotherapy use these functions of language? How is their practice built concerning them? Looking from this new point of view at the different techniques of group psychotherapy we will be able very soon to realize that, through the

language of words, the language of silence or the language of gestures or attitudes, one method will emphasize the emotional relationship, another catharsis or insight or several combinations of those; that, if we analyse their procedures, they can be reduced to the functions of language we have referred to.

If this assumption proves to be true we have in our hands a method to systematically study and classify the different group psychotherapeutic procedures. I sincerely hope it may be done in the future.

SUMMARY

Every type of psychotherapy is based on communication. If we study, therefore, communication we may be able to better understand the dynamics of psychotherapy.

Communication is carried out through language, considering as language, not only the use of words, but all means of interpersonal influence: gestures, attitudes and, as a very important one, silence.

The study of the different functions of language both from the point of view of the speaker and its meaning for the listener, will clarify the dynamics of psychotherapy in general and group psychotherapy in particular.

There are three principal functions of language, all of them as pairs: *appealing-sodalic, expressive-cathartic* and *nominative-clarifying* which correspond to the methods of psychotherapy: emotional relationship, catharsis and insight. Working-through may be considered as a synthesis of the other three methods.

The dynamics of group psychotherapy, as well as the possibility of classifying the different procedures, are studied on the light of the concepts above outlined.

REFERENCES

1. MORENO, J. L., *Transference, Counter-Transference and Tele,* Group Psychotherapy, Vol. VII, No. 2, 1954, Beacon House, Beacon, N.Y.
2. BÜHLER, KARL: *Sprach Theorie,* Jena: Gustav Fischer, 1934.
3. FLIESS, R.: *Silence and verbalization.* Internat. J. PsychoAnalysis, 30: 1949.
4. LAIN ENTRALGO, P.: *La Historia Clínica.* Consejo Sup. de Invest. Cientifica, Madrid, 1950.
5. MEERLOO, J. A.: *Free association, silence and the multiple function of speech.* Psychiat. Quart., 26: No. 1, 1952.
6. REIK, TH.: Listening with the Third Ear, N. Y.: Garden City Books, 1951.

THE KIBBUTZ AND ITS CHILDREN

MARC J. SWARTZ

University of Massachusetts

A Review of Melford E. Spiro: *Kibbutz: A Venture in Utopia,* Harvard University Press, Cambridge, Mass., 266 pp., 1956, $4.50 and Melford E. Spiro: *Children of the Kibbutz,* Harvard University Press, Cambridge, Mass., 500 pp., 1958, $10.00.

Among the distinctive contributions anthropologists have traditionally made to behavioral science, two are particularly prominent. First, descriptions of exotic societies which are useful in demonstrating the variety and range of human adaptation and adjustment. Secondly, anthropologists have used these societies as a laboratory for testing general propositions concerning human behavior.

Melford E. Spiro, professor of anthropology at the University of Washington, does both of these things admirably in the books under review here. *Kibbutz* describes in extremely readable language a utopian community in the state of Israel and *Children of the Kibbutz* makes use of the distinctive practices, especially the communal rearing of children, found in this society to illuminate some of the central problems of socialization and the maintenance of a culture beyond the lives of the generation currently practicing that culture.

Kiryat Yedidim, the name the author gives the community described in *Kibbutz,* was settled by young Polish Jews almost forty years ago. Private property is almost entirely absent and the community as a whole is the owner not only of capital goods but also of the clothing the members wear and the food they eat in the communal dining room.

Although *Kibbutz* began as an ethnographic introduction to *Children of the Kibbutz,* it is a rewarding and valuable book in its own right. The author makes clear in the introduction that the data on which *Kibbutz* is based were obtained incidentally to the study of personality which he conceived as his major project. Because of this, many of the more or less standard techniques used in ethnographies and community studies are missing. The absence of formal interviews, census data, sociometric data, and other such material is certainly felt, but the work as it stands is an excellent example of what a perceptive field worker can accomplish without these sources. Anthropologists have always insisted that the "richness" of data is lost through too much insistence on schedules, numbers, and formal tech-

niques and, along with clinicians, have provided a useful counterweight to those researchers to whom an IBM card is the *sine qua non.*

Spiro's technique in *Kibbutz* is to present the major values or "moral principles" which he believes have greatest significance in the lives of the people of Kiryat Yedidim. He traces the historical context in which these values were developed and shows how they influence the contemporary community. It is questionable whether or not such an approach would be justifiable for all social groups, but since a large part of the peculiar interest in this community results from its conscious and articulate attention to its utopian principles and goals, the choice of methods here is a happy one.

The author argues convincingly that the strength of the community lies in its sect-like insistence that it alone has a monopoly on the truth and that "it comprises one of the small groups of the 'elect' who enjoy 'grace' in this world." As the quotation indicates, the members of the community do not put their faith in God, in Whom they do not believe, but rather in their socialistic and egalitarian values.

Perhaps the most interesting chapter in *Kibbutz* is concerned not with the strength these values give the community, but with the threat to its existence posed by a decline in their force. The author's analysis of this phenomenon is extremely suggestive for students of the role of ideology and values in both social and personality processes. Few social groups attach as much significance to abstract principles and utopian goals as does Kiryat Yedidim so that it makes an excellent laboratory for the study of all kinds of strains and malfunctions which are the inevitable attendants of the espousal of ideal means and ends which cannot be fully realized and to which conditions outside the group present both obstacles and attractive alternatives.

One of the most serious problems this utopian community must face is the transmission of its values to the generation which has been born in Israel. The founders of the community were much influenced in the formulation of their way of life by their adolescent revolt—the pioneers came to Israel before they were out of their teens—against the *shtetl* culture in which they had been reared in Poland. The children of these pioneers, and their children, have grown up in a very different cultural environment. One of the central questions posed by *Kibbutz* is whether or not the collective child rearing practiced in the kibbutz can produce a personality type which will lead not to the revolt against the established order which brought about this community, but to conformity with the new established order. Phrasing this more generally, the author says:

> "The survival of a culture depends, ultimately, upon the motivational system of the members of its society; it is not enough that they cognitively accept its values. Unless they possess those psychological characteristics which, at least, are consistent with that society's cultural characteristics, the perpetuation of the culture . . . within a democratic framework at any rate . . . is doubtful."

In *Children of the Kibbutz* Spiro addresses himself to the problem of socialization in Kiryat Yedidim. This book is different both in its approach and in its aims from *Kibbutz*. In the latter the author sought to provide a picture of the culture of the community in which he worked and although problems of a general and theoretical nature are suggested by this work they are not its main concern. *Children of the Kibbutz,* however, is explicitly focused on problems of theoretical interest in the field of culture and personality. The community as such is the object of interest in *Kibbutz,* while the chief aim of *Children of the Kibbutz* is to examine the relationship between various analytic variables, e.g., competitive socializing techniques and the need for approval, with the goal of establishing applicable in any community.

Children of the Kibbutz is based on data gathered with great attention to methodological considerations and subjected to careful statistical analysis. *Kibbutz* is a clinical study in which the author's perceptions and understandings are supported by anecdotal evidence. The value of such an approach is considerable, but if one seeks a basis for generalization—as the author does *not* in *Kibbutz*—the more methodical and systematic approach used in *Children of the Kibbutz* is much more adequate. Spiro and his wife performed an impressive feat in the vast amount of children's behavior they observed and recorded. As one who has collected a considerable body of systematic observations of behavior, this reviewer is particularly impressed with the thoughtful and methodical approach Spiro has used to the many difficult problems of collection and, particularly, analysis. Few works in behavioral science have made more extensive and fruitful use of systematic, direct observation of human behavior in its natural setting. Methodologically, *Children of the Kibbutz* stands as an example of the best sort of field work done by contemporary anthropologists.

Very briefly, the children of Kiryat Yedidim are reared in communal nurseries by professional nurses. From birth through graduation from high-school the children live among their peers and although they visit with their parents a few hours every day, they never live with them except under unusual circumstances and for short periods of time.

It is not possible here to discuss the many insights and hypotheses provided by the author on a variety of important topics. One subject, however, deserves special attention since it looms largely from the first book. This is the problem of the basis for cultural conformity. As the author points out, some anthropologists hold that there are societies whose members are without a super-ego and on basis of this contention they differentiate between "shame-cultures" and "guilt-cultures." In the latter individuals have internalized the cultural values and conform to them whether or not their actions are observed by their peers. In shame-cultures, individuals conform only if their behavior is under the scrutiny of their fellows since they have not genuinely internalized the group's values. Spiro agrees with Piers and Singer (*Shame and Guilt*, Charles C Thomas, Springfield, Ill., 1953) that the existence of such groups is highly questionable, although in any society there may be some individuals who have internalized none of the group's values and many who have not internalized them all.

While one can agree with the untenability of a division of the universe into societies whose members have internalized the values of the culture and those whose members have simply learned about these values, experience with a number of different societies strongly indicates a difference in the quality of the reaction to transgression found in different cultures. Spiro presents a stimulating suggestion for explaining the differences observed without resorting to the unsupportable denial of superego formation in some cultures.

His position is that all societies instill superegos in the vast majority of their members, but that there are two basically different types of superegos. He defines the superego as "the anticipation of punishment, experienced as anxiety, attendant upon the anticipated violation of a cultural taboo," but he leaves the agent of punishment unspecified. His distinction between the nature of the "significant others" whose anticipated withdrawal of love motivates the individual to conform is the basis for his two kinds of superegos. He maintains that in societies, such as our own, in which the child is trained by a very small number of individuals who themselves punish the child, the individual not only internalizes the values of the socializing agent but introjects the agent as well. "The introject, then, is the significant other for such individuals; it is withdrawal of the introject's love that constitutes the anticipated punishment." The author calls this type of superego "guilt-oriented."

In societies in which the child is trained by a large number of socializing agents, such as Kiryat Yedidim with its succession of nurses, parents, and peers, or in which the socializing agents discipline the child by asserting

that some agent other than themselves will punish him, the introjection of a socializing agent is impossible. The individual internalizes the values of the group, but since there is no introject the significant other must remain external to such individuals and "it is the withdrawal of the love of others that constitutes the anticipated punishment." This second type of superego is termed "shame-oriented."

Clearly, the usefulness of this typology depends upon the difference in consequences between shame and guilt. Spiro argues that there is an important difference based on the fact that transgression is automatically punished in guilt-oriented individuals by the action of a part of the transgressor's own personality, the introject; while in shame-oriented individuals, punishment results only if the group punishes him. Since the values involved have been internalized in both superegos, the desire to commit a transgression in either case leads to an expectation of punishment either from his introject or from the group. If the norm is actually violated, the individual who anticipates punishment from his introject will always be punished in that he will suffer guilt. This guilt feeling can be alleviated by atonement. If a shame-oriented individual violates a norm, he will be punished only if the group or its representatives become aware of his violation and withdraw their love from him. If they do not do this he will not be punished and will have no means of reducing the anxiety attendant upon the anticipation of punishment. As the author puts it:

> "In short, shame-oriented individuals may suffer more than guilt-oriented individuals . . . If external punishment is not meted out, they remain in a constant state of moral anxiety."

The second generation members of Kiryat Yedidim are characterized by the author as having shame-oriented superegos. This product of the communal child-rearing system appears to be the basis of a personality type which will carry on the distinctive features of the *Kibbutz* though perhaps not without change.

Both of the books reviewed here can be recommended without qualification. Those interested in the general problems of culture and personality will find *Children of the Kibbutz* one of the most rewarding volumes to come along in years. The third volume of the author's study in which he will analyze in depth the personalities of the adults who were reared in the community will be eagerly awaited.

SOCIOMETRY AND CYBERNETICS

NURETTIN SAZI KÖSEMIHAL
University of Istanbul, Turkey

1. MORENO'S SYSTEM

Since the beginning of mankind men have fought to maintain existence, on the one side against beasts, storms, floods, and flails of nature and on the other side against each other as individuals, groups, and societies.

As if these two types of enemies were not enough for mankind, for the past one hundred and fifty years there has been added a third order which has surrounded humanity with increasing speed. And it is surprising that human beings have created this enemy with their own hands. I refer to many kinds of tools, machines, and cultural conserves which have appeared after the invention of the machine, in the second half of the eighteenth century. In fact, before the invention of the machine man had made many tools; but all these mean little when compared with the new inventions of the last one and a half century.

All of the tools, machines, cultural conserves, either primitive or developed, have been called "Robot" for approximately thirty-five years. The word comes from the Polish language and means "to work". The term was used by Carl Czapek for the first time in 1921. Besides this term there is another one "Zoomaton" which is used by Moreno in the meaning of "technical animal".[1] This term is better than "robot" but it is not commonly used.

The robots created by man have many qualities. According to their application they may be useful or harmful, builders or destroyers. For instance, a knife is one of the most useful tools but if it is used with bad intentions it may change to a killing enemy.

The robot's usefulness for us is endless. It saves us from many troublesome tasks in our daily life. However, on the other hand it encourages laziness and decreases our creative ability.

The robots can also perform much better and more accurately than men. For example, books, radio and television can carry thoughts and education to all corners of the earth. Guns, rockets, atomic bombs can destroy their targets at great distances. Books too, can go everywhere and to all kinds of people. One may even say that robots reach a relative eternity. Does not a book, a film, etc., live longer than men? We must not forget that

[1] J. L. Moreno, "Who Shall Survive?", 1953.

robots can be made in series too. A book, a film can be reproduced over and over again.

Today these robots fill our earth incredibly. Humanity has never been surrounded as densely by robots as today. And there seems no obstacle to the way the number of robots increase daily.

Well then, why do we think of the robots—which help us so much, save us much troublesome work, and do numerous things that can not be done by human power—as dangerous enemies? Why are we afraid of the robots which are our own creations?

Do you believe that we are afraid of robots such as atomic bombs because they can completely destroy our world in a second? I do not think so because no one will dare to play with this kind of robot which is capable of destroying humanity as a whole. But it is a pity that the life-saver of humanity will be fear instead of sublime moral senses, as f.i., human affections.

Or are we afraid that robots like calculating machines which appear in gradually increasing number will abolish human thought? No, this is not true either. We cannot be afraid of this kind of machines because they can only do things which are on the surface of consciousness but nothing spontaneous and creative that lies in the depths of human consciousness. I do believe that this kind of tools, in spite of their development will not destroy the creative ability of human consciousness but on the contrary, they will revitalize it. Is it not easier for consciousness which lightens its load by transferring some of its mechanical operations to these machines, to concentrate on creative power?

Then whence comes this fear? Surely not from robots. In fact man is not afraid of the robot as such but rather of being a robot. He fears that his creative power will become mechanical like a robot. The greatest enemies of creation are repetition, habits and the "mechanisation" which will kill creativity one day. This is his greatest fear.

As Moreno states, till now we have never understood the value of the most precious thing that is presented to us by nature. "If a fraction of one-thousandth of the energy which mankind has exerted in the conception and development of mechanical devices were to be used for the improvement of our cultural capacity during the moment of creation itself, mankind would enter into a new age of culture, a type of culture which would not have to dread any possible increase of machinery nor robot races of the future."[2]

---

[2] "Who Shall Survive?", 1953, p. 596.

But today we have to make a choice either to remain a creative creature or to become a robot.

And if we want to stop becoming robots and to remain creative we have no way out but science. We will never save ourselves from the danger of becoming robots unless we study and understand the mechanisms of creative power by means of the exact methods of science.

As a result of the unbelievable speed with which robots fill our earth, two new sciences which study the relationship between men and robots were established: Sociometry and Cybernetics.

Both of them started in the U.S.A. Cybernetics is more recent. It is only twelve years old (1947). Among the founders of cybernetics the most important one was Norbert Wiener, professor of mathematics at M.I.T. Sociometry is older. It was founded twenty-five years ago (1933). Its founder is Moreno who, after completing his medical and psychiatric education in Vienna, immigrated to the United States in 1925.

2. Cybernetics

Cybernetics was born out of the curiosity which looks for the relationship between the function of the human body—in a wider sense organism—and the function of machines; briefly the relationship between animals and machines. But sociometry is born from the fear of mechanization or "robotization" of human spirit, of human consciousness and especially of the creative power of humans.

Norbert Wiener took the term "Cybernetics" from ancient Greek *"cybernos"*. It means pilot, commander, leader, or governor.[3] But a robot cannot lead. It can only go the way it is led. None of the robots or automats can be a real leader, that is, a creator.

Moreno, founder of sociometry, looking at the similarity between the structure or the functions of robot and man, used the term "zoomaton" instead of "robot" and "zoomatics"[4] instead of "cybernetics".

No doubt the term zoomatics, which is arrived at by taking the similarity between machine and organism into account, is better than the term cybernetics which means leader. However, robot and cybernetics are more common than zoomaton and zoomatics.

Descartes being the first, Condillac, Claude Bernard and many others, are precursors of cybernetics. As is known, Descartes showed the similarity

[3] G. TH. Guilbaud "La Cybernétique", 1957, pp. 6-8.

[4] "Who Shall Survive?", Book VI, p. 533.

between animal and machine in the seventeenth century, as did Condillac in the eighteenth century. In the nineteenth century, Claude Bernard, founder of modern biology, said: "The nervous system is not different from a physical and mechanical apparatus. Only this mechanism is more complex. Both nerve organs and machines depend on similar laws. Therefore they can be explained by the same theories and can be studied by similar methods."

Actualization of this old thought, that is, to attempt an approach of the biological, physical and mathematical sciences to each other, commenced a few years before the second world war. At that time a number of scholars belonging to different departments of Harvard University used to gather for dinner around a round table[5] in "Vanderbilt Hall" in Boston. After dinner usually one of them would lecture on a scientific method and a discussion would ensue. Thus these scholars working in different areas became accustomed to look for each other's common points of approach to their disciplines.

One day a former student of Norbert Wiener took him to this round table dinner which opened a new page in the history of science. The meetings were prepared by physiologist Rosenblueth and Wiener met him there. They liked each other and came to an immediate understanding. In these meetings, both of them agreed that: scientists are hemmed in by a limited area which gets narrower as it deepens, and therefore they can not come to agreement. Some of the scientists felt that there is a common area in which different disciplines meet. But since they were too closely circumscribed by their techniques, they could not make progress in their studies, and this untouched area at the meeting point of different sciences attracted the attention of physiologist Rosenblueth and mathematician Wiener. So the area of cybernetics—which proposes to build bridges between various sciences—began to be clearer by degrees in the minds of its founders. However, if the second world war had not begun and had not uncovered some practical problems closely related to this subject, perhaps all these thoughts could not have surpassed the limits of theoretical ideas.

Norbert Wiener and Julian Bigelow who were working in the office of war preparation, were asked to find a machine to shoot at airplanes with great accuracy.

It is common knowledge that the speed of airplanes is so great that

[5] Pierre de Latil, "Introduction a la Cybernétique, La Pensée Artificielle", 1953, pp. 14-16.

we aim the guns not directly at the plane but we point where the plane and the projectile will meet. If robots would direct guns and fly planes there would be no problem. It would be easy to find an apparatus to calculate the meeting point of the shot and the plane according to their velocity. But the pilot is a human being; so is the gunner. Both of them think. When the gun is fired the pilot immediately attempts to change either his speed or his direction. And of course, the gunner anticipates that the pilot may change his velocity or direction. So this is not merely a simple mathematical problem, but also a psychological problem. A machine is needed to find the meeting point and also to take care of the psychological reactions of the pilot and the gunner. Wiener and Bigelow were not able to invent such a machine. Nevertheless, they founded a new science for mankind, one that will fill the empty place between mechanics, psychology, and neurology. They created cybernetics.

The first edition of the book "Cybernetics",[6] which was published in English by Wiener in Paris in 1948, was out of print in six weeks. Second and third editions were also out of print in a very short time. In 1949 the fourth edition began to be printed though the book was full of mathematical formulas from the beginning to the end.

If the cybernetical revolution had not preoccupied minds since Descartes' period and if the poles of matter and life that were separated for centuries had not accumulated a great deal of knowledge, could the spark coming from a book explode and conquer our world so strongly?

Up till now all new ideas and theories were born in Europe, taken over and applied in America. But it is surprising that with cybernetics the roles were changed. The theoretical part was developed in the U.S.A. and the application part—with the Electronic Turtle of Grey Walter and the Homeostat apparatus of Ashby—was developed in England, in Europe. In other terms the animated part of cybernetics—a science which constructs a bridge between life and machine—is in the U.S.A. and the mechanical part is in Europe.

Cybernetics, which aims at a combination of animal and machine, will no doubt make it easier to understand the mysterious mechanism of animals by means of machines invented by and known to man. On the other hand, it is useful to develop and to perfect our machines by imitating the living.

But these man-made machines—it does not matter how perfect and

[6] Norbert Wiener, "Cybernetics control and communication in the animal and in the machine", 1948.

close to the living mechanism they are—will never achieve even the slightest particle of spontaneity that makes a man a human being (Moreno).

3. Sociometry

As for sociometry, it was founded by Moreno who was born in Bucharest in 1892. He did not neglect to confirm his medical knowledge by means of philosophy. He was especially preoccupied by Freud, Bergson, Marx and some German phenomenologists. He immigrated to the U.S.A. in 1925. Moreno, who started out as a psychiatrist, became the founder of a new sociological current "Sociometry". As Freud had transferred from psychiatry to psychoanalysis and to psychology, Moreno transferred from psychiatry to sociometry, to sociology.

Moreno wandered about searching for a profession in his adolescence. First he wanted to be a clergyman. He was interested in Theology. Later he decided on the positive sciences. The period in which Moreno alternated between religion and science is interesting because it shows the birth of creative spontaneity in Moreno. According to him the main purpose of Theology is to recognize the Highest Being called God. The main quality of this Supreme Being, of this Magic Source, seems to him to be creativity.

One day while Moreno was thinking about this subject, suddenly a new revolutionary idea was born. Since that moment he has understood the uselessness of looking for the creative power far away when it is very near, in man's own self. In his mind Theology has yielded its place to positive science.[7]

According to Moreno the creative power in man's spirit is still in an embryonic state but its developmental potential is endless. There is only one way to free this power by saving it from numerous obstacles; that is science.

Moreno's sociometry tries to actualize the mechanism of creative spontaneity, that unique substance, which is a present of nature to man, by means of a new experimental method which has studied the relationships among men in small groups for twenty-five years.

In the preface of the French translation of his book "Who Shall Survive?" he points out that in the last hundred and fifty years social sciences developed in three great currents. If the first of these is the one founded by A. Comte and developed by Durkheim in France, and the second one is

[7] J. L. Moreno, "The Theater of Spontaneity", Beacon House, New York, 1947. This book was published under the title "Das Stegreiftheater" in German, 1923.

the scientific socialism of Marx, then the third one is sociometry. According to him these three currents were born because of different geographical regions and different cultural environments. If sociology was developed in France and socialism in Germany and in Russia, sociometry developed in the U.S.A.

Sociology tries to form a skeleton which contains all social sciences. The socialist doctrine is directed to prepare a proletarian revolution. And the main purpose of sociometry is to measure and explain man as a social being.

According to Moreno, American sociology made its original contribution with the foundation of sociometry. Before that American sociology was under the influence of thinkers like Comte, Spencer, Darwin, etc., as can be seen in the works of principal American sociologists like Lester Ward and Giddings. The roots of sociometry go back as far as Europe and also its founder is from Europe. But for its development the States' cultural climate was necessary.

The latter is very suitable for sociometric research. First, small independent groups abound, making original experimentation easier. Second, great ideologies like catholicism, rationalism, marxism which reduce the spontaneity and creativity of small groups, are not dominant. Especially after the first world war, independent groups rapidly increased. America, from the point of its national culture, is greatly in need of integration. Sociometry, in the social areas in which cohesion is low tries to unite these small groups without loss of their ability and creativity.[8]

Sociometry first of all brings a new method which applies to all social phenomena. By means of this method which can be called "qualititative-qualitative", all social phenomena can be measured in vivo.

Until the advent of sociometry sociology used various techniques such as statistics to measure social phenomena. All these were able to measure not the living part of social life, which is alive, vivid, effervescent and innovating, but the dead part of it, which is frozen and crystallized. But today Moreno's new techniques such as those of the psychodrama, sociodrama, and the sociometric test can measure and quantify social phenomena without loss of their quality and vividness.

This method brings a new dimension to the concept of the observer. The sociologist is no longer a passive observer who looks at social phenomena

[8] J. L. Moreno, "Fondements de la Sociometrie" 1954. Paris. "Preface a L'edition Francaise" pp. VII-XIV; "Who Shall Survive?", 1953, pp. 12-21.

from the outside. He becomes an active element and an actor who enters into life and joins the social drama.

Sociometry represents not only a new method but also a new "world concept". This concept lifts the creative spontaneity[9] in man to the highest plane and sees humanity as a group of creators.

Moreno considers the type of man who will survive in the future in the sixth part of his book "Who Shall Survive?"[10]

According to him "Eugenics" dreams of joining seeds in various ways so that man will be born perfect and the world will be filled with heroes, saints, and Greek gods. If the dreams of "Eugenists" could have been realized our world would really be changed, beautiful, transformed into a world of gods. But in this new world there would be a weak point which would be affected by a killing stroke as in the myth of Siegfried. It would be a world of tragedy in which beauty, heroism, and wisdom would be obtained without the slightest effort, man being deprived of the pleasure of ascension from the modest up to the higher levels. Briefly stated, all life "creation" would be completed not by virtue of individual attempts but through the mere accident of birth.

As for mechanistic technologies perhaps these will supply the birth of perfect human societies, which from the point of harmony, solidity and productivity resemble insect societies. But on the other hand, these technologies will destroy personality and creativity completely by dragging man into mechanisation and robotisation.

Eugenics does this before birth and mechanistics by using a frozen and crystallized format. Perhaps, eugenics provides the health, the technology and the comfort of humanity. But none of these are strong enough of themselves to protect the human who must survive. As Moreno says, this can be done only by sociometry which is based on creative spontaneity.

4. Why Men Create Robots

According to Moreno the human race creates two kinds of creatures, the one being animate and the other inanimate: children and robots. As children are the products of man and woman so robots are the products of man and nature. Therefore if we see some similarities between men and robots we can not be surprised, for both have the same father. They are

[9] "Who Shall Survive?", Book I, pp. 39-48. This theory plays a vital part in the sociometry of Moreno.

[10] "Who Shall Survive?", Book VI, pp. 596-599.

step-brothers and between them there exists that strange and deep rivalry which is proverbial for brothers.

On the other hand, because they have different mothers, they are apart from each other and there is a great difference between them. Actually, we can not find in robots even the slightest particle of creativity and spontaneity which are the main characteristics of humans.[11]

With the exception of this creativity and spontaneity our robots are more skillful, more faultless and more perfect than our children. Biological life has disappointed man who always looks for perfection. When man had no further hope from his children, he became attached to robots and looked for fulfillment of his hopes in them.

Thus the human clings to these robots, to this world of frozen and crystallized cultural patterns more and more. Above all, he looks for production in the cultural area as well as in the technical world and neglects the most precious substances, spontaneity and creativity. Against this destructive inclination Moreno on the one hand founded sociometry, which searches out spontaneity in small groups by the method of experimentation, and on the other hand he established sociatry, which gives impetus to the training and perpetuation of spontaneity.

What shall we do against a giant invention, a horrible robot like the atomic bomb which faced humanity so unexpectedly in the second world war?

According to Moreno this problem can be solved neither by constructing defensive robots nor by establishing an international police or control service. Against this danger it is necessary to consider the problem calmly, to study methodically the deep reasons for the invention of robots and machines.[12] In other words we need to refer to science and to employ cybernetics, which studies robots, and sociometry, which searches the roots of human relations, especially in its spontaneous manifestations, by the experimental method.

Why do men need to create robots? According to Moreno, perhaps the reason which caused the need for God in the past, is the same reason which causes the need of robots now. As a matter of fact we may be called God's robots. Therefore, if we can understand our relation to God we can also understand the position of robots with man. Men referred to helpers in order to complete their modest inventions as God did to complete His creation. These helpers of man are robots.

Animals do not use robots to protect their species; they only reproduce.

---

11 "Who Shall Survive?", Book VI, p. 603.

12 "Who Shall Survive?", Book VI, p. 601.

Primitive men are like them, too, but lately our children who may be called "biological robots" have not satisfied us.

While analyzing the spontaneity in man by scientific methods, Moreno did not neglect to look for the deep reasons which cause man to invent robots.

His study of infants shows that the weaker the spontaneity in man, the stronger is his need for the spontaneity of others. In fact, infants live on the spontaneity of others, better said on "borrowed" spontaneity. The humans who are ready for the orders of an infant and at its beck and call come and comfort, feed and caress it, Moreno calls auxiliary egos. By the term auxiliary ego he does not mean the total personality of father and mother but only the role they have for the infant. Everything outside of this role frightens the infant. Therefore, if one of the persons who take care of the child shows an excess of spontaneity beyond his role the child becomes disturbed and irritated. The child wants complete perfection from these auxiliary egos every moment, and he also wants them to keep their spontaneity constantly available for his orders, so that they will not spend it for their own affairs which the child does not tolerate.

This auxiliary ego gives Moreno a clue to the solution of the robot problem.

If the auxiliary ego would have his total spontaneity available for the child's orders it would satisfy the infant. But in that case the auxiliary ego would have to rid himself of his humanity. When the child can not find the satisfaction he wants in his environment he looks for a more perfect auxiliary ego and he finds this in dolls. Dolls do not have the spontaneity which irritates the child. The child can act as an uninhibited ruler in this half real, half mechanical world of dolls. He gets the taste of the robot and automation from this doll play which is available at will.[13]

One of the reasons why Moreno uses the methods of dramatics in the therapy of the human spirit and in the study of human relations is because of the great similarity between social life and the drama. Does not every group, every society, from the greatest to the smallest, look like a drama? Are we not like the actors who play on this vast stage? For instance, some one is in the role of the father of a family, a passenger in a bus, taxi, train, or ship, a teacher in school, a merchant in commerce, a brilliant or unnoticed member in a political party or club. Does not every one of us have various roles like these on the stage we call society? Do we not disguise and regu-

[13] "Who Shall Survive?", Book VI, pp. 602-603.

late our mimicry, gestures and behavior in accordance with the role we play? Can the similarity between social life and the theater be denied? As the actors are disguised to resemble the persons they act on the stage, so every one of us is disguised according to the social roles we take on the great stage of society. If the former is an actor in the theater, the latter is an actor in society. If social life is a play, then the theater is a play of this play and a repetition of it. Viewed from this point of view, there is not a difference in kind but a difference in degree between social life and the theater.

5. Theory of Action and the Scientific Method

The profound difference between natural sciences as physics, biology, and the human sciences as psychology and sociology was put forth by the classification of Dilthey[14] (1833-1911)—and later by some others as Rickert[15]—which is based on "comprehension" and "explanation". But the honor of carrying this thought from the philosophical area into science and from theory into practice, into the area of experimentation belongs to Moreno.

Moreno explains the reasons of the difference between natural sciences and human sciences very clearly. In fact the physicist who studies the laws of matter such as of stone, soil, water, fire, examines these phenomena outwardly. Since these matters are deprived of life and consciousness, they cannot take "roles" and control themselves. The biologist who studies the organisms of man and animal and the relations between phenomena of life can attain his purpose—just like the physicist—by examining them externally without referring to the consciousness of organisms. In this field only man can take roles and can experiment. However, in biology what is examined is not the relations of consciousness but only the relations of organisms; therefore, the conscious intervention of man has no effect on experimentation.

Up until now in the studies of animal and human psychologies the observer or the investigator has studied the subjects from the outside as in physics or in biology. But in order to understand animal psychology completely we must study consciousness, perceptions, and feelings from the inside. We do not have any common bond which provides the direct relations of consciousness between animals and the observer who is a human being. The knowledge which is obtainable of the psychology, consciousness

---

[14] Dilthey: "Einleitung in die Geisteswissenschaften" 1883. French translation "Introduction a l'etude des sciences humaines" 1942.

[15] Heinrich Rickert: "Kulturwissenschaft und Naturwissenschaft" 1899.

and perception of animals can be gained through the exteriorized movements of the animals such as mimicry, gestures, behavior, deportment, etc.

Is it possible for the investigator to give some roles to subjects as for instance, mice, guinea-pigs, monkeys, dogs and to use their feelings and perceptions? Since this is impossible animal psychology will stay on the surface of animal consciousness and will not penetrate into its depths. The position of the psychologists who study human psychology, and of the social psychologists, sociometrists, sociologists and social scientists who study human relations, is very different from the position of animal psychologists. Here the subjects are not mere mice, guinea-pigs, monkeys or dogs; they are men. The investigator can use the consciousness of the subjects each of whom is a human being, if not directly, by means of language and intuition which throw light on the darkest corners of consciousness. Psychologists and sociologists have studied both human consciousness and the relationship among men from the outside as a physicist studies stone and soil or as a biologist studies organisms. Except for Moreno no one thought of allowing the subjects to participate as actors in the experiment; of seeing them as the persons who participate actively in a common purpose, so that they will be "actor-participator-observer" and a cultural system will be put on the stage piece by piece and will be portrayed in action.

According to Moreno[16] the concepts of "group of organisms" and "organism-environment" can be accepted only by a social observer or a social spectator who looks at the phenomena from the outside. Today a real social investigator who wants to understand human consciousness and its relations from inside intrinsically does not depend on the concepts of "group of organisms" or "organism-environment" but on the concepts of "group of actors" or "actor-in-situation".

A "group of actors" is very different from a "group of organisms"; a "group of actors" is a "we", a group of creators, and not a "they" like the "group of organisms".

The first duty of a science, which is based on "actional theory", must be to separate the organism from the actor and behavior from action. Here is Parson's error;[17] for him organism and actor, behavior and action are one and the same thing. A behavioral science and an actional science are of a different order.

The actor's play can not be considered the same or identical as the

[16] J. L. Moreno, "Who Shall Survive?"; French translation "Fondements de la Sociometrie", Preface, pp. XXV-XXIX.

[17] T. Parsons, "Social Systems".

things given by the observer. These sometimes can be complementary to each other but never identical. If "action" marks the movements and facts, "behavior" marks the observation of the movements and facts.

In a science which is based on the theory of "organism-behavior" and which observes the phenomena from the outside, organism comes first and actor second. But in a social experiment which is based on the theory of action, group of actors comes first and organism second.

A *real* action theory is based on the active interactional powers of the world of actors such as "actorial" system, spontaneity, creativity, warming up, and auxiliary ego.

The system of the relations that unite actors, and the system of the relations that can be observed among organisms, constitute two different areas. The actorial system depends on the consensus which can be seen only in an encounter of actors. This secret and imminent consensus becomes objective with the cooperation of the actors who help in the research. And often this is not enough. In order to conceive it perfectly from the inside, the observers have to *participate* in the play, to turn into actors.

Briefly, according to Moreno a science of personality, a social science, or a science of civilization, which is not based on the theory of spontaneity and creativity, and on the association of actors, imitates the physical and biological sciences and remains a fiction.

EARLIEST DEFINITIONS OF GROUP PSYCHOTHERAPY

J. L. MORENO

Definition 1: "A method which protects and stimulates the self-regulating mechanism of natural groupings. It attacks the problem through the use of one man as the therapeutic agent of the other, of one group as the therapeutic agent of the other." From *Application of the Group Method to Classification,* p. 104, 1932.

Definition 2: "The groups function for themselves and the therapeutic process streams through their mutual interrelationships." From the same publication, p. 61.

Definition 3: "Group psychotherapy is the result of well calculated, spontaneous therapy plus proper social assignment. . . . The leader is within the group, not a person outside." Same publication, p. 94.

Definition 4: "Group therapy will be advantageous for persons who do not recover by themselves or through some form of psychological analysis or medication, but only through the interaction of one or more persons who are so coordinated to the patient that the curative tendencies within are strengthened and the disparaging tendencies within checked, so that he may influence the members of his group in a similar manner." Ibid., p. 97.

Definition 5: "Spontaneous formation of social groups based on the enthusiasm of the participants or on common interests and aims achieves often miraculous results, but cannot be called grouping in our sense as most of the interrelations remain unanalyzed." Ibid., 1932, p. 72.

Definition 6: "Group psychotherapy treats not only the individual who is the focus of attention because of maladjustment, but the entire group of individuals who are interrelated with him." *Who Shall Survive?,* 1934, p. 301.

Definition 7: "A truly therapeutic procedure cannot have less an objective than the whole of mankind." Ibid., p. 3.

EARLIEST DEFINITIONS OF THE TRANSFERENCE-TELE RELATION

J. L. MORENO

There is a tendency to ascribe many irrational factors in the behavior of therapists and patients in group situations to transference and counter-transference.

I. It takes *tele* to choose the right therapist and group partner, it takes transference to misjudge the therapist and to choose group partners who produce unstable relationships in a given activity.

II. The greater the temporal distance of an individual patient is from other individuals whom he has encountered in the past and with whom he was engaged in significant relations, direct or symbolic, the more *inaccurate* will be his perception of them and his evaluation of their relationship to him and to each other. The dynamic effect of experiences which occur earlier in the life of an individual may be greater than the more recent ones but it is the inaccuracy of perception and the excess of projected feeling which is important in transference; in other words, he will be less perceiving the effect which experiences have on him the older they are and less aware of the degree to which he is coerced to project their images upon individuals in the present.

III. The greater the social distance of an individual patient is from other individuals in their common social atom, the more inaccurate will be his evaluation of their relationship to him and to each other. He may imagine accurately how A, B, C whom he chooses feel towards him, but he may have a vague perception of how A feels about B, A feels about C, B feels about A, B feels about C, C feels about A, or C feels about B. (Analogous to transference we may call these vague, distorted sociometric perceptions—"transperceptions.") His transperceptions are bound to be still weaker or blank as to how people whom he has never met feel for E, F, or G, or for A, B, or C or for how these individuals feel about each other. The only vague line of inference he could draw is from knowing what kind of individuals A, B, and C are.

IV. The degree of instability of transference in the course of a series of therapeutic sessions can be tested through experimental manipulation of the suggestibility of subjects. If their sociometric status is low, they will be easily shaken up (sociometric shock) by a slight change, actual or imagined, in the relationships of the subjects around him. It is evident that transference has, like tele, besides psychodynamic, also sociodynamic determinants.

THE AMERICAN SOCIETY OF GROUP PSYCHOTHERAPY AND PSYCHODRAMA

SPECIAL COUNCIL MEETING—JULY 5, 1958: 8 TO 10:30 P.M.
(EXECUTIVE COMMITTEE)

Held at the home of Dr. J. L. Moreno, Beacon, New York

Present at the meeting

Dr. Robert S. Drews, President
Dr. Lewis Yablonsky, President-Elect
Zerka T. Moreno, Treasurer
Hannah Brodie Weiner, Secretary
Dr. Michael Miller, Council Member
Dr. J. L. Moreno, *ex officio*
Mr. Henry Feinberg (Public Relations Committee)

The meeting was called to order by Dr. Drews and Dr. Moreno. The topics to be covered in the agenda were: (1) The Annual Meeting of the Society; (2) The Annual Meeting of the Institutes; (3) The Relationship of the Institutes and the Society. Dr. Drews turned over the meeting to Dr. Moreno.

The *Annual Meeting of the Society* was then planned. It is to be a two day meeting with a dinner meeting. The Hotel Commodore in New York would be used for at least one day of the two day meeting and the New York Institute would be used for the second day. The date set for the New York Annual Meeting is April 26-27, 1959.

There will be a special committee set up to arrange special trains or special Greyhound buses as well as hotel reservations.

It was suggested that there be roundtables and papers. Dr. Yablonsky expressed an interest that there would be more workshops and less discussion.

Dr. Miller pointed out that there should be a section on preventive therapy.

It was then decided to leave the planning to the Convention Chairman, Hannah Weiner.

The following ideas were submitted: (1) the Presidential Address would be on Saturday evening; (2) the subject matter of papers be limited to 15 minutes; (3) that there be a section on Industry headed by Malcolm Shaw or Norman Meier.

Dr. Moreno discussed the overall structure of the Institutes of Psycho-

drama and Group Psychotherapy. He indicated the change of the structure was in affiliation of the state institutes to the main institute known formally as the MORENO INSTITUTE. He stated that he felt that each state institute should be an independent institute with an ethical connection to the Moreno Institute. He stated that each institute should have a similar structure: (1) there should be a staff of directors, auxiliary egos, doctors and teachers; (2) this staff should be paid according to standards, status and skill; (3) there should be a nominal fee for treating patients; (4) a distinguished person should head the institute; (5) there should be a series of workshops at these institutes and these workshops should be commercial enterprises. He further stated that each institute must: (1) be *developed around a central leadership;* (2) *have a stage* for both practical and symbolic purposes.

Dr. Moreno continued to stress the importance of standards. He stressed the importance of developing associates. These associates act as the steering committee to set standards and policies. The New York Institute has at present three such associates: Dr. Robert S. Drews, Michigan; Dr. James Enneis, Washington, D. C. and Dr. Robert B. Haas, California. These associates are selected on the standards of seniority and status (what they have contributed to the field of Psychodrama and Group Psychotherapy). To be added to the list this year are: Helen Jennings, New York; Dr. Anthony Brunse, California; Gertrude Harrow Clemens, California; Eya Branham, California; Zerka T. Moreno, New York; and possibly Lewis Yablonsky, Massachusetts. Potential applicants are: Mrs. Adaline Starr, Chicago, and Hannah Weiner, New York.

Miss Weiner suggested that these associates include professional people on an international order as well as on a local level.

Dr. Moreno pointed out that he at present wanted to intensify and strengthen the West Coast Area; but that he would also include as new associates the following: Dr. Serge Lebovici, France; Anne Ancelin Schutzenberger; and some other names he would disclose at a later date.

Hereafter all nominations for selection of future associates will pass through this council.

Dr. Moreno further stated that only recognized Institutes would be accepted for affiliation in the Moreno Institute. Dr. Drews affirmed this.

To date the following are the only recognized Institutes in the United States:

1. The New York Institute of Group Psychotherapy and Psychodrama ..... Hannah Weiner, President

2. The Beacon Institute of Group Psychotherapy and Psychodrama ..... Zerka T. Moreno, President
3. The Michigan Institute of Group Psychotherapy and Psychodrama ..... Dr. Robert S. Drews, President
4. The West Coast Foundation of Psychodrama and Group Psychotherapy ..... Dr. Anthony Brunse, President
5. The Southern California Institute of Group Psychotherapy and Psychodrama ..... Drs. N. and Anna Brind, President

These institutes have brochures stating their purpose, courses and staff; they hold lecture demonstrations and act as training centers.

In the initial effort the institutes have been supported by members; the groups that attend such institutes are from hospitals, schools, and other institutions; books and articles by members of the institutes should be on display. Such institutes have a high overhead—7 to 8 thousand dollars a year; therefore all demonstrations to the public and all workshops should be handled for a financial gain.

Dr. Miller and Dr. Drews pointed out that there are many intangible gains from such an association. They stated, however, that the staff of such an institute should be given a salary regardless of income and that patients at such institutes should be presented with fees regardless of their incomes. It was decided by all present that there would be a page in GROUP PSYCHOTHERAPY devoted to the Institutes listing recognized institutes and the plans of such institutes.

Dr. Moreno pointed out that the New York Institute has accomplished more than any other institute; that there are two institutes in California and that the Washington Institute (at DuPont Circle) is at the moment involved in problems of organization.

Mr. Feinberg brought up the matter of the Annual Meeting of the Institutes. He stressed that the institutes should attract the grassroots and that the Society should attract the professional people. He further stated that the Industrial Center should be invited to participate in the Institute Meeting. In particular he felt that the Institute Meeting should revolve around role playing. He felt this would attract both young people and Industry.

It was decided that Henry Feinberg be program chairman for the Institute Annual Meeting. The Institute Meeting would have a central theme of role playing in Industry with the hope that a book on this subject could be compiled. Mr. Feinberg will ask for backing from Chrysler, General Motors and the Macy Foundation.

It was decided that the Institute Congress be held on January 31.

Since there was no new business to be discussed, the meeting was adjourned.

Respectfully submitted,

HANNAH BRODIE WEINER

Secretary

18th National Meeting

The 18th National Meeting of the A. S. G. P. P. will be held in New York City on April 24, 25 and 26, 1959 at the Hotel Commodore. The Conference consists of general meetings with authoritative speakers, discussion seminars and workshops which are designed as small developmental groups of limited enrollment to afford registrants to develop skills and to analyze and explore their own potential. The program of the meetings goes beyond the "nothing but" specialization in practice and theory of the usual structured therapeutic group. The various meetings encompass a wealth of application and research into group principles for widening and enriching the life areas of family, education, industry and the arts, to name but a few for the benefit of communities in the United States, Canada and elsewhere. The workshops cover the following areas. The general meetings and seminars cover the following: Mental Health in the Community, Family Counselling, The Creative Therapies, Psychodrama and Group Interaction. The dinner meeting promises to be an entertaining as well as informative meeting.

Fellowship Certificates

It was decided at the Executive Council Meeting that Fellowship Certificates would be awarded to members on the basis of their outstanding contribution to the field of Psychodrama and Group Psychotherapy and elected by members of the Executive Committee and the Council. These awards will be presented at the Annual Dinner of the National Meeting to ten members whose contributions have gone beyond personal merit to influencing the communities, the methodologies and field work practices.

Annual Meeting of the American Psychiatric Association

The Society will maintain headquarters at Booth No. 68 in Convention Hall in Philadelphia. Membership information, publications, application blanks, and data on the meetings, workshops, training facilities and employment opportunities will be made available.

Annual Business Meeting

The Annual Business Meeting of the Society will be held on April 25 at 12.00 o'clock, P.M. at the New York Institute of Psychodrama and Group Psychotherapy, 106 East 41st Street, Room 327, New York City. Presiding over this meeting will be Drs. Robert S. Drews and Lewis Yablonsky.

Proposed Amendment

Dr. Joseph I. Meiers, a member of good standing and a member of the council has proposed the following amendment to be voted upon by the general membership at the April meeting.

That a first and second vice president be elected to office in the same manner and procedure as the President.

Summary of Meetings, Workshops and Seminars

There will be a special meeting following the dinner summarizing the events, the criticisms and the recent developments in the field as brought out in the various sections. These summaries will be presented by special reporters assigned to various meetings. This was done in order to establish a greater unity and a greater opportunity of the disciplines and the methodologies. The program committee felt that such reporting was mandatory since there were many meetings overlapping each other and since there was an impossibility for members to attend all of the meetings.

New Officers, Election Results (1959-60)

President: Lewis Yablonsky; President-Elect: Zerka T. Moreno; Members added to the Council: Robert B. Haas, Martin R. Haskell, Malcolm Shaw and Jack Ward.

The Nineteenth Annual Meeting

This has been tentatively set for May 1960, The Hotel Commodore, New York City.

ANNOUNCEMENTS

SECOND ANNUAL INSTITUTE IN PSYCHIATRY & NEUROLOGY
THURSDAY, MARCH 26, 1959
VETERANS ADMINISTRATION HOSPITAL, COATESVILLE, PA.

TRENDS IN PSYCHOTHERAPY OF SCHIZOPHRENIA

THE ACADEMY OF PSYCHODRAMA AND GROUP PSYCHOTHERAPY

Under the Auspices of

THE MORENO INSTITUTE AND PERSONAL DIRECTION OF J. L. MORENO, M.D.

Announces

A THREE-WEEKS PRACTICUM-SEMINAR

Enrollment Fee:

Three-day Independence Day Workshop, July 3, 4 and 5	$ 65.00
One-week Seminar	135.00
Two-week Seminar	250.00
Three-week Seminar	325.00

Tuition represents *two-thirds* of above charges; room and board *one-third.*

For Further Details Write:

The Academy of Psychodrama and Group Psychotherapy, Moreno Institute, 259 Wolcott Avenue, Beacon, N. Y.

New Books Received

SOCIOMETRY IN THE CLASSROOM, by Norman E. Gronlund, published by Harper & Brothers, New York, 1959.

GROUP PSYCHOTHERAPY, by Joseph Klapman, published by Grune & Stratton, 2nd Edition, New York, 1959.

PSYCHODRAMA AND GROUP PSYCHOTHERAPY MONOGRAPHS

No. 2. Psychodramatic Treatment of Performance Neurosis—J. L. Moreno (List Price—$2.00)
No. 3. The Theatre of Spontaneity—J. L. Moreno (List Price—$5.00)
No. 4. Spontaneity Test and Spontaneity Training—J. L. Moreno (List Price—$2.00)
No. 5. Psychodramatic Shock Therapy—J. L. Moreno (List Price—$2.00)
No. 6. Mental Catharsis and the Psychodrama—J. L. Moreno (List Price—$2.00)
No. 7. Psychodramatic Treatment of Marriage Problems—J. L. Moreno (List Price—$2.00)
No. 8. Spontaneity Theory of Child Development—J. L. Moreno and Florence B. Moreno (List Price—$2.50)
No. 9. Reality Practice in Education—Alvin Zander, Ronald Lippitt and Charles E. Hendry (List Price—$2.00)
No. 11. Psychodrama and Therapeutic Motion Pictures—J. L. Moreno (List Price—$2.00)
No. 13. A Case of Paranoia Treated Through Psychodrama—J. L. Moreno (List Price—$2.00)
No. 14. Psychodrama as Expressive and Projective Technique—John del Torto and Paul Cornyetz (List Price—$1.75)
No. 15. Psychodramatic Treatment of Psychoses—J. L. Moreno (List Price—$2.00)
No. 16. Psychodrama and the Psychopathology of Inter-Personal Relations—J. L. Moreno (List Price—$2.50)
No. 17. Origins and Development of Group Psychotherapy—Joseph L. Meiers (List Price—$2.25)
No. 18. Psychodrama in an Evacuation Hospital—Ernest Fantel (List Price—$2.00)
No. 19. The Group Method in the Treatment of Psychosomatic Disorders—Joseph H. Pratt (List Price—$1.75)
No. 21. The Future of Man's World—J. L. Moreno (List Price—$2.00)
No. 22. Psychodrama in the Home—Rosemary Lippitt (List Price—$2.00)
No. 23. Open Letter to Group Psychotherapists—J. L. Moreno (List Price—$2.00)
No. 24. Psychodrama Explores a Private World—Margherita A. MacDonald (List Price—$2.00)
No. 25. Action Counseling and Process Analysis, A Psychodramatic Approach—Robert B. Haas (List Price—$2.50)
No. 26. Psychodrama in the Counseling of Industrial Personnel—Ernest Fantel (List Price—$1.50)
No. 27. Hypnodrama and Psychodrama—J. L. Moreno and James M. Enneis (List Price—$3.75)
No. 28. The Prediction of Interpersonal Behavior in Group Psychotherapy—Timothy Leary and Hubert S. Coffey (List Price—$2.75)
No. 29. The Bibliography of Group Psychotherapy, 1906-1956—Raymond J. Corsini and Lloyd Putzey (List Price—$3.50)
No. 30. The First Book of Group Psychotherapy—J. L. Moreno (List Price—$3.50)
No. 31. Ethics of Group Psychotherapy and the Hippocratic Oath—J. L. Moreno et al. (List Price—$2.50)
No. 32. Psychodrama, Vol. II—J. L. Moreno (List Price—$7.75)
No. 33. The Group Psychotherapy Movement and J. L. Moreno, Its Pioneer and Founder—Pierre Renouvier (List Price—$2.00)
No. 34. The Discovery of the Spontaneous Man—J. L., Zerka and Jonathan Moreno (List Price—$2.25)
No. 35. Group Psychotherapy and the Function of the Unconscious—J. L. Moreno (List Price—$2.00)

SOCIOMETRY MONOGRAPHS

No. 2. Sociometry and the Cultural Order—J. L. Moreno (List Price—$1.75)
No. 3. Sociometric Measurements of Social Configurations—J. L. Moreno and Helen H. Jennings (List Price—$2.00)
No. 6. The Measurement of Sociometric Status, Structure and Development—Bronfenbrenner (List Price—$2.75)
No. 7. Sociometric Control Studies of Grouping and Regrouping—J. L. Moreno and Helen H. Jennings (List Price—$2.00)
No. 8. Diagnosis of Anti-Semitism—Gustav Ichheiser (List Price—$2.00)
No. 9. Popular and Unpopular Children, A Sociometric Study—Merl E. Bonney (List Price—$2.75)
No. 11. Personality and Sociometric Status—Mary L. Northway, Ester B. Frankel and Reva Potashin (List Price—$2.75)
No. 15. Sociometric Structure of a Veterans' Cooperative Land Settlement—Henrik F. Infield (List Price—$2.00)
No. 16. Political and Occupational Cleavages in a Hanoverian Village, A Sociometric Study—Charles P. Loomis (List Price—$1.75)
No. 17. The Research Center for Group Dynamics—Kurt Lewin, with a professional biography and bibliography of Kurt Lewin's work by Ronald Lippitt (List Price—$2.00)
No. 18. Interaction Patterns in Changing Neighborhoods: New York and Pittsburgh —Paul Deutschberger (List Price—$2.00)
No. 19. Critique of Class as Related to Social Stratification—C. P. Loomis, J. A. Beegle, and T. W. Longmore (List Price—$2.00)
No. 20. Sociometry, 1937-1947: Theory and Methods—C. P. Loomis and Harold B. Pepinsky (List Price—$2.00)
No. 21. The Three Branches of Sociometry—J. L. Moreno (List Price—$1.25)
No. 22. Sociometry, Experimental Method and the Science of Society—J. L. Moreno (List Price—$7.75)
No. 23. History of the Sociometric Movement in Headlines—Zerka T. Moreno (List Price—$0.40)
No. 24. The Sociometric Approach to Social Casework—J. L. Moreno (List Price—single issue, $0.25; ten or more, $0.15)
No. 25. The Accuracy of Teachers' Judgments Concerning the Sociometric Status of Sixth-Grade Pupils—Norman E. Gronlund (List Price—$2.75)
No. 26. An Analysis of Three Levels of Response: An Approach to Some Relationships Among Dimensions of Personality—Edgar F. Borgatta (List Price—$2.75)
No. 27. Group Characteristics as Revealed in Sociometric Patterns and Personality Ratings—Thomas B. Lemann and Richard L. Solomon (List Price—$3.50)
No. 28. The Sociometric Stability of Personal Relations Among Retarded Children—Hugh Murray (List Price—$2.00)
No. 29. Who Shall Survive?, Foundations of Sociometry, Group Psychotherapy and Sociodrama—J. L. Moreno (List Price—$12.50)
No. 30. Sociometric Choice and Organizational Effectiveness—Fred Massarik, Robert Tannenbaum, Murray Kahane and Irving Weschler—(List Price—$2.00)
No. 31. Task and Accumulation of Experience as Factors in the Interaction of Small Groups—Edgar F. Borgatta and Robert F. Bales (List Price—$1.50)
No. 32. Sociometric Studies of Combat Air Crews in Survival Training—Mario Levi, E. Paul Torrance, Gilbert O. Pletts (List Price—$1.50)
No. 33. The Validity of Sociometric Responses—Jane Srygley Mouton, Robert R. Blake and Benjamin Fruchter (List Price—$1.50)
No. 34. Preludes to My Autobiography—J. L. Moreno (List Price—$2.00)
No. 35. Group Training vs. Group Therapy—Robert R. Blake (Ed.) (List Price—$3.50)
No. 36. Role Playing in Industry—Ted Franks (List Price—$3.50)
No. 37. The Methodology of Preferential Sociometry—Ake Bjerstedt (List Price—$3.50)
No. 38. The Sociometry of Subhuman Groups—J. L. Moreno, Ed. (List Price—$3.50)
No. 39. Definitions of Sociometry—Ake Bjerstedt (List Price—$2.00)