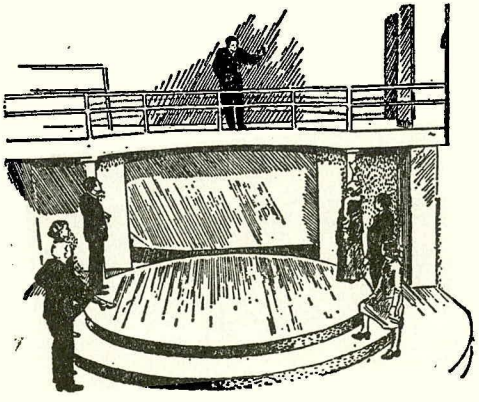
GROUP PSYCHOTHERAPY

A Quarterly



Twenty-First Annual Meeting
Hotel Sheraton-Atlantic, New York City
April 6, 7 and 8, 1962

AMERICAN SOCIETY OF GROUP PSYCHOTHERAPY
AND PSYCHODRAMA

Vol. XV, No. 1, March, 1962

GROUP PSYCHOTHERAPY

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FOUNDED BY J. L. MORENO, 1947

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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: $12.00, including subscription to this journal.

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

THE TWENTY-FIFTH ANNIVERSARY OF THE AMERICAN THEATRE OF PSYCHODRAMA†

ZERKA T. MORENO

Moreno Institute

Dr. Moreno, Ladies and Gentlemen: This meeting is three anniversaries in one, the anniversary of an idea, the honoring of the man who created the idea and the honoring of you who made its further development and its wide recognition possible. I too, am here in three roles: as an exponent of the idea, as President of the American Society of Group Psychotherapy and Psychodrama and last not least, as the wife of the pioneer.

The brilliant speeches you are about to hear take you back to the beginnings of psychodrama, sociometry and group psychotherapy in this country. Dr. George S. Stevenson takes you back to the meeting of the American Psychiatric Association in Toronto in 1931; Dr. Calvert Stein to the American Psychiatric Association in Philadelphia in 1932; Dr. Helen H. Jennings to the meeting of the Medical Society of the State of New York at the Waldorf Astoria Hotel in New York City in 1933; Dr. Gardner Murphy to the psychodrama-role training program in Hudson, N.Y., in 1935; Dr. Eugene Hartley to the foundation of the journal SOCIOMETRY, 1937; James M. Enneis* to the program of psychodrama-group psychotherapy at St. Elizabeths Hospital, Washington, D.C., under the supervision of its Superintendent, Dr. Winfred Overholser in 1940; Professor Wellman J. Warner to the First International Congress of Group Psychotherapy, Toronto, 1954; Dr. Joseph Meiers, Dr. Doris Twitchell Allen, Dr. Lewis Yablonsky, Miss Hannah B. Weiner, Dr. Martin R. Haskell, Dr. Robert S. Drews, Dr. Neville Murray to the present.

Dr. Moreno's worldwide fame and recognition has always been paired with endless controversies about the merits of his revolutionary ideas and methods. This is perhaps best expressed in the anecdote related to us by one of the distinguished speakers of the evening. During the Third Congress of the World Federation for Mental Health and the First Congress of Group Psychotherapy in Toronto at the end of August, 1954, two psychiatrists were

† Additional statements made by other speakers during the Twentieth Annual Meeting by, among others, Paul F. Lazarsfeld, Helen H. Jennings, Wellman J. Warner, Robert S. Drews, James Enneis, and so forth, will be contained in a later issue.

* See "Twenty Years of Psychodrama at St. Elizabeths Hospital," by Dr. W. Overholser and James M. Enneis, *Psychodrama Monograph,* No. 36, Beacon House, 1959.

standing on the sidewalk. One pointed at Moreno who had just finished one of his memorable demonstrations of psychodrama. Then he said to the other: "Do you see that S.O.B.? There goes the greatest living psychiatrist."

Recently, in Montreal at the Third World Congress of Psychiatry, June, 1961, and again in Paris at the Fifth Congress of the World Federation for Mental Health, a straw ballot was taken as to who is the best known living psychiatrist. A tally was made of the ten best known psychiatrists around the globe from the U.S., Europe and the U.S.S.R. More than one hundred of the participants at the Congresses were questioned. Moreno came out in both ballots as the best known. What explains this phenomenon? It is largely due to the fact that he is not only a writer or lecturer, but the visible, charysmatic, dynamic conductor of thousands of sessions before audiences the world over in the flesh, in motion pictures and on television.

GEORGE S. STEVENSON, M.D., L.F.A.P.A.
President, World Federation for Mental Health

My first recollection of contact with Dr. Moreno was about 1931 at a meeting of the American Psychiatric Association, when for the first time I encountered the idea of applying dramatic reproduction to the actor as well as to the audience. The idea struck me forcibly as having a great deal of sense to it, since I do not see how it is possible for a person to play a "role" that is different from himself without, to some extent, being a different person, and this difference might be salutory.

I was therefore conditioned favorably to review "WHO SHALL SURVIVE?" in 1934 and appreciated the simple yet novel and effective technique of eliciting social attitudes. I since have come to be impressed by this more and more as it has been used in practical situations, one of which was a study of isolates among school children in Canada. This study revealed that isolates may be either healthy, sick, or children in hazardous situations.

Later, during the war, I had the opportunity to observe the work at St. Elizabeths Hospital with Dr. Bruno Solby of the Public Health Service where I was again impressed with the psychodrama. It has tremendous diagnostic value and is very revealing with normal as well as sick people.

CALVERT STEIN, M.D., F.A.P.A.
Springfield College, Springfield, Mass.

Madam President, Dr. Moreno, Honored Guests, Ladies and Gentlemen: I first met J. L. Moreno, that bouncing bundle of ebullient hyperkinesia in the spring of 1932 in Philadelphia. His name, in conventional circles of

psychiatry, has not yet reached the astral proportions of Sigmund Freud, but his work was destined to improve upon that other sage of Vienna. As Henry Ford improved upon Messrs. Rolls & Royce by bringing efficient and low cost transportation to the large masses of people who needed it most, so did Moreno bring the fundamental benefits of the luxury-class couch analysis to every group that is willing to use it. Like Ford he also emphasized two major improvements: spontaneity (automation) and reconstructive synthesis (assembly line production). Acting out via anticipated rehearsals with auxiliary egos proved to be of greater therapeutic benefit than mere recall with verbalized catharsis. But I am ahead of my story.

In 1932 I was on the threshold of my training in psychiatry and neurology; and was a guest speaker at the section on convulsive disorders for the May Meeting of the American Psychiatric Association. Like Dr. Moreno, modesty is my strongest asset, so I will not tell you that at the suggestion of the late Wm. G. Lennox, I had prepared and presented my very first professional paper, "Hereditary Factors in Epilepsy" (which was the first extensive study of its kind since it involved the personal and family histories of a thousand patients compared with a comparable number of controls—a total of approximately 7,000 individuals).[1]

Dr. Moreno didn't listen to my masterpiece so I didn't feel like listening to his. But my boss had other ideas.

My boss was the late Dr. Morgan B. Hodskins (then Supt. of the Monson State Hospital); and we had registered for the May 31st Round-Table on "Group Psychotherapy in a prison setting" chaired by Dr. Wm. A. White. Dinner was $1.50 and my hotel room was only $3.00; but in those depression years, the salary of a senior physician in a Mass. State Hospital was just a little above two thousand (annual, not monthly). Both Dr. Hodskins and I had firm convictions on the importance of privacy for psychotherapy. Our beliefs were that prisoners were not gossips and would never reveal the real facts of their private lives except to a confidante; but we were "open" to the remote possibility that Dr. Moreno might change our minds. He didn't.

A number of criminologists and renowned psychiatrists participated in that memorable discussion including Dr. Franz Alexander, Dr. A. Sandor Lorand, Dr. Benjamin Karpman, Dr. Paul L. Schroeder, and Dr. Frederick I. Wertham. Some of the speakers talked about everything *except* group

[1] Stein, C.: Hereditary Factors in Epilepsy. *Amer. Journal Psychiatry,* XII:989 (Mar.) 1933.

psychotherapy after admitting with commendable candor that they knew nothing about it. Others, like Dr. Karpman said "No . . . the only way to secure results is by a complete individual study . . . Also it is known that prisoners get along very well with other prisoners anyway."[2] Unfortunately, whatever merit there may have been to some of the discussions was frequently offset by such contamination of elocution and diction, that we couldn't always be sure of the speaker's meanings. Consequently my boss and I concluded that maybe some of the speakers were just as indifferent if not frankly hostile to some of the very facts they were criticizing as they obviously were to the English language.

Dr. White spoke of the interweaving of emotional streams among people when they are in a group. And of the flexibility of structuring; and Dr. Moreno re-emphasized the importance of individual personality in the actual practice of group psychotherapy.

Dr. Moreno closed the discussion in his intimitable fashion, commenting that "The fact that this is by far the best attended Round-Table of the annual convention of the American Psychiatric Association demonstrates that a great number chose spontaneously to be in the group in which he (Dr. White) leads," that nearly all the ladies had chosen to group themselves at one table, that some of us had obviously come with our minds already made up while others were just as obviously influenced by the various speakers, and that Dr. White possessed all the qualities of a good leader for the needs of this group. He also pointed out how differently the group might have reacted to a leader who was openly opposed to the proposition of group psychotherapy; and with characteristic frankness even volunteered the opinion that he, Dr. Moreno, would have been an unfortunate choice as moderator. "The number of participants would have been small and the round table would have become a dramatic clash between group psychotherapy and psychoanalysis." In addition to the Public Health groups and those interested in Correctional Administration, Dr. Moreno summed up his searching analysis of that heterogenous group by comparing it to a fox surrounded by hounds.

"Last, not least, we find—besides most desired individuals, solitaires, mutual pairs, dissatisfied aggressives, gangs etc. still another condition which illustrates the psychology grouping. There is an individual here who . . . may be the center of resentments and repulsions. . . . He is undesired like

[2] Moreno, J. L. et. al.: *First Book on Group Psychotherapy*, 3rd. Ed. (25th Anniversary) Pp. 122-3, Beacon House, N.Y. 1957.

a solitaire (and) . . . he is the prototype of the unwanted individual who attempts to impose something upon a group that is by its very nature critical and suspicious towards him as towards anyone who assumes authority before the reason for it is fully demonstrated. This person is . . . *myself.*"[3]

Unfortunately my boss and I resented being psychoanalyzed, but we neither recognized nor admitted that this was what we resented. Anyway the net result was something like Louis Pasteur before the French Academy of Science; and we left with the same "open" minds with which we came, namely, that psychotherapy was a one-to-one personal affair.

What with preparing for my boards, writing a few more papers, running a child-guidance clinic and attending five years of night-school to pick up a law degree, I thought little more about the movement until the summer of 1939 when I visited a progressive children's Camp in Southbridge, Mass. Here under the direction of the late Joshua Lieberman, the children at the Robinson Crusoe Camp were being put into role-playing as animals or people best suited to express and correct their emotional and temperamental limitations. It was as close to a spontaneity theater as I had ever seen—until I went to Beacon some ten years later.

My second encounter with Dr. Moreno was in Chicago during World War II. I was stationed at Great Lakes Naval Training Station while my wife was pursuing her M.S.S. from Smith, Col. School for Social Work, and doing field work at the Chicago Institute for Juvenile Research. We attended a demonstration of "psychodrama" at one of the local hospitals in which the patient (a schizophrenic physician) re-enacted some of the major traumatic events in his life, working from a prepared script and with well rehearsed auxiliary egos. The presentation was grippingly dramatic, and the large audience of students and professional personnel was greatly impressed. The applause was loud and long. Then the doctor in charge introduced "our hero" to discuss the performance; and I don't mind telling you that I had never heard such a tirade since I left the closed wards at the Monson State Hospital.

J. L. M. danced all over the stage, and nearly dislocated his arms in his gesticulations. He gave polite and perfunctory "praise" to the participants, the director and even the stage-manager; and then proceeded to revile the entire performance with the repeated damnation "It's drama, yes; but its not *psychodrama*!" My wife and I listened (as much as the rising murmur of audience resentment permitted) and then agreed that Dr. Moreno

[3] Ibid. pp. 126-131.

obviously did not know what he was talking about, just like Dr. Hodskins and I had agreed eleven years previously in Philadelphia. On the contrary, we both thought the presentation was pretty darned good, even though there was absolutely no spontaneity, and all analytical factors had been unearthed at previous sessions by the patient's psychiatrist. You can readily see that my mind was still "open."

Later at Yosemite Convalescent Hospital in 1944, and again at the United States Naval Hospital on Aiea Heights over-looking Pearl Harbor, I began to conduct daily sessions in group psychotherapy for large groups of men. These were very effective in that they afforded considerable ventilation, re-education and interchange of ideas; and they definitely speeded up the rehabilitation and convalescence of men who were returning home from the Pacific Theater of combat. But there was no psychodrama—for the obvious reason that I still knew practically nothing about it.[4]

Not until 1950 when my wife and I enrolled in one of the regular training seminars at Beacon, N.Y. was the ice finally broken; and, in sharp contrast to all previous lectures this was accomplished by just one single word. We were sitting in one of the teaching theaters in Beacon. A psychodrama was in the process of completion, with James Enneis directing and Zerka Moreno as one of the auxiliary egos. Dr. Moreno, from the side lines, signaled for the action to stop, and asked for audience reaction to the feeling of the protagonist. The protagonist was a young woman patient who stood defiantly on the stage, her arms folded, her chin high, her eyes defiant, and her lips firmly set. During the previous five minutes she had said not a single word and all efforts to provoke her were blocked. Dr. Moreno had to repeat his question "How Do You Think She *Feels*?" as the on-lookers echoed the patient's non-verbal defiance; when suddenly the silence was broken by a young woman in the audience who uttered the single word "seething," which of course expressed her empathic identification with the patient.

Within a matter of seconds, the director had cleared the stage and replaced the characters with members of the audience, and we had a first-hand demonstration of HOW psychodrama can pick up an "innocent" clue and incorporate it into a psychodramatic build-up for the resolution of whatever anxiety, conflicts or unfinished business was in the mind of the speaker. I remember that the woman who volunteered that one word

[4] Stein, C.: New Experiences in Group Psychotherapy, *New Eng. J. Med.*, pp. 112-117 (July 25) 1946.

"seething" was exceptionally beautiful—that her husband was also a psychiatrist, that he was most reluctant to participate, and showed considerable embarrassment at becoming involved. Vicariously I lived through the subsequent psychodramatic resolution of their (actually minor) domestic problem, and we later became staunch friends.

From that moment on, we were sold on psychodrama as a vital therapeutic modality. During the rest of that afternoon, and for the remaining days of the seminar, we found ourselves on and off stage many times. We improvised and reversed roles, we soliloquized, we served as doubles and as auxiliary egos in a variety of situations. We listened attentively to the various speakers and participated in multiple discussions with Zerka, Mr. Enneis, and Dr. Moreno as well as with some of the patients. As a result we learned a new and fascinating shortcut to deeper levels of psychotherapy.

Since then I have been conducting three private therapeutic groups at my office, and one teaching group at the Springfield Hospital every week. Three months of such training are also required of my graduate students from Springfield College, where I have been giving an orientation course in Psychiatry & Neurology annually since 1948. These are rehabilitation majors working for master's degrees. They come from all parts of the country and some of them from abroad; and they leave to work chiefly in veteran's and state psychiatric hospitals. Their letters indicate a surprising amount of absorption for so short a period of indoctrination. In addition students from nearby colleges, hospital personnel, nurses, residents and local physicians attend my teaching conferences at the Springfield Hospital. Among other things, they learn through psychodrama how to work out their own unconscious identifications and reactions to the emotional crises and challenges of the Sick Room.[5] Although pioneering at this general hospital was slow and difficult, supervisors are becoming more objective, and patient-nurse relationships are improving.

In private practice, conjunctive use of group psychotherapy with private psychotherapy speeds up and shortens the therapeutic program. In marriage counselling, for example, husbands and wives attend jointly for a few weeks, and then break up into separate classes where each can feel more free to express himself. The introduction of teenagers from time to time has also served as a valuable catalyzer. The adults get the opportunity to practice on substitute siblings and children, while the youngsters learn how to communicate with their elders. When two or more young people are present

[5] Idem—Emotional Challenges of the Sick Room (in press).

however, management of ensuing "sibling rivalry" at times slows down the progress for the entire group; but adds zest to the total endeavor, and extra dividends for the participants.

A number of "minor" miracles have also taken place as a direct result of our introduction of psychodrama into our group psychotherapy. Absentee husbands have reduced or stopped their alcoholism, tottering marriages have been firmly cemented, earning powers have risen, conversion headaches, backaches, skin reactions, menstrual and gastro-intestinal disturbances have cleared up, and we take credit for at least one "psychosomatic baby" whose mother discontinued her eight year program of miscarrying six times in a row.

The total costs to the patients have gone down, while the volume of people who have been helped keeps rising; and we who work at it keep on learning and improving with practice. Clergymen, school teachers, physicians and even a few college professors have reported beneficial adaptations in their respective fields as a result of their experiences with us.

Just as in the field of the manly art of self-defense, the one word "Judo" speaks volumes, and just as in the field of psychoanalysis the one word "Freud" has its inimitable implications, so too in the field of group psychotherapy there is one word which embraces not only the analysis of the emotional problems of people, but also the spontaneous expression, acting out *and synthesis* of their problems. That word is *Moreno.*

GARDNER MURPHY, Ph.D.*

Research Director, Menninger Foundation, Topeka, Kansas

I shall never forget the day I had the privilege of taking William Heard Kilpatrick out to see Moreno's demonstration of psychodrama at Hudson. Adolescent girls, mostly somewhat retarded intellectually, who had gotten into trouble with the law, were being given a normal schooling with vocational training and a rich social life by Fanny French Morse, and Moreno had come there to set free the personality potentials of the girls through free enactment of little scenes into which they could project themselves. We had learned beforehand only that the psychodrama gave each participating individual an opportunity to throw herself immediately and without preparation into any social role that had meaning for her. Twenty-five girls were waiting for us. "Now girls," Moreno said, "it's a hot afternoon in the

* Reprinted by permission of the author and publisher from *"Freeing Intelligence Through Teaching,"* Harper & Bros., New York, 1961.

summer. You, Pauline and Helen, are driving along the parkway and pull up to a roadhouse. You, Ruth, are Helen's little daughter. You, Hazel and Janet, are the waitresses. Mary, you are the proprietor. All right, go ahead, girls." However remote this situation might be for urban lowerclass girls, they threw themselves into this scene with imagination and energy. It was a great show. Then Moreno would say, "All right, you girls there, criticize this play." Eunice, Viola, and Grace had comments immediately. "Helen didn't act like she was really hot and tired; anybody could see Hazel wasn't really waiting on tables; she got nervous; she talked too fast." These girls were learning social membership by enacting it, and this was a part of a vivid scheme of social education now being given a somewhat psychiatric coloration. There was no doubt whatever that the girls were learning in the sense in which John Dewey used the term.

On the way back in the car, Kilpatrick made a remark, suddenly pulling a world of uncertainty into a knot and posing a dilemma with clarity. "If Moreno, he said, "is as much as half right, Thorndike is more than half wrong." He paused. I could not think of anything worthy to reply to such a remark. "If Moreno is as much as half right, Thorndike is more than half wrong!" This was patently John Dewey speaking through the lips of Kilpatrick in an inspired utterance. That Sunday in 1935, when both Dewey and Thorndike were still alive, epitomized the problem of the law of effect, or what we today would call reinforcement learning. Wait until you get what you want, then *reward* it. If something you don't want happens, *ignore* it, or in certain situations, *punish* it. But many of these girls had already been punished by life over and over again, and had gone on doing the punished thing. Moreno had hit upon the fact that social motivation and social reinforcement are often inseparable; or rather, if you know the motivation, you do not have to apply—cannot apply—external rewards and punishments. Moreover, if you know motivation, if you know where life is going, you know that reinforcement, when effective, consists of allowing the motivation to pursue itself, as indeed all modern educators from Pestalozzi onwards have seen. There remains a place—but how limited a place—for the external reward-punishment treatment!

There is, however, another package rolled into Kilpatrick's statement. Moreno held in this case the teacher's role. When he has failed, as he sometimes has, I think it has been due to the authoritarianism of the teacher's role. When he succeeded, as he often has brilliantly (as in that day at Hudson), it came from the simple, natural, direct, fatherly handling of co-workers and co-learners in a situation which all could share. Note the

ease with which the assignments were made, and especially the atmosphere in which the girls could criticize the work of their peers in a casual, matter-of-fact way. Note the way in which the Moreno program fitted into Fanny French Morse's emancipation program as a whole.

EUGENE HARTLEY, Ph.D.
College of the City of New York

It is indeed a pleasure to be here to share in the celebration of the twenty-fifth anniversary of the establishment of psychodrama in this country; to add my bit to the honoring of its founder, Dr. Moreno; and to bask in the reflected glory as I am called on here to report. My participation is obviously a surprise to many, for I have not ordinarily been identified as a participant in the development of sociometry, psychodrama, and group psychotherapy. Nevertheless, through the years, though I may not have been a card-carrying member of the party, I have been a fellow-traveler.

In large measure, here, as in many other activities, my participation derives from the fact that I was a student of Gardner Murphy's. As a graduate student working on a study of the development of attitudes toward Negroes, I seized upon the first edition of *"Who Shall Survive?"* just as soon as it appeared in the Columbia Reading Room and bore it off to the desk I used in Professor Murphy's office, to enjoy one of the very rare empirical studies then available which related to my concerns. It was here that Professor Murphy first saw the book, became interested in it, reviewed it enthusiastically for a psychological journal, and thus brought Dr. Moreno's work forcefully to the attention of professional psychologists throughout the country.

A few years later I played an even more important role. Dr. Moreno was contemplating starting the journal which, when actualized, was called *Sociometry,* and Professor Murphy was going to be its editor. However, there were a host of problems that had to be attended to in connection with the establishment of the journal, and with Dr. Moreno in Beacon and Professor Murphy in New York, I was called upon to facilitate their communication. After all, hadn't I brought the Moreno book to Murphy's attention a day or two before he'd otherwise have seen it? And living in Albany as I then did, wasn't I in an ideal position to shorten the communication lines between New York and Beacon? At any rate, I was designated the first Managing Editor of the journal and had the privilege of helping in the collection of papers from some very distinguished contributors; and even was brash enough, in my youth and ignorance, to suggest some emphases for Dr. Moreno to include in his early papers.

The relation has continued through the years in an indirect way. Occasional papers by me in *Sociometry*; occasional former students of mine going on to do sociometric doctoral dissertations under others; the inclusion of Moreno papers in books I've helped edit; and inclusion, with attribution, of sociometric ideas in books I've helped write. And finally I am here—a living contemporary of some of the pioneering developments.

I am pleased that an earlier speaker referred so significantly to his grandfather, for I am reminded of a saying among dog fanciers. Though most of you may think of me as a psychologist, this is only one of my roles, my avocation is dogs and I am an ardent amateur of that breed of wonderful little dogs, the Border Terrier, even holding an elective position on the Board of Governors of the Border Terrier Club of America. At any rate, among dog folks we say, "If you want to improve a dog, you've got to start with his grandfather." I'd be inclined to paraphrase this somewhat, and suggest that if the modern student in the social sciences would want to improve on theory and practices, he would do very well to start with Dr. Moreno and the fields of sociometry, psychodrama, and group therapy.

LEWIS YABLONSKY, Ph.D.
University of California at Los Angeles

The primary goals of a conference of professionals should be those of sharing mutually useful experiences, presenting new and creative ideas, reaffirming ones faith in the theoretical system which underlies the discipline, and leaving the intensive interaction with a greater knowledge and rededication to the objectives of the movement involved. The measure of success of such an enterprise is more often than not a clear reflection of the broad skills and vision of the organizing group. It is no wonder that the twentieth annual meeting of the A.S.G.P. and P. was a tremendous success, since the program was organized and coordinated by the two leading sociometrists of our time, Dr. and Zerka Moreno. The infinite care, in what amounted to a national sociometric selection of participants, was clearly reflected in the ultimate product of one of the most successful programs ever developed in our field. For this exciting result all of the current members of the Society and future members owe a great deal to the Society President responsible—Zerka Moreno.

The highlight of the program, the banquet, involved a procession of major historical figures in the movement, describing their participation and affiliation with Dr. Moreno in the development of the theories and methods which he created. All of the commentary at this historic banquet wove to-

gether to produce a magnificent image of the growth and development of the field. Most of the discussion revolved around relationships to Dr. Moreno and this was necessary, since so much of its growth is connected to his monumental contributions. The climax of the session was the presentation of a plaque honoring Dr. Moreno. The plaque and the substantial monetary contribution on the part of the participants from all over the country to the new Moreno Institute was aptly responded to by Dr. Moreno. In his inimitable fashion he described how the entire program of the Institute was a cooperative and democratic movement sponsored by and for the people who participate.

The panel on criminology, in many ways was a symbolic representation of the working sessions. It reflected the overall excellence of the entire program. The papers, discussions and ideas were mature and creative. Without ignoring the contributions of the past, the eight professionals involved, all leaders in their respective areas of work, presented new theoretical images and technique for advancing the frontiers of criminology. The panel was in the tradition of Moreno's conference and contribution at the now classic American Psychiatric Meetings reported in his *First Book on Group Psychotherapy*. Richard Korn conceptualized some exciting new theories on social anonymity and its relationship to crime. Martin Haskell proposed a federal program for "reconnecting" offenders to the social system. Harold Greenwald in a stimulating lecture emphasized the significance of the larger societies deviant values and this impact on the social deviant. Eugene Eliasoph projected a theoretical sub-type system for classifying young delinquents. Harold Uehling reported on developments in group psychotherapy over a ten year period in Wisconsin. Sheldon Weiss further detailed the operation of an exceptional therapeutic residence center for criminals being rehabilitated in the community. Vernon Fox contributed to the increased understanding of group psychotherapy applied in training students for work with offenders. Robert Odenwald stressed the need for interdisciplinary therapeutic operation with offenders. All of the contributions were vital and cast new molds for advancing toward a better understanding of the criminal and how to resocialize him through the use of group psychotherapy, psychodrama, and sociometry.

Dr. Moreno's major contributions were amplified and reinforced at this conference commemorating over twenty-five years of progress. The development of the movement, its current status, and projections for the future were major themes magnificently etched and presented for all participants to experience at this historically important event.

MARTIN R. HASKELL, Ph.D.
College of the City of New York

On this evening of reminiscences with so many of those who have witnessed historical events in the development of Group Psychotherapy and Psychodrama it is only fitting that I, as the incoming president of the American Society of Group Psychotherapy and Psychodrama be among the last to speak. You have heard a prominent psychologist, Dr. Eugene Hartley, a distinguished sociologist, Dr. Wellman J. Warner and a former president of the American Psychiatric Association, Dr. George S. Stevenson each tell you about the early days of Group Psychotherapy and Psychodrama and the tremendous contributions made by Dr. J. L. Moreno in these fields as far back as 1931. That was long before my interest in these areas and I, along with most of those present enjoyed hearing about our history from those who helped make it. Helen Hall Jennings, James Enneis, Robert Drews and Lewis Yablonsky, all past presidents who have made significant contributions to the growth of our society have addressed you. Let us now rise and applaud Zerka T. Moreno for the splendid way in which she has served us as president of the American Society of Group Psychotherapy and Psychodrama during the past year. Her contribution to the success of these meetings has been great and there is no doubt that these meetings have been successful in intellectual and professional interstimulation as well as in attendance and participation.

It was with great pleasure indeed that we shared the experiences of the past with our distinguished speakers. Now, however, we shall take a few minutes to consider the future. In some societies a person is designated president as an honor and it is anticipated that all he will do is bask in the glory of the office. Our society is different. The office of president is a call to duty and it is expected that a president will work hard to build the society. I know that some of you disapprove of the term catalyst but it is my intention, in my term as president, to provide a climate favorable to growth. With your cooperation it is my hope that our membership will double during the coming year. We can show our appreciation to Dr. Moreno for his great scientific contributions; psychodrama, group psychotherapy and sociometry, by helping himt to spread these ideas. Expanding our membership is an important step in that direction.

DORIS TWITCHELL ALLEN, Ph.D.
President, Children's International Summer Villages, Inc.

I am happy to have this opportunity to do honor to Dr. Moreno. I salute

him as a man of genius. As a clinical psychologist who, for over twenty-five years have assessed the capacity and productivity of human beings three years old to one hundred years old, I feel I can speak with some authority. And thoughtfully I say that this man has the penetrating perception and timeless influence of genius.

Before coming to these meetings I wished to shut out other areas of thinking and to concentrate on themes related to this program. For long hours into the night, I re-read "Who Shall Survive?" The reality and complexity of group forces are experienced with such potency by J. L. Moreno that, through his writings and demonstrations, he brings them to life for others—even to the point that they seem palpable.

One characteristic that shows again and again is J. L. Moreno's lack of barriers. He is not hampered by circumstances which would constitute obstacles to others. He cleaves cleanly to his goals and finds a wide variety of paths leading to them. One of my earliest encounters with J. L. Moreno was in Cincinnati when, on short notice of his availability as speaker en route back to New York, I gathered a hundred eager clinicians for an afternoon's demonstration. No sooner had we arrived in the hospital auditorium, than workmen in the cellar began hammering pipes. Moreno did not hesitate. As soon as he had been introduced he asked each to pick up his own chair and proceed to another building across the road, through the tunnel, and beyond. Protests arose, and grumbling persisted all the way, but Dr. Moreno was not deterred. He knew what was ahead—and he was right. I saw him draw the straggling heterogeneous collection of individuals into a closely-knit, intense group. No one has forgotten that day, and reminders are given to me whenever I meet these colleagues who attended.

No one ever forgets J. L. Moreno. The impact of encounter with him lives on, stimulating others to recognize more sensitively the interactive forces of person and group.

JOSEPH I. MEIERS, M.D.
New York City

Doctor Moreno, friends, assembled guests: As one of the historians witnessing the action and group psychotherapy movement and the psychodrama—a historian appointed by history itself to attend this occasion but, also self-appointed in addressing you—let me state this: all who know J. L. Moreno know also that he needs least, either subjectively or objectively, any memorial tablets or monuments in stone or in metal. In fact, as all of you know, it has been Moreno who created the very theory dividing the living

world into three areas, as it were: 1. spontaneity; 2. creativity; 3. "conserve," of which three the "conserve"—books, papers, documents, monuments, all these, are just a so-called "poor third."

Now, the historian—poor me—seems to belong to the realm of the "conserve" or, at least, to that of the accomplished fact, of the completed past. But it only seems so. In reality the historian only uses the "conserves" —the monuments and documents—as his tools. Thus far beyond these tools, these instruments of his, the historian, the TRUE historian is a backward headed prophet, as Ranke once put it "ein rueckwaerts gewandter prophet" —as he connects and unites the spirits, the souls, of the past and the future.

Thus this placque which you will see unveiled soon is here not so much to honor the past, not even solely to honor the work of J. L. Moreno, but rather, to serve as a beam, as a beacon to the FUTURE.

HANNAH B. WEINER
Fashion Institute of Technology

It is with deep humility I address a few comments on my kairos in the psychodramatic movement on this, the twenty-fifth anniversary of the Psychodrama Theater in America. With me on this platform are the early pioneers of the movement and I am honored to be with them. And now I must reflect upon my own involvement . . . I am able to do so only by relating myself directly to Dr. Moreno, for I became "involved" the very minute we encountered each other as teacher and student at the New York University and he recognized my intuitive understanding of psychodrama. He encouraged me to continue to attend psychodrama sessions and evoked my spontaneity. I am somewhat startled to count the years that have swiftly passed and I am caught offguard when I realize that I tonight am handing over the secretaryship of the national organization after some seven years. Although I am on the brink of new opportunities and experiences in the movement, I am a little sad and reluctant to hand over the duties and obligations I treasured in this office. I have enjoyed planning conferences and workshops in the New York area and cross-country; acting as a public relations resource between professionals and interested lay-people and developing standards and opportunities for psychodramatists. My occasion to travel cross-country and meet other leaders in psychodrama will now be minimal. Although it seems only yesterday that we began to set-up programs to bring together current research and practices by relating theory and research and methodology through conferences and through corresponding with the leaders in the field, I now realize that they are my working associates. For although

I plan to continue to lecture to colleges and groups . . . I will not only be thrilled and joyful in watching their reactions and gaining firsthand knowledge that the movement is firmly fixed I will continue to be satisfied that the awareness of the effects of psychodrama is accepted and utilized by physicians, personnel counsellors and educators of all sorts. For I have had as many of us, ample evidence of the almost magical therapeutic effects of psychodrama. As the founder-discoverer of the psychodramatic principles and the developer of its techniques and methodology Dr. Moreno has rightly deserved the gratitude of the whole world of patients, of therapists and of people.

Now that I have been conducting several groups in alcoholism and industry, I have found that I am glad I stayed to study with Dr. Moreno and profited from his guidance and subsequently have had the opportunity to add what skills I may have to his techniques . . . I am not only glad, I am grateful especially in the realization that the psychodrama theater has expanded from the laboratory to the community, where it belongs.

THE GROUP PSYCHOTHERAPY MOVEMENT, PAST, PRESENT AND FUTURE

J. L. MORENO, M.D.

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Sociometry has made common sense knowledge scientifically meaningful, that every man has a set of friends and a set of enemies and that he often fails to know precisely who his friends and who his enemies really are. Like all of us, I, also, have been fed by distorted perceptions, often on the negative side, but am happy to see from the "living sociogram" in this audience that I am much more loved than I thought I am or deserve to be. I am saying to myself now as I have said to myself hundreds of times when I'm facing a new audience: Is it possible that there are so many who like me and who come to hear me? This misjudgment of my appeal is probably due to my prepossessed dedication to *give* rather than to receive. Giving has been the *Leitmotiv* of my life. And now I see that there are so many who return my love with a creative response. This is truly a surprise beyond expression and a great thrill.

But it is not personal felicitation which makes the meeting tonight meaningful, it is an idea which has grown to such stature in the world that it is no longer connected with a particular person or name, and it has developed a life of its own. The group psychotherapy movement has become a worldwide force which is felt, not only in the narrower fields of psychiatry or psychology, but in all the sciences and arts of our time. We have been fortunate to have been able to develop three disciplines, sociometry, psychodrama, group psychotherapy, with a common theoretical framework and common operations for practical application. But a confusion has been spread in many quarters as to our relationship to psychoanalysis and the psychoanalytic movement. A large number of psychotherapists, especially in the USA, have been indoctrinated with the notion that group psychotherapy and psychodrama are derivatives of psychoanalytic theory, at least in principle. This is not only a gross falsification of the truth, but it has produced a false image of what group psychotherapy really is in the mind of the scientific as well as of the lay public.

About thirty years ago and in the following decade, before World War II, group psychotherapy was greeted by friend or enemy as a new position, in radical contrast to Freud and his formulations and propositions. And as our ideas began to spread around the world, people everywhere began to

greet us as creators of an original thought, standing on its own feet and especially suited for the needs of our time.

It is important that we ask ourselves: What has happened that the image of our originality, of autonomy of thought, has been smeared and questioned. Well, let's call a spade a spade. I do not tell you anything new, except that I am expressing publicly and succinctly what the visible causes have been. It is due to *the intrusion of psychoanalytic or near-psychoanalytic writers into our own field.* They are often called by the name of Neo-Freudians who have either tried to dilute our ideas or to give them an interpretation which gives them a psychoanalytic coloring. The "Neo-Freudians" often have very little to do with Freud, especially when they become group psychotherapists or psychodramatists, but they have been successful enough to confuse the public mind and to ruin the image of the group psychotherapist and of its potentialities.

We may, of course, face the fact that scientific, just like political movements, are not pure and that a cold war between different schools of thought is taking place regardless of the best intentions. We are far from accusing any individual Neo-Freudian as being particularly abusive, but at least, seen from our point of view and assessing the development of group psychotherapy around the globe, we must recognize that it has its "criminal fringes" which, as long as they are not pointed out, are easily able to upset the main current of the movement. It is obvious that, if the notion is spread that the group and action methods are merely elaborations of psychoanalysis, they will be summarily considered as another branch of Freudism, to the great loss of the development of scientific psychotherapy and scientific analysis of the group, so that our prestige is lowered and we will become rather anonymous until we are less and less quoted and featured in the scientific journals.

If one considers the enormous impact which the movement has, notwithstanding, my statement seems highly exaggerated. But this is not the case when we look down from a loftier position. Until about ten years ago, we were generally considered as the *one* new development confronting and surpassing the psychoanalytic movement. But because of the unfortunate ideological divisions in our movement, the existentialists without having anything substantially new to offer, have worked their way into a serious threat of the position to which we aspired.

For the sake of formal unity, a common front, this problem has not been sufficiently brought to the attention of our membership. We have treated it with eye wash and we have also not paid sufficient attention to a certain lack of simplicity in our terminology and concepts. If you go around

and a man comes to you and says: I am a psychoanalyst, the doctrine upon which my work is based is psychoanalysis and psychodynamics, and if he asks one of us, on what is your work based, we begin to hesitate, because we have so many answers. One will say "I'm a sociometrist." That may seem to many who are not acquainted with the field, as a narrow discipline, limited to a minority of workers. Another one will say, "I'm a psychodramatist," and he will have a hard time explaining in what way he differs from a sociometrist. And another one to whom this question is addressed, will answer, "I am a group psychotherapist."

It has occurred to us in our recent scientific meetings, here and abroad, that we should reach a consensus as to the most apt single term and a common denominator for our theory and practice, however varied they may be. And we have reached back to one of my oldest evaluations,* describing the entire process. The question was then, what ties sociometry, group psychotherapy, psychodrama together, in difference from approaches to the individual psyche? Well, I said then, what the individual psyche is for the psychoanalyst, the socius is for us; therefore, whether we are now group psychotherapists, sociometrists or psychodramatists, we are engaged in a form of socioanalysis, in contrast to the psychoanalysis of the single individual, and whether we are now psychodramatists, group psychotherapists or sociometrists, we are socioanalysts, in contrast to the psychoanalysts.

I believe that the future is on our side. "Socioanalytic" group psychotherapy will prevail against the psychoanalytic group psychotherapy, which is already becoming psychoanalytic in name only. The behavioristic trend in our position is increasingly finding theoretical approximation to the position of the Russian collectivists, especially as the trend in Soviet Russia is towards a reappraisal of the single individual within the group. The era of psychoanalysis is over and making place gradually for the era of socioanalysis, with its three frames of reference: the individual, the group and the act.

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* See J. L. Moreno, *Application of the Group Method to Classification,* 1931 and 1932; also contained in *The First Book on Group Psychotherapy,* 1956.

WRITTEN INSTRUCTIONS IN GROUP PSYCHOTHERAPY

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One of the first tasks of a prospective patient is to obtain a minimal comprehension of what he can expect of psychotherapy and what will be expected of him. One of the initial problems confronting the therapist, accordingly, is to acquaint the person with the therapeutic procedure.

We know from clinical experience that those who are about to become patients never fully comprehend our original verbal instructions and remain unable to act consistently on these instructions throughout the course of psychotherapy. Much of the therapist's effort is subsequently directed towards circumventing the evasion of the therapeutic procedures. There is no attempt in this paper to minimize the importance of dealing with such defenses in the therapist-patient relationship. It does, however, seem logical that the importance attached to the written word by most people could serve as a useful additional weapon against such defenses.

In order to study this problem further, one of the authors composed the following:

INTRODUCTION TO GROUP PSYCHOTHERAPY

HARRY MARTIN, PH.D.

Read this introduction periodically during your participation in group psychotherapy.

1. *The Purpose of Group Psychotherapy*

Mental health is inseparably related to human interaction. The emotional adjustments that make up personality are born, maintained and changed during relationships between people. Inner needs are integrated into networks of interpersonal relationships and unique personal ways of feeling, thinking and behaving result from this integration. There is a continuous dynamic interplay of forces between people that exerts both helpful and harmful effects on emotional adjustments. At the same time each person has his own uniquely and unconsciously distorted ways of seeing himself and others. These distortions and the realistic social restrictions in life situations hamper attempts to change emotional

adjustments and behavior. Each person has developed patterns of living that now feel *natural* to him. Also, he and the people in his network of interpersonal relationships have mutually conditioned one another to behave in restricted ways toward one another.

Group psychotherapy is a situation of live personal interaction without the usual social restrictions on the free verbal expression of thoughts and feelings. The group is a life-size testing ground. Members of the group stimulate a broad range of emotions in one another. Interaction with many different types of personalities provides the opportunity to correct distortions and deepen insights into behavior. As each member freely and spontaneously expresses himself in the safety of the group psychotherapy session it is possible to change emotional adjustments, learn new behavior patterns and achieve greater mental health.

2. *The Setting of Group Psychotherapy*

The members of the group and the group psychotherapist are seated in a circle so that each person is visible to the total group. The size of the group and frequency of the sessions are determined by the group psychotherapist after an evaluation of the prospective members.

The basic rule of group psychotherapy is to put into words all of the feelings and thoughts that come into your mind during the session, regardless of how ridiculous, frightening, or embarrassing they seem to you. Thus, each member equally shares the responsibility for initiating interactional activity in the group. It will be necessary to continually remind yourself of this basic rule and that this is neither a social group nor a customary social situation. You are not in group psychotherapy to make new friends or to have enjoyable intellectual discussions.

In joining the group, you assume the responsibility for holding strictly confidential any knowledge gained about any other member. Nothing that is said during a session may be repeated to anyone outside the group. Social relationships with other members outside the sessions are prohibited unless the relationship predates group psychotherapy. It is dangerous to establish a new social relationship or intensify a previously casual relationship outside the session with a fellow member during group psychotherapy.

Group psychotherapy is at times combined with occasional or regular individual sessions with the psychotherapist. The need for individual sessions is determined by the psychotherapist and the individual member.

3. *The Group Psychotherapy Session*

Although you may intellectually understand the procedure and purpose of the group from the beginning, a number of sessions

will pass before you become fully aware in an emotional sense of what is going on in the group. It is only as you actively participate more and more with your feelings that you will gradually grasp the underlying significance of the procedure. It is absolutely necessary that you become aware of and express your feelings toward the psychotherapist and your fellow members. The feelings that are of the greatest importance occur immediately before and especially during the session. Notice others' feelings and reactions after you have expressed yourself and then in turn note how these affect you. Much of your progress will be based on an accurate understanding of the reactions and feelings that you stimulate in other people and that they stimulate in you.

Many of the feelings expressed in the group will appear utterly illogical or absurd to you. However, these feelings can be understood as you are able to respond with your own feelings and through a process of interaction correct some of your distortions. Often a person's behavior and how he says things provide better clues to his feelings than his spoken words. This may occur even though the person honestly believes he is being truthful. In time you will be able to recognize the difference between a feeling and an intellectualized idea.

Increasing one's awareness and expressing one's self freely in a session is painfully hard work. We all have tendencies to avoid painful topics and to resist change in ourselves no matter how uncomfortable our lives have become. You will have the opportunity to observe yourself and others showing these resistant tendencies. Examples of this are when emotions find expression in actions contrary to the basic rule such as: missing or arriving late for sessions, maintaining prolonged silences, or expressing something outside the group that should be brought up in the session.

Remember that you asked for professional assistance because you were dissatisfied with your current level of emotional maturity and mental health. You wanted to translate a greater degree of your potential for self-realization into your life situation. This can be achieved in group psychotherapy only by first following the basic rule of striving for free, spontaneous verbal interaction in the session. Then as your distortions are corrected and your understanding deepens, you must apply this insight to your behavior in the session and gradually but ultimately into your life situation.

The instructions were written specifically for non-psychotic persons functioning at or above the average level of intelligence. The group envisaged would be composed of those interested in improving their levels of mental health rather than people with seriously disabling psychological disturbances.

The mimeographed instructions were given to a psychotherapist (KS)

who had no vested interest in proving or disproving their usefulness. He distributed these papers to a group which fitted the above criteria. It was believed that the use of a relatively nonbiased therapist would circumvent the criticisim that positive results with written instructions are related in some fashion to the therapist's investment in such instructions.

Observations

The written instructions were presented at the end of the third session. This was the only occasion at which the papers were made available to the group, and no other statement was made concerning the paper, with the exception of the session immediately following their presentation. At the fourth session, the therapist invited the expression of feelings and impressions concerning the instructions. The only comment forthcoming at this time was a complaint voiced by one woman that the paper was not as *deep* as she had expected.[1]

A considerable time elapsed during which no mention was made of the instructions. To outward appearances, the possession of the paper was having no effect. After a period of several weeks, however, one of the members mentioned that her husband had decided not to go through with the group meetings because he felt certain the aims and conditions as set forth in the instructions could not be realized in this group. Several similar incidents were reported concerning others who had early decided to forego the group.

It was only after the group had become cohesive and had started developing its own group history that the full function of the instructions became more apparent. The members began to use various comments in the paper to support their venturing out with new, hitherto unacceptable expressions of feelings. A member would characteristically break into some apparently innocuous interchange, prefacing his comments with, "Well, the paper says to express how you catch yourself feeling *now,* so . . ." and then proceed with some emotionally loaded material.

Another characteristic use of the paper took the form of a running critical evaluation of the incidents in the group process. For example, a member would say, "Now, if I understand the paper, it says that this is supposed to happen: . . . but it seems to me that what is actually happening here now is . . ." This was a frequent way of introducing a member's interpretation of group defensiveness or of acting out.

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[1] Several months later this woman connected some personal insights with new meanings she came to find in the paper.

As these uses continued to be manifest over a period of time, it occurred to the therapist that an important function of the paper had in fact been to communicate to the members during the interim between the group meetings. This communication took the very concrete form of the set of written instructions lying in a drawer or on a table in the member's home. It thus provided a channel of communication to the person that was relatively free of the therapist's personal needs and relationship distortions. Often when the occasion would arise to act out, e.g., by participating in an extrasession telephone conversation with another member, the paper's content would be used to support declining participation and even provided a basis for an on-the-spot interpretation.

It was also apparent that some of the members used the written instructions as an opportunity to compete over the dubious prize of who was the most obedient. If the papers told what they were supposed to do in the group, they would become the favorite by doing it better than anyone else. Even this attempt, however, has recently been attacked by some of the "less righteous" of the group as a defensive maneuver. One member has been attacked, for example, for the attempt to be such a "good member" in observing these instructions as to imply no personal need for the group.

The uses of the instructions by the various members have provided instances for the group's interpretation of a member's approach to the group and to life itself. A wife who persistently directs her husband, who complainingly trails along with his flags of passive hostility flying, recently mentioned reading the instructions to her husband on the way to a group meeting. He had never read the paper himself but had had it read to him by his wife on several occasions. The group was able to make excellent use of this incident to produce an opportunity for a *moment of truth* for both of these members.

Not the least of the advantages was the use of the paper as a source of assurance. The paper served as an encouragement in that the members *received* something early in the group process. There was also promoted a needed sense of direction, a reassurance that a therapeutic group is a realizable objective and assurance from knowing a little more about what to expect.

It is notable that the same instructions which reassured some were the occasion for others to decide early not to continue with the group. Subsequent contacts with some of the latter lead the therapist to conclude that their decision would have been the same with or without the paper, but

finding their way to this decision otherwise may have involved a considerably greater investment in time and stress. At least two of these members made subsequent abortive attempts at individual psychotherapy with other therapists.

GROUP PSYCHOTHERAPY IN A PUBLIC SCHOOL SETTING[1]

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Few students with psychosomatic complaints have been referred for psychiatric consultation by the Minneapolis Public School system. This can probably be explained by the fact that children with such symptoms are not unusual behavior problems in the classroom, although they are frequently absent from school. Furthermore, these symptoms are commonly thought to be of physical rather than emotional origin. A large number of students who have psychosomatic complaints also underachieve academically. We thought it would be interesting to work with these students in the school setting, using a group therapy approach. Igersheimer (2), on his review of the literature of the use of a group approach to psychosomatic problems, states that there are only isolated reports but the results are generally favorable. However, none of his reports include groups of children. The aims of our group therapy program were to decrease absenteeism and to improve academic performance. Most therapy groups recorded in the literature deal with delinquent adolescents referred by the school to social agencies or medical settings. We were confronted here with the problem of treating a medical symptom in a school setting. Minnesota State legislation of 1957 and 1959 defines the emotionally disturbed as handicapped children for whom the schools have responsibility (3, p. 6). On this basis permission was granted by the Superintendent of Schools to conduct a group program on a research basis.

The basic criteria used in the selection of students for the study included the following: (a) children with frequent absenteeisms from school; (b) children who frequently sought out the school social worker because of various somatic complaints; and (c) children whose academic per-

[1] We wish to express our appreciation for the helpful cooperation in our research of Dr. Rufus A. Putnam, Superintendent of the Minneapolis Public Schools and Miss Dorothy B. Hill, Special Service Teacher at Northeast Junior High School, Minneapolis.

formances were considerably below their intellectual ability as determined by either group or individual psychological tests. Some of the somatic complaints were true psychosomatic illnesses, such as eczema, asthma, and hayfever. However, the majority of the complaints had no known organic correlates. Twenty students met all three criteria for selection. Each was given the Rorscharch Ink Blots, The Family Relations Test and four boys and four girls were selected for the group. Those selected were students who appeared to see the possibility of emotional difficulties playing a role in their physical complaints; they expressed a desire to receive help for these difficulties; and they were of average to above average intelligence. The students were informed that attendance in the group was voluntary. No further explanation of what was expected of them was given. The students' parents were asked for signed consent, granting us permission to work with the students and to give them a series of psychological tests.

Psychological test data were not used in selecting group members, but for additional diagnostic information on the eight children selected. Each was given the Rorscharch Ink Blots, The Family Relations Test and the Minnesota Multiphasic Personality Inventory (MMPI)[2]. The personality test data suggested that there was a considerable range of psychopathology among the group members, from a near-normal level of integration to grossly psychotic. The modal picture was of a seriously disturbed adolescent with severe interpersonal problems and unhealthy family relationships. In general the girls were more mature than the boys.

The initial meetings were held in the faculty library. This room proved to be unsatisfactory in that it bordered on the school's main corridor and the noise from the corridor caused considerable interference with the sessions. Also this room lacked the simplicity described by Straight and Werkman (6) as ideal for this type of group session. We moved to a room which was small and contained a table with ten chairs and a tape recorder. We observed that the boys especially were distracted quite easily by the contents of the room. The students were quite accepting of the change of the meeting place and did not show a need for sameness as described by Straight and Werkman (6). However the students continued to sit in the same seating arrangement as they had prior to the move. This was a feature that appeared rather constant throughout the school year.

[2] We are grateful for the assistance of Mr. Glenn H. Joplin and Mr. R. Owen Nelsen for the psychological examinations.

At first, sessions were held after school one day a week for one hour. We found it necessary to modify both the time of the meeting and the length of the meeting. Since, at the time of selection of the members, we had informed them that the meetings were voluntary, they came only when they found it convenient. Because of this we attempted to obtain more control by having the meetings during school hours. Before each session the students were sent a class excuse so that they would not "forget" to come. This led to much more regular attendance. The students had great difficulty in working together as a well integrated group for a full hour. After about one half hour they would become quite restless, much of the discussion would involve irrelevant material, and the students would seek excuses to leave the room. Therefore the length of the meetings was changed to one half hour. We believe that this length of time just once a week is not sufficient. A twice a week schedule would tend to promote more continuity and should be more beneficial.

Two therapists conducted the group sessions. Both the therapists were equally active in the group. Loeffler and Weinstein (5) report that there are numerous advantages in having co-therapists conducting group psychotherapy. Our experience is consistent with their observations. Among the advantages which we noted was the opportunity to observe non-verbal communications more easily than is possible with a single therapist. This is especially important in working with children in this age range. When the group divides into subgroups, it is much easier to obtain unity by means of two therapists. A very useful technique in this situation is to have the two therapists begin a conversation discussing the group's need to divide into subgroups at that time. A third advantage is its usefulness in aiding limit setting. When a student was interfering with group integration, we found it beneficial for one therapist to leave the room with the student while the second therapist continued conducting the group. In this way there is minimal interference with the smooth functioning of the group. A fourth advantage is the opportunity for the co-therapist to discuss how each had observed and interpreted the sessions and also to criticize freely each other's handling of certain situations. At no time was it observed that the students attempted to play one therapist against the other.

During the early sessions of the group we focused on physical symptoms to which the students reacted defensively. It soon became apparent that the somatic complaint was but a "ticket" to obtain removal from class. In latter sessions the students made comments that supported this

hypothesis, such as "I saw you down at the nurse's office, what are you trying to get out of now?" Physical symptoms were rarely mentioned after several sessions.

Initially there was great concern by the students over the use of a tape recorder and over who would hear the material. When they were told that the sessions were confidential, there followed a good deal of material about the teachers and significant family members. Anxiety over the tape recorder subsided with reassurance and it was also found that playing back short excerpts from a session during that session proved valuable. The students were able to listen to their own verbalization and make critical comments.

Following this a good deal of group time was spent discussing social events, dating, and students who were in trouble with authority figures. One girl in the group, who was the most mature and the leader at times, focused on her personal problems including intense sibling rivalry. The material proved to be too difficult for the group to handle effectively. A boy in the group who was quite sensitive related a painful experience about his parents' attitudes toward his pet dog. The students were unable to recognize the seriousness of his communication and repeatedly referred to the incident in a joking manner. This same boy questioned several times the reasons for selection of the group and if they were "nuts."

In early sessions the therapists were quite passive and non-verbal allowing the students to take the initiative. It soon became apparent that this provoked anxiety resulting in a great deal of nonproductive motor activity. This necessitated active intervention, both physical and verbal. When limits were set and adhered to the sessions became more productive. This is in agreement with the report of Schulman (7) who emphasized the importance of maintaining control of overt aggression in adolescent groups rather than directly interpreting it to the group as a motor expression of their anxiety. An important factor in the early difficulties resulted from the presence of a psychotic youngster who was extremely overactive and destructive to group integration.

The therapists at no time had any contact with the school teachers. All school communication was handled through the school social worker. At times children missed group because a teacher used it as punishment. Another teacher became upset when the child was given an excuse to miss one half hour of class a week. On another occasion group was not held because of school being let out early. This information was not relayed to the therapists until just before group time. These examples

point out how unconscious resistance can be damaging to group solidarity. Many of the above problems could have been alleviated by preparing the school personnel for the project.

Results

At the end of the school year comparisons were made for each of the youngsters between their pre-therapy and post-therapy school attendance and their grade records. In addition each of their teachers, the school counselor and the school social worker were asked to evaluate the children on a short questionnaire constructed by the authors.

The results of the questionnaire survey showed the teachers to be about evenly split between those holding the opinion that the group therapy program was a valuable addition in the school setting and those who felt that it was a waste of time. About a third of the teachers expressed displeasure about not being more fully informed about the nature and purposes of the program. The teachers found virtually no adverse effect on the class because of group members leaving for therapy sessions. In most areas the teachers rated the students as about the same following treatment as they had been before group therapy. Some general improvement was noted in the amount of time spent in class, in the students' relationship with classmates, and especially in teacher-student relationships. They did not note much change in quality of academic performance or in deportment.

A comparison of the children's school attendance records for the year before therapy and the current year showed a range from slightly more absences to greatly fewer, with an average improvement of about 3 days. In terms of academic records, there was slight improvement in all except one case. Whereas last year five of these students had received some failing grades, this year only one was still failing. The degree of improvement was not marked; as a group they would still be classified as underachieving. However, the trend was clearly in the direction of better school performance.

Psychological growth during the period of observation and treatment was not marked and objective measures of change were not great. Our feeling however is that this therapeutic setting is one that can be of definite value and has advantages over the usual medical setting. The use of the school as the motivating force overcomes considerable resistance on the part of parents particularly in lieu of the child's school performance. It is our feeling that most of these children would not have come to

treatment but that with their recent initiation to a form of psychotherapy they have had an introduction to a previously unknown and possibly feared situation. One member of our group required psychiatric referral following termination of the group sessions.

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SOCIOMETRIC AND GROUP THERAPEUTIC EXPERIENCES IN PSYCHIATRIC OCCUPATIONAL THERAPY[1]

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Psychiatric occupational therapy normally takes place in common-rooms and not in separate sick rooms. The specific group structure resulting from this can be exploited therapeutically. We have reported in detail elsewhere[3] that the patients in a psychiatric hospital do not live beside each other without interpersonal relationships, but that they form a more or less close community, which however mostly came into existence by external circumstances. The simple observation of life in a section for the chronically ill shows that each patient has a certain place in the community and clearly outlined tasks within it: to clean the floor, to make the beds, to go and get the meals, to clean the dishes, to tidy up, to care for the bedridden. The day passes according to unwritten but fixed laws. He who does not care for a place within the community will be rejected and if possible pushed out. The doctors and nurses have tried for a long time to arrange the sick in the best way by transfers (Simon). Thus, in the course of decades "open groups," i.e., groups of patients with partly changing population have been formed in the subdivisions of the big chronic wards. The structure of these groups is immediately recognizable by the recording of the freely chosen seating arrangements in the day room. The patients spontaneously choose that place which will cause the least disturbance among them. Noisy or quarrelsome patients will be isolated by indifferent ones or influenced by the energetic. Mentally active patients join closely in a group. The group structure can be seen even more clearly in the sociogram (Moreno). Here the results of a sociometric test, i.e. the choice of partners under a certain criterion, are graphically put down. The lines between the persons mean attractions or repulsions. The leading figure ("star") will be mainly chosen and his opposite, the "black sheep," rejected. Moreover one may observe pair- and triangular-connections, etc. Besides the compulsion for

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[1] Translated from *Gesundheitsfürsorge,* 10, 61 (1960), Thieme Verlag, Stuttgart.

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living together in confined space, sane and sick impulses serve in forming a group. A rejection, for instance, may be based on an understandable antipathy towards a heterogeneous personality or on a paranoid misunderstanding.

"Therapeutic groups" can be formed to overcome within many patients the tendency—depending on illness—to seclusiveness and to advance resocialization: conservation groups, service groups, singing circles, playing groups, etc. In the family care the ill will be put in a "natural group" (Moreno). According to W. Schindler the leader of the therapeutic group acts as the father, the whole group plays the role of the mother and the members feel themselves as brothers and sisters. The success of this group work is mainly founded on the fact that it is easier for a patient to accept advice from one of his fellow sufferers than to submit to an authority.

Likewise in occupational therapy, there are possibilities for a directed group foundation. It will not always be necessary to analyse those groups of sick people sociometrically who work together in one room. The attentive observer will by observation be able to recognize who is the leading figure, who is commonly rejected or where friendship or enemities arise. Therapeutic failures may more likely be avoided if one takes into account these emotional relations and tendencies. The notation of the social reaction of the ill on the record sheet are an important part of clinical observation and make it easier for the doctor to judge the personality of the patient.

The therapist should know his own position within the community and control it continuously. Besides the ward doctor and the nurses he has an active part in the group and will be included by it. The therapist can be the favorite "star." The group then can easily be set in motion but the atmosphere may become too personal or lack objectivity. If the therapist is the "black sheep" out of ignorance and lack of skill, hardly any fertile work is possible. It is best to lead the group as an expert without neglecting the personal side.

The formation of groups, which always starts spontaneously, may be advanced in a number of ways. One may, for instance, let the autistic patients produce different parts of one piece of work which they will have to harmonize and to put together by continuous team work (Williams and co-workers). I.H. Schultz proposes to use competition between different groups within occupational therapy as an exciting and animating stimulus. Common services, acting, singing and social events may improve mutual understanding. We have had good results in arranging with the members

of the occupational therapy group a short prayer in the morning and in spending once a week an afternoon in singing. At larger intervals the sick people will be invited for a short social evening with cake and coffee and with games. The therapist may also suggest talks about general topics or about special tasks of occupational therapy, but of course without competing with the single and the group discussions of the ward doctor, i.e. making an additional analysis. As in other psychiatric hospitals (Merguet, Schulte and co-workers) we have noticed here, too, that even chronically and severely ill patients are able to participate in fertile talks.

The use of sociometric methods makes it easier for us to give each patient a suitable place in the community and to produce a favorable therapeutic background. All the patients should be so incorporated that the sane and productive aspects of their personality may be advanced. The seating arrangements have an importance which should not be underestimated. The work assignments in themselves may be so planned that sick people are favorably influenced and not disturbed. Thus a young, restless patient may be softened by a calm and older one or an unskilled one may be taught by a person of experience.

The formation of "negative groups" (cliques) will be avoided by separating those partners who encourage them in laziness or pranks. Obstinate patients can upset a whole group and should either be isolated or if necessary removed. Characteropathic personalities with antisocial tendencies have nothing to do in occupational therapy but do belong in work therapy. Severe feeble-minded are usually not suitable for occupational therapy (Janz).

The therapist will have an easier task if she draws the leading figures to her side. With the help of these "stars," with whom most of the members of the group identify themselves, the group will be led more easily. "Experts" for certain techniques should be acknowledged and induced to active cooperation. Every patient should, if possible, have a separate task for which he is fully responsible: to clear up, to heat, to clean, to read aloud, etc. Sick people stick to these tasks which encourage their self-confidence. (Several women for instance, refused to leave the guarding-ward because they had to carry on a certain function there). The occupational group, as well as other groups, may develop a group-pride. Membership should be an aspiring privilege without there being any real preference. Members of the group can be a good example of punctuality, tidiness, diligence and mental activity for the whole section.

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GROUP METHODS IN CRIMINOLOGY

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The high rate of failure among juvenile and adult offenders exposed to correctional facilities and institutions demands that more effective treatment procedures be developed. While recidivism rates for juvenile institutions are most difficult to compile, the U.S. Bureau of Prisons, the Gluecks' studies, and confidential conversations with several superintendents of juvenile institutions suggest that of five youths who arrive at the institutions, two will return, two will go to another institution, and only one of the original five youths *never* comes into conflict with the law again. Among adult offenders, 63 to 67 per cent of all new prisoners arriving in federal and state prisons each year have been in prison before.

The results of several studies of the effect of intensive individual treatment, such as the Somerville-Cambridge study, have been most disappointing in the results of evaluating the effect of individual treatment and the casework process. Some evaluations of intensive casework as compared with routine treatment or "handling," on the other hand, have reported significant differences, these differences favoring the casework process. Some of the differences between the studies that show negative results and those that show positive results seem to present as a variable the concept of control of the clients over a sustained period of time. Control of the clients was not possible in the community studies. In the successful studies, such as California's PICO experiment, the institutional setting provided around-the-clock control. In any setting, however, the use of group methods in which the client participates with his peers should enhance this control variable by the interpersonal relationships that begin to develop even among "non-relating" delinquents in group situations. Consequently, group methods offer to the correctional field potentially more effective tools for modifying and rechanneling undesirable acting-out behavior than the individual supervision and treatment.

THE CORRECTIONAL CASELOAD

The correctional caseload is an acting-out caseload. The repressions and controls from within that abound in mental hygiene clinics do not as frequently appear in the correctional caseload, although they are present. The dynamics that produce the acting-out, of course, vary widely in the

correctional caseload. A neurotic base may produce compulsive and criminal acting-out. Several of the psychoses may produce acting-out behavior, such as paranoid schizophrenia. Much of the acting-out behavior in a prison population comes from the sociopathic or psychopathic personality who has never developed the capacity to relate adequately to other people and has not internalized the social controls and values prerequisite to group living. Some acting-out behavior is the result of normals in a stress situation, whether external or internal stress.

All expressive behavior is acting-out behavior. It can be said, of course, that all behavior is acting-out behavior. Acting-out behavior becomes acting-out disorder when the rights, privacy, and property of others is endangered. Acting-out behavior may be pathological, but not criminal, and result in hospitalization. When the rights, privacy, and property of others are threatened, however, society's agencies for the administration of justice attach a new dimension to that behavior and label it "criminal" or "delinquent." The purpose of therapy, then, is not to eliminate acting-out behavior, but to re-direct it so that the rights, privacy, and property of others are not endangered.

This is most difficult in the correctional caseload, which has resolved conflicts by acting-out and exercises a minimum of containment. A large group of these persons with psychopathic or sociopathic dynamics fail to generate the guilt and anxiety necessary for shared awareness of the problem, much less the motivation to modify it. Many do not intellectually perceive nor emotionally feel their socially defined roles. Not having adequately developed the capacity to relate to others, communication has been blocked. They have not internalized society's values and do not perceive clearly its signals and sanctions. This is why they do not respond satisfactorily to the orthodox approaches to therapy. Whether individual treatment is "too little and too late" or has not been given a fair opportunity to work, the practical fact remains that it has been ineffective in the correctional caseloads.

Correctional Routines

Group methods have sometimes been used in accomplishing correctional routines. Many juvenile and some adult institutions, for example, have used group methods for initial orientation and attitude-preparation for institutional programs. The second most frequent use of group methods in correctional routine is in pre-release preparation when correctional clients are ready to leave institutions and return to the free community. Meaning-

ful group discussions involve handling problems relating to women, liquor, and other areas.

In recent years, there has been an increased use on an "experimental" basis of group methods in juvenile and adult correctional institutions for general treatment purposes. New York's training institutions for juveniles, both public and private, have made considerable use of group methods. New Jersey and California have developed group methods in the adult correctional institutions. A few juvenile and adult probation officers have supervised their caseloads each month in groups. A few, of course, would be better described as *"en masse"* than group methods. Very little use of group method has been observed in juvenile after-care or in adult parole, though it does exist. The institutions apparently provide the most frequent setting for group methods, with the juvenile courts also beginning to recognize their value.

Correctional Process with Offenders

The central correctional process is the translating of society's symbols, signals, and sanctions through the non-communicative void in the correctional's client's ability to relate so that he receives them in a form he can use to his own advantage. More specifically, the correctional process with offenders is aimed toward clarifying social roles on an intellectual basis and providing sufficient identification for them so that they can be accepted by the individual. Cultural definitions of sex roles form the basis for social maladjustment when the individual does not identify with them. Male offenders are generally authority-confused. Female offenders are generally role-confused. Consequently, both are confused in social roles. The pressure of increasing population results in persons acting in groups and with group identification according to their roles. When groups by-pass or replace the intimate primary groups in which roles and controls are learned on an interpersonal-interaction basis through the capacity to relate, confusion of roles and the inability to relate adequately must result. The group method in corrections restores and provides this intimate interaction. In a permissive-security setting, the group provides for movement from dependency on authority figures to a non-directive and permissive internalizing of the patterns, roles, and controls.

The emotionally immature prisoner needs an early dependence on an authority figure, but is threatened by him, which poses the basic dilemma in the correctional process. The correctional client can escape the dilemma, however, in group methods. He can obtain from the group therapist the

authority symbol and the group protects him from the therapist and assists him toward independence on a rational basis by "practice" and trial-and-error in a safe and permissive setting.

While the psychopathic correctional client is less responsive to emotional contagion, he may be highly verbal and may monopolize the time of the group in rehearsal. As an intellectual, he considers himself above the rest of the "emotional" group. The psychopath needs to be accepted, however. Otherwise, hostility is generated and he is lost to the group. Elimination of these persons from the group or "crowding out" by the group defeats the purpose of therapy in the correctional setting. His monopolizing can sometimes be handled by role-playing in psychodrama. Giving him an opportunity to express himself and drain off the exterior defense of aggression in a setting structured by the group controls his rehearsing and monopolizing.

The importance of keeping out of trouble may be the only shared decision among prisoners in group therapy. Frequently, insight development is negligible, but the identification with the therapist on a relationship basis may provide motivation for improvement. Basically, however, the intellectualized decision is on the long-range wisdom of staying out of trouble, rather than felt identification. As a result, group therapy among correctional clients is generally most helpful in support, attitude-changing, and re-education, rather than in depth therapy. Assistance in re-structuring defenses on an intellectual basis with support of strong ego control to provide security seems to work as well as anything else.

Correctional Process with the Social Unit

Treatment of the individual offender without considering his social unit is wasted effort. People in modern society move in groups and identify with groups. Those individuals who do not so behave are either treated for mental illness or are considered to be criminal or delinquent. Much professional time and money paid for it is wasted by working with an individual independent of his social setting. To be effective, working with a delinquent must be in connection with his family and working with an adult offender must be in cooperation with his wife. No matter what the stated approach to treatment, all successful therapy is done in groups, either directly or indirectly through an individual. Too many examples of acting-out behavior described as criminal are the direct and obvious result of neurotic interaction within the family unit for this to be ignored in therapy.

Group theapy with relatives may well be as important as group treat-

ment with the offenders, themselves. Certainly it is more effective to work with the mothers of pre-adolescent problem children than it is to work with the children, alone. Group therapy with the mothers of delinquents assists considerably in promoting understanding of behavior and their roles as mothers in shaping the behavior of their children and modifying it. It also assists through learning the dynamics of behavior, reducing anxiety and guilt, and reducing aggression and hostility. Considering a situation as a *problem* rather than as a *catastrophe* is, in itself, helpful.

Group therapy among wives of adult offenders to be released from institutions could provide considerable assistance to the parolees. Frequently, the embarrassment and the readjustment in a family situation after the original "gap" has been closed has been ameliorated and the family group has found some semblance of normalcy. When the institutionalized individual returns to his home, it is frequently difficult for the total group to re-accommodate.

Group therapy among the therapists, themselves, the probation officers, institutional workers, and other persons dealing with offenders enhances understanding and reduces some of the anxiety that may otherwise be transferred to the clients. California's experiment in using "untrained" people in group counseling has produced unexpected rewards in the self-improvement and increased understanding of the volunteer civilian employees leading the groups.

Legal and Regulatory Limitations

Group treatment in corrections is concentrated in institutions and in juvenile courts. Parole laws and regulations provide that parolees can not associate with others with police and criminal records. This negates the possibility of general group treatment among parolees. Alcoholics Anonymous groups have also encountered this problem. It reduces the feasibility of group methods preparing families of prisoners for their release to and acceptance in the free communities. In most jurisdictions, *special* permission for such "association" can be granted to individuals by the parole officer or parole board, but policy prevents this from becoming *general* permission.

New York has waived this provision for a special group of narcotic offenders in New York City, but on an experimental basis to determine the effectiveness of group treatment of narcotic addicts. This group, under Meyer Diskind, has demonstrated that group treatment can be successful among parolees, even with narcotic addicts. The problem here is whether the undesirable results of the association of ex-convicts outweighs the ad-

vantages of constructive guidance and mutual motivation and assistance of released prisoners attempting to handle common problems.

Conclusions

Group methods appear to work better than individual treatment among correctional clients because the authority role confusion tends to be more complicated in a one-to-one relationship, where the therapist can be overwhelming. In a group, the therapist becomes less threatening, particularly when a peer group is present to absorb some of the threat of the authority figure. With the confidence of individual anonymity and of identification with the group, authority becomes less threatening, ideas can be discussed objectively and safely, and authority can be tested, tried, and examined. Social roles can be observed, played, and learned. This results in group methods being more effective in the correctional field than individual treatment.

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FAMILIES IN TREATMENT

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In a state hospital setting the removal of the patient from the family and the home environment is often an important therapeutic tool. In some cases, however, this removes him from the important people who have shared in the patient's world, people to whom he must return, and whose help is needed in living as normally as possible.

Influenced by seminars held at Ypsilanti State Hospital and by the necessities presented in the case of one young girl, whom we saw in September 1959, we began to explore family treatment as a therapeutic tool. This 19-year old girl was being seen individually by the psychiatrist while hospitalized. As was the custom, the parents were seen by the social worker, and the doctor and social worker kept each other informed. It became obvious at one point that all needed to get together in order to discuss the girl's future; this method was then continued to work out future and past adjustment difficulties. The results were so gratifying that it seemed possible to use this joint interview method in other cases. Selection was made carefully. At first only patients who were in the hospital and whose family had either contributed to the illness or to whom the patient was returning after hospitalization were involved. The definition of a family was a functional one, and the determination was made in terms of emotional relationships and living arrangements, rather than along legal lines. As the patient was seen in individual therapy by the psychiatrist, this relationship had its own special boundary lines, but the total emphasis was that the family meetings were most helpful when the highest degree of healthy communication was active; therefore in many cases the individual sessions were used in successful combination with the family ones. At times the social worker saw the members of the family without the "patient," and this again was handled as were the individual therapy sessions of the patient. The word "patient" needs explanation, because very often this became an artificial distinction in our family meetings.

The goals were very different, depending on the case and the reason for the multiple treatment technique. In several cases where the patient was grossly disturbed, chronically schizophrenic, the goal would be to develop the attitudes and tolerance of the family so as to enable the patient to

function in the home, rather than to be constantly returning to the hospital. In other cases the relationships of the family members and their needs for each other would be the focus while attempting to reach the highest possible complimentariness of these. Very often, awareness of their roles in these families would come spontaneously in sessions: for instance, a mother hears herself constantly answering when her daughter is spoken to and realizes her controlling and powerful need to have her daughter be like herself. The presence of the therapist makes the family self-conscious in a way which lets them see themselves as others see them. The family finds support in its own ranks and learns to talk about its problems that paradoxically are the least discussed and most important problems in their lives. They find themselves speaking more and more at home, and gradually come into the office "with their work behind them." They learn to depend on or to be less dependent on their family, instead of only creating their dependency upon their therapist.

The group situation which has been examined intensively by almost everyone in the social science field has many complexities. We have found that these families could be treated in innumerable ways, for instance, in the sense of their roles within the family, role deficiencies, personality, and personality pathology, group dynamics, etc. Our main purpose was to add one more therapeutic tool to our own skills which could be used in many different ways to help families with their existing problems. We have found, too, that it has as many variations as the families we see.

Many therapists are doing family therapy now, and probably more will practice it in the future. We have used two therapists, but each of us has also treated families by him- or herself. We have found that it is possible to split up the load of individual therapy when necessary and that the increased range available in the family situation makes two therapists valuable. When a client reacts strongly to one of the therapists, the other is relatively uninvolved to use this experience constructively. One may see crucial points that the other is missing. The support which the two can give each other has been an asset on many occasions. We have heard several authorities speak of using two therapists because of the increased potential for identification or relationship. When a man and a woman are cotherapists, opportunities for reacting to them as to the original or later sexual relationships are good. Perhaps this is not as important, however, as the willingness and ability of each therapist to work with another so closely and to share their clients. Good communication between the two therapists is of prime im-

portance, as it serves as a model, good or bad, for communication and acceptance among the family members.

The use of two therapists in this treatment allowed us to utilize some adaptations of Moreno's method, such as for instance role playing and role reversal. One of us would be the "director," the other one would be involved as an auxiliary or double ego. In this situation the family treatment, actually group therapy, even when limited to four or six persons, reached the actuality and plasticity of psychodrama, concretizing the problem, which otherwise—only in discussion—may remain somewhat indistinct and nebulous.

As of this date we have seen a large variety of cases, married couples, young adolescents and their families, almost every family construction possible. We have seen families complete with grandmother and small babies. Certainly in many cases we have changed the attitude of the family members from "something is wrong with him" to "this is a good place for anyone, even me, to get help." This can be of inestimable help to the patient who has been an in-patient in a state hospital. At this point we have seen many people who have been discharged from the hospital, as well as people who had never been hospitalized and who have sought out-patient psychiatric help.

The following is an illustration of the change in the dynamic structure in and around a patient who at first was seen with the parents, and then after her marriage with her husband.

The patient is a 20-year old girl, having had two illegitimate pregnancies. One ended in abortion, the other resulted in the birth of a child, Linda, who was about 5 months old at the time of the patient's hospitalization. She was admitted to our institution in October of 1959. She comes from a family which apparently was quite rigid in nature, towards which she and her sisters have shown some degree of rebellion, in that three other sisters, besides herself, have become pregnant illegitimately. There is some justification for the claim of the patient that her parents are being unfair to her in that they want her to give up her child, whereas they did not act this way with the other children. From her past history the patient has demonstrated episodes of depression with attempts at suicide. It was claimed that she did not make realistic plans for the future, however, this has not been demonstrated in the hospital, and she was discharged two months later as improved with the diagnosis of "mixed psychoneurosis with depressive and obsessive compulsive features." It was felt that she could not utilize individual therapy, and some persons who knew her were therefore pessimistic about her prognosis.

Already during the first few weeks of her hospitalization the patient was seen together with her parents. Her father, as described by the patient and her mother, was a nervous, high strung and excitable individual. He apparently had been quite irresponsible in the early part of his marriage. He was also described as a man who tends to avoid facing reality and seeks relief from everyday pressures by wishful thinking. He was said to be impulsive, acting on his emotions and having a rather quick temper. The patient and her sisters stated that the mother was the more stable and adequate person in the family.

In the beginning of the treatment the patient's father appeared to us to be a very weak individual, who, having had five daughters and no sons, admitted that he had wanted Mary, the patient, to be a boy, and treated her as one for many years. In March of 1960 the patient announced that she planned to marry a boy whom she had been dating before, but who was not the father of her illegitimate child. The patient's mother felt that Mary was taking advantage of the young man, and that she had little real feeling for him. Mary denied this rather hotly and yet admitted that she wanted very much for her marriage to be a success in order to assure that she would have the custody of her child, Linda, who had been placed by the court in a foster home. Mary did not want to wait with her marriage, although their financial situation would be a rather difficult one for some time. They had set up a careful budget and procured an inexpensive apartment for them and were making adequate plans. Carl and Mary were married early in June and were seen shortly thereafter in an interview. It was emphasized that now they were a family unit of concern to us, and that henceforth Mary's family, mother, father and sisters, would be in the background. Prior to this time and immediately after it, interviews were held with the social worker from the Child Welfare Agency and the social worker from the court. These interviews concerned Mary's ability to care effectively for the child, and also the social workers' feeling that it was doubtful she would continue the treatment once she obtained the child.

After full and lengthy evaluation we recommended to the court that she should have the girl, and that they be given the fullest possible opportunity to build an appropriate mother-child relationship. The court first postponed its decision until after Mary's marriage, and then with the added pressure of the child's foster home being closed, the court decided to give Mary the custody of the child on a temporary basis, becoming final at some indefinite time in the future. Mary and Carl provided a room for the girl and tried

very hard to build a family unit with Carl as the father and husband and Linda as the child of both. Mary quit her part-time job in order to more effectively meet the child's needs for reassurance. Carl was holding two jobs in order to keep their budget, as neither of the jobs paid very well.

As was inevitable in this young marriage with all its built-in strains, a serious quarrel began. Mary abruptly left Carl, taking Linda with her, and had her share of the furniture put into storage. She supposedly left for Chicago, but returned to her parents' home. Carl also went home to his mother. Within the next few hours, we received calls from Carl and Mary, as well as from Mary's parents. We immediately arranged interviews with them and looked closely at their difficulties. Mary had found out from various persons that Carl owed money, had not paid his income tax, and had not written to or attended his Air National Guard Unit. She had felt cheated by him because he had not discussed this with her, and several other immature mechanisms, such as silence and continuous sleep, were unbearable to her. The real root of this was that she had become intensely hurt and angry, because so many people, including Carl's mother, thought that he did her a favor by marrying her, and that she should be grateful and hence not demanding and critical towards him. She and Carl were seen together, and a complete and full discussion of their problem was held. In addition, role playing of one particularly stressful situation was done at that time. At one point Carl and Mary were encouraged to reverse roles and to verbalize what might be in the other's mind. This dissolved their individual hurt and anger feelings and gave them some common ground on which to meet. They then found another apartment and set up housekeeping again. The money problem was reduced to its realistic size, the problem of Carl's marrying Mary was put aside, and investigation was made of their mutual goals and responsibilities. Several times Linda came along with her parents and was seen to be an attractive, active and well-behaved little girl. She obviously felt loved by both Carl and Mary, and they seemed to have made a good adjustment to their roles as parents.

Continued progress in the patient's adjustment to her marital, personal and economic situation became evident at the time of her second pregnancy in August of 1960. This fact contributed emotionally to Carl's self-esteem and fostered his needs to prove that he could be a good husband and father.

In following sessions many areas of the couple's life have been discussed, and the role playing technique was used often. They had good ability to utilize and benefit from this method. A baby girl was born in March of

1961, very close to Mary's mother's-in-law birthday, which evidently had some meaning for the mother-in-law, because it was reported that since that time she became more tolerant and warm towards Mary.

Carl's difficulties with his job created some economic stress, but amazingly enough the couple tolerated this very well, and under this stress consolidated even better.

This couple's relationship with us has been a strong one; apparently, in the main they view us as being non-biased and sincerely interested in helping them maintain their individual comfort and their marriage. They find us a uniting factor, whereas the parents are prone to be negative towards the marriage and overprotective or critical to them as individuals.

At present there is no need to see Carl or Mary any more in the clinic, and therefore they were released with the advice to return in case of necessity.

It is, of course, impossible to predict what would have happened to any patients we have seen had they not been treated in this manner, but it is our feeling that some definite therapeutic gains have been made in many cases. The therapists, at any rate, have had an extremely valuable experience.

It must be added that the type of state hospital which allows such experimentation and effort on the part of its medical and social service staff is already quite a therapeutic institution and this reflected positively on our patients.

THE WEST TEXAS SYNDROME IN PSYCHODRAMA

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The vast ranching area of western Texas, which extends some five hundred miles to the most westerly point in the state, the city of El Paso, is populated by few and small cities. The area is notable for its wilderness—the Big Bend country of the Rio Grande beyond the Pecos River, a favorite vacation spot for many visitors from all over the United States, and for its ranchers and its oil fields.

This ecological area has many individual characteristics of sharp contrast in climate, in industry, and in the disposition of population. The terrain ranges from the highest point in the state in the Guadalupe Mountains to the vast, long stretches of wilderness ranch country, almost entirely unpopulated except for small isolated communities. This is an area where for seven long and lean years, between 1948 and 1955, not a drop of rain fell in many parts; and then the year following, this same area was the site of severe and damaging floods. The economy dates back to the mid-nineteenth century, an economy of ranching, wool, mohair, and cattle. In the nineteen-forties, the discovery of the largest Texas oil field expanded the twin cities of Odessa and Midland to many times their size in a few years. In spite of this turmoil, economic and climatic, with intensive change from agrarian to urban population, it is puzzling to learn that according to differential analysis by Jaco in "The Social Epidemiology of Mental Disorder," carried out in Texas in 1951 and 1952, this area had the lowest incidence of psychosis of the twenty-seven subdivisions of the state.

Recently, in the practice of group psychotherapy and psychodrama, we have had occasion to encounter several patients from this west Texas area, since San Antonio is the nearest large medical center for this population to attend for specialist care.

There are several characteristics about this ethnic group that create additional difficulties from the standpoint of group participation. The essentially isolate characteristics of their behavior pattern, their somewhat limited formal educational background, their lack of sophistication and sensitivity, and even more important, the severe and dire circumstances of their early development in an area of extreme climatic and economic hazard, all seem to have rendered them, as it were, insulated against the slings and

arrows of outrageous fortune, so that when decompensation occurs, it occurs internally, insidiously, and in many cases irrevocably.

For illustrative purposes, let us cite the example of a 34 year old male, alcoholic for some ten years, and more severely so since the precipitate suicide of his elder brother. The brother, too, had suffered a long period of hospitalization for acute alcoholism and depressive disorder, and committed suicide one fateful Sunday morning—a scene pathetically re-enacted in the psychodramatic session with the patient as protagonist.

In the session, the protagonist re-enacted with ponderous and poor detail, the initial encounter with his wife, a beauty operator in his hometown, where he had returned from the war as the well-indulged and heavy-drinking rich merchant's son. It became evident that he was interested in his wife initially because of her Roman Catholic persuasion, a rarity in the Baptist community. In the psychodrama, she claimed to be aware of his pathological drinking habits, which progressively became more severe as his depressive difficulties mounted unabated.

In the climactic scene depicted by the patient, he told how he had left home early one morning to visit some friends nearby. Hearing a disturbance in the street, he ran back home and pushed his way through the crowded living-room. Confronting his numbed mother, he asked, "What's the matter? Has something happened to Willy?" To this she replied, "Go and see—he is in the bedroom." Moving into the bedroom, he described his encounter with his brother, who was lying dead on the floor, his head blown completely off by a 20-gauge shotgun which lay at his side.

The protagonist showed little or no emotion in his re-enactment of this painful and horrendous scene, although he did remark that his mother might have shown some consideration for his feelings by at least giving him some warning before bidding him to view the mutilated remains of his dearly beloved brother.

In the scene that followed, an auxiliary ego, playing the part of the dead Willy, in heaven, carried on a conversation with the live brother. In this the patient expressed his resentment at having been left behind to carry the burden of the pathological family relationships existing between his hard-driving and tyrannical father, now invalided and chronically bed-ridden, and his punitive, rejecting mother, doomed to a life of self-sacrifice and martyrdom caring for her near-blind and paralytic, diabetic husband and her ne'er-do-well, alcoholic, depressed son.

To summarize, then, we have tried to point out that those persons who

emanate from the isolated communities and turbulent socio-economic and climatic western areas of the state of Texas are rendered, by their own protective mechanisms, somewhat impaired in the early demonstration of psychological difficulties when they occur, and that these illnesses tend to assume insidious and chronic proportions, not readily amenable to individual therapeutic methods.

In our opinion, the most effective investigative and therapeutic modality for such persons rests within the context of the group psychotherapeutic experience, no matter how poverty-stricken the response may seem to be at first try. It is worthy of note in the individual case cited that the patient had been seen in individual therapy over a period of two and a half years without his being able to ventilate or to report meaningful material of any sort prior to his experience as protagonist in the group psychodrama.

REFERENCE

"The Social Epidemiology of Mental Disorder," by E. Gartly Jaco, Russell Sage Foundation, New York, 1960.

PSYCHODRAMA WITH STUDENTS AND THEIR WIVES

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At the invitation of the program committee of a club of wives of theological students, I accepted the leadership of two psychodrama groups.

Group I was composed of four couples. Two couples had been with me as couples and as individuals in individual counseling. The other two men, I knew only as a part of the campus community and neither had classes with me. I met the wives of these two men for the first time at the opening session of the group meetings.

All of the wives knew each other through membership in the club that sponsored the program. The students all knew each other from association in classes and on campus. All of the couples had children. Two of the couples were friends.

Group II was composed of six couples. Three of the men were in individual and in group counseling with me. Two of these men were close friends.

One of the couples, in which the man was a senior, lived in an apartment as neighbors of two of the other couples in which the husband was a first year student. The older couple were parent figures for the two younger couples. There was some feeling that needed to be worked through in the group.

All of the men knew each other as students and the wives were acquainted through membership in the club. All but two of the couples had children and the wife of one of the other couples was pregnant.

The plan had certain limitations:

1. When the program was arranged it was known that I could be available for only four sessions of one and a half hours each. This seemed to discourage the presentation of the deeper problems for fear that time would not allow for them to be worked through.
2. The psychodrama sessions were a part of a year's program in which faculty members were invited to present material from their specialized fields. All of the other programs had been of the class lecture type. Many of the members of the psychodrama groups came with the expectation that they would learn without participation. They waited for me to do the work and seemed to almost dare me to get them involved. This was not in an unfriendly but in a challenging way.

3. The program was planned by the women. Some of the husbands attended as a result of coercion. There was evidence of a spirit of women versus men and men versus women at the first session.

4. The composition of the groups was by order of registration and not by selection. The members knew each other in varying degrees from close friendship to mere acquaintance.

I agree with Theodor Reik that the most successful therapy group is made up of people who do not know each other and agree not to see each other between sessions. Under these conditions the sessions can be laboratory experiences and the findings can be applied outside in real life. I am also comfortable with a group that is selected for a factor of mutual trust by sociometric techniques.

Although I give over twenty hours a week to students and students' wives in individual and group counseling, this was my first effort at working with couples in group psychodrama. I was interested in discovering how the response in this group would compare with that in psychodrama groups of male inmates who were drug addicts, transvestites, and family deserters that I worked with as members of psychodrama groups in prisons. I was also interested in comparing the problems introduced in the couples group with those presented by these same students and wives or other students and wives in individual counseling.

In comparison with the inmates:

1. The student couples group found it much more difficult to interact at a feeling level. They wanted to intellectualize. The inmates were accustomed to acting out their feelings and did so freely in psychodrama. The student group were conditioned by their ministerial role of the socially appropriate rather than the emotionally felt.

2. The ministerial students were trained to express a corporate feeling instead of an individual one and hence set value upon an ability to withhold evidence of emotional feeling.

3. The students and their wives hesitated to expose marital conflict, whereas the inmates readily admitted conflict.

4. The student group more easily dealt with the problems of others than with their own. The inmates were very aware and concerned about their own problems and each fought for his opportunity to have it considered.

In comparing the problems presented in individual counseling with those expressed in group sessions it was found that:

1. In individual counseling many of their problems con-

cerned guilt feelings growing out of early religious training or from a sense of unworthiness to fulfill the image of the ministerial role. These guilt feelings and sense of unworthiness centered around premarital relations, masturbation and accompanying fantasies, attraction to members of the opposite sex, and desire for prestige and power. In the psychodrama group they avoided subjects relating to sex.

2. In individual counseling the definition and acceptance of the appropriate male or female role has been of frequent concern. This was dealt with, to some extent in the group, especially where the wives were working outside of the home and providing funds for the support of the family including college expenses for the husband.

3. Rebellion against authority is an often occurring problem appearing in individual counseling. This arose in two connections in the group, first, where husband or wife identified the other with a parent figure, and, second, where rebellion against a church board or a church official expressed itself in hostility towards the wife.

4. I was not happy with the results of the group sessions. I would hesitate to set up another on the same basis.

The following, however, seemed to be some positive results:

1. Many couples reported better communication. There were reports such as, "We talked until four this morning after the meeting last night. We never did this before. We talked about things that we had never talked about before and then we had the most satisfying sex experience that we have had in months."

2. Members of the group who had never sought individual counseling felt able to ask for it. Three made appointments immediately after the first sessions.

3. There was generally increased warmth between members of the group. Of the second group three couples continue to meet on a friendship basis.

4. Counseling is a part of the training received by students. This group counseling experience gave the wives an opportunity to understand better what may be going on when the husband says, "I'm having a group counseling session with the high school girls' group this evening," or "That attractive divorcee was in for a long counseling session this morning."

5. The group offered opportunity for the students to learn some of the techniques of psychodrama in the only way that it is possible to learn them—by actual participation.

HYPNODRAMA, A SYNTHESIS OF HYPNOSIS AND PSYCHODRAMA, A PROGRESS REPORT

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Herewith follows a brief description of the origin of the Hypnodramatic Technique. Hypnodrama is a synthesis of psychodrama and hypnosis. The idea of hypnodrama came to Dr. Moreno through an accident. In the summer of 1939 the late Dr. Bruno Solby brought a young woman for treatment. She suffered from paranoid delusions accompanied by nightmares, every night the devil came to vist her. She was unable to get into a psychodramatic re-enactment of the incident. After trying the self-directed technique and methods of mild prompting without results he became highly directive; this put the patient unexpectedly into a hypnotic trance. Dr. Moreno decided to try a psychodrama under these novel cimcumstances. With the aid of two male auxiliary egos the patient was able to portray two meetings with the devil, one as it had happened the night before, one as she expected it to happen the following night. Apparently hypnosis operated as a "starter" and spurred her spontaneity.

Several years later Dr. Moreno made a number of hypnodramatic experiments in association with James Enneis, the results of which they published in a monograph.[1] Enneis describes the technique as follows:

"In hypnodrama, hypnosis is induced on the stage. Psychodramatic techniques are used to speed the process and to relate it to the patient's everyday experience. The patient is warmed up in a psychodramatic manner to being in his bedroom or some other situation which he associates with sleep. After the setting becomes real to him, the director continues with the usual suggestive technique for the induction of hypnosis. When the patient is hypnotized the procedure continues with the psychodrama, using all its well known techniques."

"The closing of sessions on a high note is a cardinal principle of psychodrama.[2] This applies also in hypnodrama. When the patient has enacted frustrating experiences, it becomes extremely important that he be warmed up to a pleasant situation which he can handle to his satisfaction

[1] Hypnodrama and Psychodrama by J. L. Moreno and James Enneis, Beacon House, Beacon, New York, 1950.

[2] *Psychodrama* Vol. I and II, by J. L. Moreno, Beacon House, Beacon, N. Y.

before he is awakened. If this is not done, anxiety or depression may result. He must be given an opportunity to act a successful if not heroic role, thus allowing the warming-up process to become reoriented."

Since last May we have on various occasions used this combined mode of therapy with different types of patients. It has been quite successful and has allowed the patients to go deeper into their portrayal in the psychodrama while in the hypnotic state than they would without the hypnosis, at least in some cases. In several instances this has been a revelation and in fact, some of the patients who in the usual form of psychodrama did not give their all, once they were in the hypnotic state would eagerly participate in hypnodrama for two hours or more and reveal much deeper levels than in the psychodrama. To explain this more fully, allow me to state that I have seen patients in psychodrama who have revealed themselves on very deep subconscious levels, and in fact, I have seen cataleptic patients respond to the psychodrama where mirror technique, role reversal, auxiliary ego methods and other modalities were employed.

Perhaps it would be well if at this juncture I were able to give some details of one particular case in which hypnodrama worked very well. The subject, a young lady, is a teacher in the southwest and holds a Master's degree in Science from a recognized university. Clair came to the Moreno Institute in Beacon to study at a summer seminar held there under the direction of Dr. Moreno. While a group member there, she stated that she herself had problems which had been bothering her for quite a number of years. She had two sessions of psychodrama. I was present at one of these although I did not participate at this particular session. During these sessions, she reenacted certain situations in her past experience at home and elsewhere and was given considerable insight into some of her problems but felt that she had not completely conquered the entire situation. At Dr. Moreno's suggestion, I saw this young lady who had entered into a light hypnotic trance on one previous occasion for her Dentist at home. I proceeded to induce a light trance in privacy in this student. The following day, with very little difficulty, I induced her into a medium trance, which I helped her to make much deeper. While in this particular trance, she reacted well to my suggestion that Dr. Moreno would now take over the Psychodrama or Hypnodrama session. Dr. Moreno, together with Mrs. Moreno and others who were present at the teaching seminar then entered into the Hypnodrama and this session continued for approximately 1½ to 1¾ hours. During this time, I reinforced hypnosis on two or three occasions although I was not certain this was necessary. However, it did quite

well. Clair reacted very well and went through several intimate scenes in her past life, especially in childhood without any fear whatsoever of going into the intimacy of these details. At the end of the drama, I awakened her from the hypnotic trance and she stated that she felt well and she was satisfied with what she had presented.

The following day, I was able to induce Clair into a trance by the mere use of one of Dr. Erickson's more streamlined and more dramatic techniques, merely raising her hand in mine and having her look at her hand without knowing it, holding it closer to her face and eyes and as it came closer, she automatically went into a deep trance. With this, I then had her sit down and deepen the trance until it became very deep. I then made the statement that she could if she desired, open her eyes and stay in a state of a very very deep hypnosis and walk around or talk, ask questions, answer questions or whatever else she chose to do but meanwhile staying at all times in this very deep hypnotic trance. On this occasion, Clair remained in a trance for a period of approximately 2½ hours. During this time, she walked about the Psychodrama stage, she literally circled the lowest step on the stage countless times, followed by her auxiliary ego, and she responded beautifully to the suggestions of her auxiliary ego, to those of the Director and the other participants in the session. During this session, she reenacted a scene from her early childhood in which she lay down upon the stage and at the time she lay down was back to about two years of age in her mind, in the hypnotic state. She could see two other participants in the Psychodrama who were taking the roles of her Father and Mother and who were lying upon a mattress which represented a bed upon the stage. She immediately registered all the reactions of horror and fear. She stated that "Daddy is beating Mommy up." It soon developed that what she had seen at this early stage both physically many years ago and also in hypnosis on this occasion was an act of intercourse between her Father and Mother, but at the age when she saw this, she interpreted it as physical abuse of the Mother by the Father. It was interesting that she was able to regress in the hypnotic state on only the third session which I had with her to a state where she could once again visualize this act of aggression as she interpreted it. There is frequently the question raised what regression means in dynamic terms. According to Moreno's hypothesis, regression is a "psychodramatic" regression, not a "physiological" regression. This hypothesis can be empirically tested. This interpretation of regression may not change the therapeutic effect of the re-enactment of past episodes. Later on when she was out of hypnosis, we discussed the matter. She had an entirely different inter-

pretation of what she had seen. She now was able to discuss it at the adult level and understand that what she had seen, was not what she thought she saw when she was two years of age. It is extremely interesting to note that one not versed in hypnosis but versed in Psychodrama can accomplish age regression in a subject who has been put in hypnosis by another individual. Clair discussed many areas of her life, her associations with men, her associations with superiors of the faculty and of her students with complete freedom from embarrassment or difficulty of any kind. She was able to give of her innermost self during this entire period of time and we believe that she did better with this technique than she would have with either Psychodrama or hypnosis alone.

At the end of this session, several of the group who were observing the technique asked me if Clair was still in hypnosis. In order to show them, perhaps one might say "dramatically" the answer to their question, I asked Clair if she was awake or in hypnosis and she said she thought she was awake but she wasn't sure. I therefore asked her if she would not sit down, which she obligingly did. I told her that if she wished to, she could go even deeper into hypnosis by just closing her eyelids. Being a very gracious subject, she closed her eyelids and went into a much deeper trance than she did 2½ hours previously. I then suggested to her that when she awakened from hypnosis, both of her upper extremities would be in a catatonic position and she could not put them down till such time as I snapped my fingers. I then aroused her from the hypnotic state and immediately both of her upper extremities went into the catatonic position very comfortably. She sat there and talked to me for a period of about five minutes after which I snapped my fingers and Clair's arms became relaxed and the upper extremities returned to a normal stance.

We do not feel that this is a panacea or cure-all for *every* patient who comes to us for therapy. However, we feel that in some selected cases this can be a very advantageous type of treatment. We feel also that there has not been enough work done in this particular field to fully outline the type of patient who is best treated by this combined technique. Further research should allow us to more accurately determine which type of patient would benefit most by this method.

There are several other cases with which we have worked in this, we believe, new and certainly different technique. We feel that much progress can be made in this direction by a combination of hypnotic and psychodramatic techniques. However, there is much still to be learned and therefore we intend to continue with the research in this field. We feel it is

extremely interesting to note that two techniques can be combined so successfully. Dr. Moreno, of course, has done hypnosis in the past but has not specialized in this particular therapy. I have done other things myself but have gone more and more toward the hypnotic technique. It is interesting also to see how easy it is to transfer the patient from the one who induces hypnosis to the one who carries on the Psychodrama. I feel that if the Psychodramatist were someone not versed in the hypnotic techniques this could present problems. However, this still remains to be proven. Personally, I believe that by the combination of hypnosis and psychodrama, it may be possible entirely to achieve much more brilliant results. There are certain patients whom I have observed in Psychodrama and Psychotherapy who are somewhat reticent or one might say, bashful in giving their all. They seem to withhold something from the group or from the Psychodramatist. In the particular cases which we have studied in the combined form of therapy, this reticence or bashfulness or withholding has been largely overcome. These patients seem to *want* to give all of their innermost and subconscious thoughts for their own benefit and that of the group with whom they are working. Naturally, one can envision the much greater benefits from this type of situation than from one where the patient withholds even a small part of the information which is present in his conscious or subconscious mind. In more recent sessions of hypnodrama, we have observed that the patients have told us that after each session they have been very active at home and have established, in most cases much better rapport with their families or at least several members of each family than had been possible in the past. Since we envisage our program to be one of establishing rapport of the patient with his or her family, we have been encouraged greatly by the reports from the patients. We feel that ours is a teaching situation. In other words, we are teaching the patient to better establish relationships with all members of his or her family and with the others with whom he or she comes in contact. Apparently we are succeeding in this respect.

We hope to publish further reports upon this type of therapy in the near future and to continue our efforts in research in this particular field.

GROUP TECHNIQUES IN A CHILD WELFARE AGENCY

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The New Bedford District Office of the Divison of Child Guardianship, a branch of the Massachusetts Department of Public Welfare, is responsible for providing foster care for children in the Southeastern region of the Commonwealth. This office is presently caring for some 420 children in foster homes and group settings. The number of children being referred to the office has been increasing for several years for a variety of reasons. In 1955 31 children were accepted into care, in 1956 50 children, 1957 80 children, 1959 102 children and last year 138 children were accepted for foster care. The percentage of children accepted from those referred has remained around 50% for the past several years. Since our field staff has not been enlarged, this increasing number of referrals to our District Office has of necessity caused us to be less effective in certain other areas. We particularly noted a falling off in the number of contacts we were having with the parents of children under care. This lack of contact has had unfortunate results which were called to our attention vividly last year when for the first time in several years the percentage of discharges of children to parents and relatives dropped below 50% of the total discharges.

In July, 1958 we finally decided that we had to develop some new approach to our problem if we were to maintain the quality level of our services. Since our requests for additional staff were not approved, the solution occurring to us was to spread our workers out by cutting travel time. Born of this necessity and developed as an expediency was the plan of seeing children in groups. It was our hope that in this way we would see the children more regularly and give then more social worker time. We decided that we would embark on a pilot project involving two groups of children and one group of foster parents. Prior to our setting up of the groups, we spent considerable time reading and discussing material which we felt would be of help to us. We certainly had some fears about taking on this new form of activity but we also felt that any damage we might do to the children by seeing them in groups would be more than offset by the fact that at least we were seeing them. We felt the damage that would be done if we did not see the children would be far greater.

Our first groups were set up in a town some distance from our District Office. The group leader was a mature and experienced social worker who had known all of the children and foster parents for several years. We set up our groups on the basis of the following factors—first, geography—children had to live close enough to the town to be able to attend the groups conveniently; secondly, age and sex. We decided that we would try and keep the children in each group roughly to the same age and level of maturity and that we would keep them all of the same sex. We felt that mixing the sexes might lead to problems that we would find very difficult to handle; Thirdly, we tried to take into account the personalities of the children involved. We tried to have in each group some children who were "talkers" and some who were not. Lastly, we tried to include children who were not too disturbed. We were a little apprehensive that we might be overwhelmed by the group and we felt that it might be best to start off with children who would not be so disturbed as to upset the other children in the group and also be so unruly and unmanageable that the worker would not be able to handle the situation. We felt from our reading and our thinking about group techniques that we were setting up groups that were fairly soundly chosen. First, we felt that all our children shared a common problem, that is, being a foster child and being separated from their natural parents. We also felt the group members were related as far as social status was concerned. They were all "State Wards" and were concerned and sensitive about this point. Lastly, we felt that they had some identity in terms of goals for themselves. They all wanted to be accepted by the community and they wanted some help with their feelings concerning their parents, foster parents and about the agency, as their feelings about themselves and their status.

Our goals for the project were—

A. For the children:
   1. To give the youngsters more continuous emotional support.
   2. To work towards improving their self image.
   3. To help them with their problems of relationship to the worker, foster figures, parents, school authorities and
   4. To increase their understanding of their parents, their need for placement, and the role of the agency.

B. For the foster parents:
   1. To help with problems around their foster children.
   2. To increase their understanding of their role and the roles of the worker and the agency.

C. For the social workers:
   1. To have more frequent contact with the children and from this, we hoped that closer relationships could be developed. To develop better understanding of the child's needs, personality and the child's perspective of his environment.

D. For the agency:
   1. Better use of social work time. The elimination of considerable travel time because the children were coming to the workers, allowing more time to be given to direct face to face contact with the clients.
   2. More planned contacts with the children.
   3. Greater awareness of the child and his problems.

Our careful screening of the children resulted in groups that we felt were fairly satisfactory. We were not able to be as careful in our setting up of the foster parent group. Largely, because of the geography and numbers involved, this group did not work out as well and we will confine our discussion in this paper largely to the activities of the children's group. We felt the foster parents' group was not carefully screened and selected and that the failure of this group was not too surprising. We did not feel that the failure should reflect on the group procedures because we feel that the initial selection was faulty. When we set up future foster parents groups we will be able perhaps to show that the use of group techniques with foster parents can be a very valuable tool for our agency.

The older children's group consisted of six boys and when the group was activated in December of 1958 they were all in their 15th year except one youngster who was 13. The second group of younger children was opened with five children in the same month with a more widely scattered age range; with two boys of 13, one boy of 12 and one boy of 10 and one boy of 9. Meetings were held in a Juvenile Court Room through the cooperation of local officials. The meetings were planned to last for two hours with a break in the middle when the children had cokes and cookies. This, however, after a few meetings was changed to a steady hour and half meeting with the cokes after the meeting. The break seemed to interfere with the flow of discussion of the group. The meetings were scheduled for every six weeks.

Each child had been seen individually by the worker prior to the first meeting and a generalized interpretation of the meetings and their purposes was given. Initial response at the first meeting seemed to be one of pleasure but also some concern and maybe a bit of confusion. However, there was demand for more meetings immediately and the children also

wished the frequency of the meetings increased. In general, these early meetings were largely discussion type meetings where the worker threw out some topic or asked the boys to bring up some topic. They discussed such things as how they were getting along in school and problems they saw in the school area. The early meetings largely centered around the relationship of the boys to school or in a few instances of the boys to the worker and to the agency.

We soon became acquainted with a new technique, role playing, through the help of Dr. Lewis Yablonsky at the University of Massachusetts. The role playing techniques appear to be a tool that we feel, from our use in our experimental groups, is a most valuable one. We of course had a setting in a juvenile court room that was very easily adapted to certain types of role playing. There obviously came from the children many suggestions that we plan "court room" and a goodly number of the sessions involved the trial of neglecting parents, although in one instance a boy brought out his problem in school in terms of a court session involving a school offender. It was interesting to us that the boy commented as he was leaving the building that the reason that he did so well when he played the defendent was that he was really that boy and this was his "real life situation" that he had played out for us.

We felt our group meetings for children were a success. The children have been and continue to be most enthusiastic. Every one of them has requested more frequent meetings and a child has never missed a meeting in these two groups. We felt that the group experience has improved the children's ability to get along with other people.

In one instance a sixteen year old boy, Harold brought out to the group that he didn't care to go to the local dances, all he did was stand against the wall, that he never had the nerve to go and ask a girl to dance. The other boys in the group pointed out that they all used to feel that way but that they had actually after the first experience had a good time and enjoyed dancing. Harold was amazed to find that these other boys, whom he feels are more competent than he, had the same feelings that he does and seemed to give a lot of thought to this matter. On the occasion of the next group meeting, he pointed out to the worker and to the group that he had gone to the dance, he had got up his nerve to ask a girl to dance and had been accepted and had a good time. In another situation, James told how wonderful his foster home was in several meetings. However, after a couple of meetings where other children told about how in the past they had run away and when he brought out

questions about what happened and they told how the worker picked them up and brought them back and they had rather a pleasant experience of it, James brought out that maybe he really would like to leave his foster home. He then started to tell how he felt that the foster mother had a lot more feeling for her grandchildren than she did for him and that he really wanted to live with his own parents. Shortly after this, the boy ran away several times and indicated strong feelings about leaving the foster home. The agency was fortunate in locating a relative in California who was interested and able to take him, yet up until the time of these group meetings this youngster seemed happy and comfortable in his foster home setting. The support of the group in both of these instances has given these two youngsters the necessary encouragement to bring forth feelings that they had and has also supported them to the point where they could take some positive action to better their situation.

In still another situation, the worker previously had felt a boy was not as serious a problem as was indicated by the complaints received from various people in the community. The boy's aggressiveness with the other children, his capacity for provoking trouble and for getting into fights was quite dramatically demonstrated in the group situation, He was constantly agitating the other children, heckling one, snapping an elastic at at the neck of another, and trying to push over the chair of another. The meeting gave the worker a wonderful opportunity to see Graham in the actual process of creating problems and it was interesting for the worker to note how this boy was rejected by the rest of the group and how they became quite open in saying how undesirable he was because of his behavior.

We feel from the point of view of administration that the group techniques have enhanced our program. We are now assured that each child who is involved in a group has the opportunity "to have" a worker for an hour and a half a month. This opportunity for many of the children has been a real experience. The setting up of the groups on a regular scheduled basis makes it much easier for our social workers to plan their work. One of the great problems the social workers in the Division of Child Guardianship, particularly in a rural area such as the New Bedford District Office services, is the planning of work, of visits and contacts over a wide region. The group procedure now enables us to set up a definite schedule as to when we will see children, eliminates considerable travel because the children are coming to the meeting and allows the workers to formulate much more definitely scheduled itineraries.

This better use of time should allow us to devote more energy to

working out permanent plans for the children and for carrying out our long range objectives of rehabilitation of the natural home and the return of the children or the developing of new permanent homes through adoption.

We have proceeded to increase the number of children's groups. It was less complicated to establish groups in institutions because of the absence of the geographic factor. We now have 12 groups in three institutions with three different social workers functioning as group leaders. We also plan new foster children groups and foster parents groups in our urban areas. We feel that we will eventually have some children seen only in groups, some in both groups and individually and some who will be seen only individually. We also feel a major problem facing us is our intake situation and we contemplate setting up group meetings of some of the parents whom we are seeing at intake and who we feel could be helped by the group approach. We have been attempting for some time to set up a pilot project in this area. The problems we face however are rather large, particularly in terms of geography and time.

We have recently developed a joint program of research with the Center for Research in Personality at Harvard University under the direction of Dr. Timothy Leary. The Center is also providing us with consultation services around group therapy. The goal of the research project is to determine more completely whether or not our new approach has been of real help to our children. Our impression is very definitely that the approach has been most worthwhile. It is our hope the research project will bear out this feeling and also will give us more information as to how to further improve our services to children and families.

SOME IMPLICATIONS OF MORENO'S CONCEPT OF WARM-UP FOR EDUCATION

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In education, we are confronted by a challenge, namely, to institute conditions which will enable all participants in the educational endeavor to operate at the uppermost limits of their capacity as thinking and creating individuals. People have their limitations, but if each individual could be helped to more fully realize his latent resources, schools could achieve levels of creativity and learning on the part of their students much beyond those at which they now function.

The process by which an individual moves toward optimal levels of functioning has been analyzed by Moreno in his theory of Spontaneity-Creativity (1:39-48). Spontaneity, in Moreno's conception, is a type of energy which serves to catalyze latent creativity. The individual attempts to generate adequate spontaneity through what Moreno calls, the process of warming up. Warming up is, therefore, "the operational manifestation of spontaneity." (1:337) In other words, if a person can warm up sufficiently, he is then able to utilize his emerging spontaneity in being creative.

This concept of warm up, as introduced by Moreno, seems a valuable one with which to conceptualize the problem of mobilizing human resources in the educational venture. The present paper attempts to apply this concept to some of the challenges faced in the classroom.

There are two different kinds of warm up with which we must deal—these may be termed "immediate" and "long-term" warm up. Immediate warm up has to do with the practical issue of starting a class or a teacher functioning at a high level of creativity in any given class session. With class periods all too short, the process of getting things moving; getting himself and the class warmed up quickly, is an immediate and pressing problem for the conscientious teacher. Perhaps nothing is more frustrating to teachers and students than to labor to warm themselves up to their subject, only to find that just as things are beginning to move, their class time has ended. By the time of the next class meeting, the group may become quite "cold," therefore necessitating another cycle of delayed warm up.

In long-term warm up, we are concerned with the level of creativity that can be achieved by the class or by individual students over a protracted period of time. Whether or not any given class session gets moving quickly may be of less real importance than the level of significance of experience which can be attained over the course of an entire semester.

Lest the two types of warm up be thought unrelated, let us hasten to suggest that the two are quite interdependent. A class which is able to warm up quickly during any given session can also be expected to become deeply involved, that is, achieve a high degree of long-term warm up, over an extended period of time. Moreover, the deeper the level of involvement of the students over a longer period of time, the more quickly they might be expected to warm-up at any individual session.

Turning to the question of immediate warm up, let us examine some of the factors which must be considered. A most significant factor, and in the eyes of some, the key factor in the success of the class, is the influence of the teacher. Moreno has suggested that the level of leader spontaneity is reflected in that of his group. It may follow then, that the crucial factor in determining the extent to which a class can be warmed up is the speed with which and the degree to which the teacher can warm up himself.

The extent to which a teacher, or indeed, any group leader can warm up at any given time is of course, a function of many factors, including his past experience and training, his level of sensitivity to his students, and the situation with which he is attempting to deal. Of these factors, his own long-term experience in warming himself up to the highest utilization of his own resources appears of vital significance, as on this may depend the teacher's overall effectiveness.

Moreno has suggested that the use of "starters" can enable an individual to achieve an adequate level of warm up, and has discussed bodily, mental, interpersonal, social and even psychochemical starters in his writings (1:337-340). Such starters serve the purpose of lighting the psychological fires in the process of warming up to a creative act.

Moreno presents the following example of the use of starters:

> Beethoven, according to his biographers before and when writing music used to walk up and down through his garden, apparently without direction, making gestures, looking wild and absurd, then stopping as if taking a breath. He improvised with his whole body, trying to stir up the musical associations buried

> in his mind. He always carried a notebook with him so that he could immediately put down his inspirations. (2:306)

This description of the creative composer warming himself up to the point of creativity, illustrates the use of motoric or body movement starters. Which particular starters an individual may employ is, of course, much less important that the necessity that he have appropriate ones, those which will enable him to best utilize his latent creativity.

Some may find it difficult to think of teaching as a creative experience comparable with the composition of music. However, it is our belief that good teaching is indeed a creative activity. The teacher, as we see it, is an artist working with living students as his medium, who, through his creative efforts brings about learning experiences for his students which enable them in turn, to utilize their own latent resources. Teachers must learn to employ appropriate starters that will allow them to generate the spontaneity necessary for them to play their roles well.

Individual differences being what they are, we should expect each teacher to employ different starters or different combinations of starters. Some teachers may pace the halls before the class begins, others may formulate mental images before achieving the proper level of spontaneity, while still others may resort to coffee, drugs, or other psychochemical energizers or starters. More common perhaps, are those individuals who are able to walk into their classrooms and warm up themselves by and while interacting with their students. It is most important that each teacher know himself so well that he can tell almost automatically how warmed up he is at any given time; and that he be familiar with the starters he has within his repertoire that will enable him to achieve the level of spontaneity most adequate to the needs of his teaching situation.

Another matter of educational importance concerns the process by which a warmed up or warming up instructor attempts to warm up a class of "cold" students. Let us imagine a classroom in which the teacher is pacing back and forth before his students, actively warmed up on both a motoric and a cognitive level, lecturing at a rapid pace, moving his arms for emphasis, clearing his throat, his brow, and so forth. At the same time his students are rooted to their tight and crowded seats, unable either to talk or move about, their very physical immobility preventing them from warming up at the very moment when they are expected to be intellectually most wide awake and receptive.

The very seating arrangement of the conventional classroom would seem to promote a passive rather than an active learning attitude. To

produce learning experiences of a high quality we must find means by which students can be activated, aroused and alerted, both physically and mentally. Devices which free the students, such as serving food or drink, getting them to verbally interact with the teacher and their fellow students, and arousing them emotionally, may facilitate learning. That such activities as "buzz sessions" have been found to enable a group to warm up with greater ease, suggests that many ways of warming up a class can be developed if the search is pursued.

Suggestions made by Cornyetz in his article on warming up an audience appear relevant here (3). Such methods as the interview with a representative of the group or indeed, the presentation of dramatic action, may be valuable means of moving classroom groups toward the intensification of their experiences. Articles describing the use of action methods in the classroom (4) suggest that role playing, sociodrama and perhaps even psychodrama, have a legitimate place in the classroom. It should be noted, however, that the teacher using these techniques to facilitate learning must assume the role of the psychodramatic director, a role which demands both specialized training and a great deal of skill and spontaneity.

That we have yet come only a short way in finding ways to involve students as active participants, both verbally and in terms of physical movement while present in the learning situation, can be noted by any observer of current school practice.[1]

So far, little has been said about the subject matter dealt with by the class, but this too is related to the degree to which a class can become warmed up. It is almost axiomatic that the extent to which the subject under consideration is of interest to the students and to the teacher, will be an important factor in determining their level of spontaneity. Conversely, the degree to which a class is warmed up may determine the level of significance of activity at which it is ready to move.

There appears to be an important curriculum development message here. The teacher attempting to plan with his class those activities with which

[1] An element that is lacking at many conferences where lectures and paper readings are featured, is the opportunity for the listeners to achieve motoric and mental warm up while the speakers are making their attempts at communication. Picture the creative possibilities that might be present if when the speaker was finished, his audience was ready and able to respond to his presentation on a level of spontaneity. This would be a real challenge in immediate warm up. The fact that so many conferences and conventions are planned with little time left for questioning at the close of the presentations, to say nothing of opportunity for creative discussion, suggests that stimulation of audience spontaneity is seldom considered important.

they are to be jointly concerned, must be able to warm up his class to a rather intense level as a prelude to the planning. Too frequently, the process of democratic planning fails because the problems suggested by the participants are of too superficial a nature to retain interest. Only when the group can be warmed up to a deeper psychological level, will items of real significance to its members be brought to the surface and dealt with. Planning on the part of the teacher, which does not take into account the needs and interests of the particular students with whom he is working, would appear to have little chance of producing subject matter or activities which would enable students to warm up to any real depth of involvement (5).

The nature of the subject matter of the class appears then, to have an important bearing on both the immediate and long-term warm up of the class. A class which is sufficiently warmed up will be in a position to select subject matter for its own consideration which has real significance for its members. Moreover, a class having been able to locate and work on subject matter of real significance, will have little difficulty warming itself up during any given class session.

It should be evident that this discussion has been based on the assumption that it is desirable for teachers to work at a level of activity that has deep significance for students. If we are satisfied with dull classes where subject matter of little significance is presented to passive students, we have little reason to concern ourselves with the concept of warm up and its educational implications. If on the other hand, we want real intensity of educational experience to occur, we dare not allow such an important and helpful concept to be ignored in our educational thinking, our research or our practice. We share Moreno's thought that "spontaneity training is to be the main subject in the school of the future."

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SPONTANEITY TRAINING WITH TEACHERS

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Over a period of eight years spontaneity training with teachers has been conducted at the University of Georgia. These training sessions were a part of a special offering in the area of mental health in education, open to enrollees in the annual summer workshop for school personnel offered by the College of Education. Spontaneity training was also conducted with teachers in off-campus workshops on mental health, and in in-service training sessions for school faculties conducted in Georgia and other states.

Classes or groups in which spontaneity training was undertaken varied in size from twelve to thirty members. Participants were usually seated informally in a circle, and when posible, smoking was permitted. In about 60% of the groups school administrators and school social workers as well as teachers were enrollees.

As a general procedure and in order to stimulate interest in spontaneity training, the topic "The Place of Spontaneity in Professional Functioning and Interpersonal Relations" was presented for group discussion. In all instances the group was asked whether discussion of this topic would be of interest and value. Group decision then governed whether the topic was covered. Preceding discussion of the topic the writer took ten minutes to share his views on the subject. The following major points were made:

A. Educational emphasis and procedures seem to successively "train out" or eliminate spontaneity from the professional and interpersonal functioning of our students. Roughly, the more training, the less spontaneous the individual.

B. Spontaneity and creativity are closely linked. As the well-springs of spontaneity dry, creativity is all too often similarly effected.

C. The origins of spontaneity training as traceable to Moreno's work in the Stegreif Theatre and his contribution to the development of sociodrama and psychodrama were briefly covered.

D. It was mentioned that various ways and means existed to develop spontaneity and that the group may be interested in considering some forms of what is generally called spontaneity training.

When appropriate during the beginning of the session, two questions would be raised by the writer, who functioned as discussion leader—1. "What keeps us from being spontaneous?" 2. "Why is it especially important for teachers to have spontaneity?"

If the group had been meeting for some time and group members had an opportunity to develop a fairly close relationship, considerable sharing of personal experience would usually take place around question one (above). It was interesting to note that it was the concensus of the majority of groups that spontaneity was equated with the *expression* of emotions and feelings. The expression of feelings or emotions meant to the groups (and seemed to be both consciously and unconsciously equated with) the expression of destructive and violent feelings such as aggression and hostility. In a number of groups this conclusion led participants to explore their feelings toward authority and, in some instances, colleagues. The presence of school administrators was seen as an advantage as it offered teachers an opportunity to hear how it felt to be "on the other side of the fence." Sociodrama could also be used to greater advantage with as much role reversal as possible with teachers and principals.

The majority of these groups were able to work through to a recognition of the fact that the pressure of accumulated and unexpressed hostile feelings tended to impede or make difficult the expression of tender or loving feelings. It was possible for some groups to spontaneously develop the insight that "a rich and varied expressive emotional life is usually a characteristic of a spontaneous and creative person."

The second question "Why is it especially important for teachers to have spontaneity?" helped group members to focus on the role of spontaneity in the professional functioning of the teacher. Most important, an opportunity was presented to examine closely the quality of pupil-teacher relationship within the authoritarian framework and to examine how this is related to the development of spontaneity in students. In a number of instances groups used this part of the discussion to examine their philosophy and functioning as educators. They then began to develop and work out programs and means by which spontaneity (and creativity) could be fostered in students. This topic also offered the discussion leader the opportunity to raise another question—"To help students develop spontaneity, wouldn't it be best to begin with ourselves?"

As a part of the democratic philosophy of group functioning, the discussion group leader asked the group to list on the blackboard methods and means by which spontaneity training could be achieved. When the

group had completed the blackboard listing the writer would then add any methods and means which had been omitted. Training methods most often listed were the following:

1. Sociodrama.
2. Free expression of feelings and basic values, beliefs and convictions.
3. Use of finger paints, painting and drawing.
4. "Brain-storming."
5. Use of music.
6. Use of abstract and representative art works.
7. Interpretive dancing.
8. Group story and group drawing.
9. Psychodrama.

Following the blackboard listing, discussion would be utilized to select the various methods and means the group wished to employ in spontaneity training. Similarly, the length of time and number of sessions to be devoted to this type of training were determined.

Methods used in spontaneity training with teachers will be briefly discussed and findings and conclusions presented.

1. *Sociodrama and psychodrama*—Sociodrama was used in the majority of groups. Since many teachers were in need of additional information about the origins and educational uses of this method, when possible Moreno's volume *Who Shall Survive?, Foundations of Sociometry, Group Psychotherapy and Sociodrama*", Moreno's monograph entitled "The Theatre of Spontaneity" and his related works were assigned readings and recommended for the professional library of participants. Role playing sequences were organized around the following:

a. Vital examples of student spontaneity—both constructive, creative incidents as well as hostile or destructive (pupil toward teacher directed) incidents.
b. Examples of spontaneity observed in the professional functioning of teachers or administrators.
c. Examples of spontaneity observed in a non-professional setting—neighborhood, friendship or family circles.
d. Role reversal situations with all group members acting the role of students in a "spontaneity centered classroom."

The majority of the group derived considerable satisfaction and enjoyment from the role playing sequences. The role reversal situations and sociodrama dealing with spontaneous teacher-directed pupil hostility

were reported to be most profitable. Although role playing practice in spontaneity did not seem to greatly enhance the role players' capacity for spontaneity, participants appeared to develop increased motivation to become spontaneous individuals. One outstanding by-product of role playing was the teachers' increasing familiarity with the technique and the expressed desire to make optimal and creative use of this method on their return to the classroom.

Psychodrama was used on a much smaller scale as the preponderant majority of groups preferred to use sociodrama. Psychodrama was especially effective when teachers volunteered to act out such themes as "An outstanding spontaneous moment during my adolescent years," or "The most outstanding incident of my use of spontaneity with students." Moreno's *Psychodrama*, Vol. I & II were assigned readings and used as a basis for reports or discussion. Shoob's monograph *Psychodrama in the Schools* was also used.

2. *Free expression of feelings, basic values, beliefs and convictions*—Extensive group discussions were held around such questions as "Why are we afraid to express our feelings?" "Why do we often fail to express our basic values and beliefs?" "What does this have to do with spontaneity?" These discussions had as their purpose to help individuals develop increased freedom in the expression of their feelings and convictions—initially within the framework of the group experience and hopefully, later, "on the outside."

This type of discussion not only enabled participants to increasingly express their feelings and beliefs, but also seemed to help them to become more sensitive to the feelings of other group members. To facilitate the expression of feelings, a series of ten minute practice sessions were held around such topics as "How we feel about bosses," "My feelings about nature." This provided an opportunity for expression of feelings by the group as a whole, beginning with hostile feelings and moving toward more "positive" feelings. This experience was reported by group members to have a freeing effect and was believed by some group members to facilitate more spontaneous self-expression.

3. *Use of finger paints, drawings and paintings*—Due to a lack of materials and facilities these methods were used in only a limited number of situations, although they ranked high on the methods list of all groups. Groups using finger paints and "spontaneous drawings" reported that use of these media had a very marked effect in terms of fostering both spontaneity and creativity. Finger painting especially seemed to be a markedly

satisfying activity and was noted by group participants as being the highlight of their spontaneity training experience.

4. *Brain Storming*—Brain storming as developed by Alex Osborn and described in his book *Applied Imagination* was used during the majority of the group experiences. Topics for brain storming were suggested by the group. A number of small sub-groups were then formed and these competed with each other in the production of ideas. Group members reported this as a very satisfying experience and in many instances group members later reported to the discussion leader that it had started them to do "more free-wheeling thinking" than they had previously done.

5. *Use of music*—Selected passages from symphonic, operatic and jazz sources were used. For example, the "Liebestod" passage from Wagner's Tristan and Isolde was used. Dixieland Jazz selections from George Lewis' "Burgundy Street Blues" and "When the Saints Come Marching In," also proved especially effective. No titles or names of musical selections were announced when excerpts were played. Group participants were asked either to share the feelings, imagery and fantasies they had while the music was playing, or to share these feelings at the end of the selection. In most groups the use of music elicited spirited participation and sharing of feelings and fantasies.

6. *Interpretive dancing*—Although many groups listed this as a method, no group has attempted to use interpretive dancing. However, in approximately 30% of the groups, group members confided to the discussion leader that they had tried out this method in order to develop spontaneity and with highly satisfactory results. As one teacher put it—"I got up my courage and danced through the woods one Sunday morning and I believe it has helped me more than anything." It is of interest to note that only women teachers had the freedom to use this method.

7. *Use of abstract and representational art works*—Group members were asked to spontaneously share feelings, images and fantasies on viewing selected representational and abstract art works. The use of abstract works of art was especially effective. It was found that a great deal of confusion, anger or frustration seemed to exist in relation to abstract art, per se. *It was easier for most group members to spontaneously express feelings in reference to abstract art than to any other media used.* (The writer found that a similar use was made of abstract art in the leadership training programs of the Christian Faith and Life Community in Austin, Texas, by W. Jack Lewis, Joseph A. Slicker and associates. This group of trainers made very skillful use of a large reproduction of Picasso's

abstract work entitled "Guernica," as well as other abstract paintings.)

It was found that on occasion group members would spontaneously paint or draw abstract themes or compositions outside of the group experience and bring them to the group to get their reaction. The groups were invariably supportive of these efforts although the artistic merit of these productions might be questioned. The tenor of group feelings was expressed by one member, who remarked "what does it matter whether it's art or not—you have done something spontaneously and enjoyed doing it. You've got something out of it—keep it up!"

The use of abstract art can make a definite contribution to spontaneity training. This is a relatively unexplored and challenging medium and additional experimental work is much needed.

8. Group story and group drawing—"Group story" was effectively used as an "ice breaker" during the initial meetings. The procedure was to begin a story with a starting sentence, such as "Once upon a time a teacher had a class of happy, bright youngsters eager to learn and grow," or "A teacher felt sad and depressed at the end of a long hard day with 38 pupils." Each group member in turn would then rapidly add a sentence to the growing story until everyone had contributed.

When group drawing was used, a drawing would be started on one side of a long blackboard or a piece of paper, when these were available. Group members then participated in the conclusion of the drawing. This enabled 8-12 people to work simultaneously, with the majority making an attempt to relate their section both to their neighbors' effort and the whole emerging drawing. As a result, considerable spontaneous interaction took place and individual (as well as group) creativity was fostered.

The group story was especially effective as a source of humor and occasioned much laughter, which seemed to weld the group closer together. In addition, many insights and increasing understandings of group members was provided by use of both of these methods.

It is hoped that the discussion of spontaneity training with teachers will serve as a stimulus for further efforts in this area with the teaching profession. In view of their key position in relation to the character and personality development of the coming generation, *the teacher, perhaps more than any other professional person, needs to be a spontaneous, creative and emotionally mature individual.*

GROUP PSYCHOTHERAPY AND VOCATIONAL REHABILITATION, A STATE PROGRAM

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INTRODUCTION

The phrase, "Who Shall Survive,"[1] can never be more aptly applied than to the vocational rehabilitation of the mentally ill. The Federal vocational rehabilitation legislation of 1943, Public Law 113, made it possible for the first time for psychologically disabled persons to be served by the state-federal agencies which exist in every state. Going several steps farther than just offering medical services, vocational counseling, or job training, the Colorado Department of Rehabilitation is providing its psychologically disabled clients a comprehensive program of group psychotherapy. The Mental Services Division of the department, headed by Mr. Thomas B. Dillingham, has found that such a service for its clients is not only useful, but a necessity in many cases to underwrite satisfactory readjustment.

The uses of group psychotherapy with psychologically disabled persons and especially in mental hospitals has been in focus for a number of years now. Much has been accomplished, and of course, much remains to be done. Those concerned specifically with the vocational rehabilitation of the psychologically disabled, i.e., preparing or returning them to productive, efficient, independent functioning, are faced with yet another set of problems with which to work. These problems center around the social and personal, as well as vocational situations, of these persons after their release from hospitals. It is true that many released patients have not been successfully reintegrated into the community, their vocational adjustments have frequently been unstable, and the readmission rate high. Therefore, for some time before the author became associated with this program, the Department of Rehabilitation in Colorado arranged for community group psychotherapy services through the psychology department of Colorado State Hospital and through university counseling centers. To a certain extent this is still done because the need for these services has grown in proportion to other aspects of service. This report concerns the group psychotherapy program conducted by the Mental Services Division of the Colorado Department of Rehabilitation, which is possibly unique in its formation, administration, and approach.

[1] J. L. Moreno, Beacon House Inc., Beacon, N. Y., 1953.

One of the peculiar facts observed in the vocational rehabilitation of the psychologically disabled is that the problems which these persons encounter after their release are not usually the result of poor job skills, inadequate performance, or lack of aptitude or learning ability. Their difficulties are commonly the result of inadequate social skills, poor interpersonal relations, failure to get along with fellow employees, and reticence or awkwardness in expressing themselves to others, whether it be family or employer. These observations are especially true for patients with long periods of hospitalization. However, it has frequently been a serious obstacle for persons who have never been hospitalized at all. For example, consider the case of a young woman, thirty-four years of age, without family or friends, and exceptionally skilled in clerical knowledge. On previous rehabilitation attempts she was forced to return to the hospital after a short time because she was unable to hold a job or stabilize herself in the community. The usual reasons for failure were that she would either take a sharp attitude toward fellow employees, ignore them altogether, or simply decline to associate with them. At home she had no friends, no family, and was extremely reticent about seeking interpersonal relations. Consequently, this person spent a cumulative total of thirteen years in a mental hospital. At the present time, this young woman has been out of the hospital for over eighteen months and has attended group psychotherapy sessions for the past seven months on a weekly basis. Through her participation in this group and as a result of the patient encouragement of the group members, her attitude and behavior in social situations has markedly improved. Her vocational adjustment is, therefore, becoming stable. With the remarkable improvement in social skills, interpersonal conflict is no longer a serious threat to her adaptation.

The above case is cited as an illustration of the need that the Department of Rehabilitation has for group psychotherapeutic techniques. Of course, there have been failures as well as successes in this project, but the department has found that its merits and assets outweigh by far its limitations. The following discussion of the major uses of group methods in this context emphasizes the diagnostic, as well as the supportive and therapeutic values which have been discovered.

Major Uses of Group Psychotherapy

The group psychotherapy program consists of three rather distinct phases. Individual clients may or may not participate in more than one phase, depending exclusively on their need as they progress toward com-

munity readjustment. These dichotomies have been established because the problems, pressures, and imminent goals of clients differ considerably at each stage. Separate approaches and group techniques are employed in each stage.

Pre-vocational Selection and Preparation Groups

These groups constitute the initial or orientation phase for psychologically disabled persons and begin during their hospitalization. The size of the groups is approximately ten to twelve members who meet once weekly for ninety minutes. The primary task is to orient the members concerning the function of the State Department of Rehabilitation, to prepare them for intensified social interaction upon their release, and to assist them in clarifying their vocational goals. In these groups, diagnostic values are considered above the therapeutic even though they do not exist independently. To achieve the objectives of the groups, sociometric and spontaneity testing are employed for diagnostic purposes. In addition, role-playing and certain techniques of psychodrama, notably self-presentation, role-reversal, and ego building are used extensively. The majority of sessions are spent in structured role playing situations involving standard situations which each patient must meet upon his release. For example, situations used include, "the employment interview," in which the group members alternate roles of the applicant and the interviewer. This particular situation is repeated several times during the course of the meetings to reinforce positive responses.

In-Training Groups

The in-training groups are designed for patients who are still hospitalized, but who participate in training courses during the day. These persons are enrolled in college, beauty or barber schools, business schools, or on-the-job training with a local business establishment. Therapeutic groups for these persons meet once weekly for hourly sessions and range in membership from six to eight. It is arranged with the training agency that they be allowed time off for these meetings. The approach used in these groups involves planned, group centered discussions, the stimulus for which is usually provided by a member who introduces a problem situation encountered in their training position. At other times, however, the therapist may introduce a timely subject for discussion, but remains out of the discussion except to clarify or offer interpretations. Basic social skills and situations required for every day harmonious living are always stressed and occasionally become a topic for discussion. Almost invariably some interpersonal conflicts arise for these individuals, either in or out of the hospital, and they are en-

couraged to deal with these immediately and to bring them to the group's attention together with their solution at the next meeting so that the situation may be discussed and evaluated.

Post-Employment Groups

Post-employment groups are designed for patients already released from a hospital and who are either employed or in long term training such as business or academic college. These groups meet usually at night for obvious reasons of time scheduling and are operated strictly as free, spontaneous, cathartic sessions. No effort is made on the part of the therapist to guide to member's participation, but to provide them with an anchor in the community, a sanctuary where they may release their tensions, act-out their hostilities or anxieties, and serve as a basis upon which to reconstruct satisfying interpersonal relationships. To some extent the process here is similar to the other group stages in that many who come at this phase are ill prepared to meet the demands of the community.

Conclusions

It is quite difficult to measure empirically the value of a program such as the one described here, but exceedingly easy and tempting to ascribe noble achievements and high merit. Realistically, however, we do know that the three stages of psychotherapeutic groups described herein have aided considerably in alleviating some problems in dealing with the psychologically disabled. Many practical problems of orientation, supervision, follow-up, vocational planning, and counseling have been lessened by this program and, of course, it is believed to have produced a more stable reintegration to the community for many clients. In some cases it is clear that without this service, rehabilitation, both vocational and social, could probably not have been attained. Indeed, with a few patients vocational rehabilitation may never have been attempted by our department without adjunctive therapy. We are extremely optimistic concerning the results of this project which will be proven or disproven in the future, and we are hoping as well to broaden its scope to serve other purposes and other disability groups. As Moreno has observed, "A truly therapeutic procedure cannot have less an objective than the whole of mankind."

EMERGENCY PSYCHODRAMA FOR AN ACUTE PSYCHOSOMATIC SYNDROME

DR. MAX ACKERMAN AND SYLVIA ACKERMAN, M.A.

Jamaica, New York

An emergency psychodrama became necessary when a patient developed a series of psychosomatic symptoms under stress of her conflict. This patient was torn between going on a vacation with her boy friend to Canada or leaving by herself for California without notifying him, in retaliation for what she thought was his lack of interest. Five hours before flight time she became very dizzy, her head pounded, her stomach was tied up in knots, her tongue was thick, and she found thinking difficult.

A one-session psychodrama directed toward her conflict was sufficient to make her symptoms disappear and she was able to join her boy friend on their vacation.

Below is the record of how we utilized psychodrama to remove threatening psychosomatic symtoms in a brief period.

Mary: (*On telephone*) You must help me right away. I am leaving by plane this afternoon on my vacation, but I'm all tied up in knots, my head is pounding, I'm dizzy and my tongue and right arm are numb, and I can hardly talk to you.

Dr.: I can see you about 12 noon. Can you be here at that time?

Mary: I'll be there.

Mary: (*At office*) I was going to California by myself, just to get far away from New York and Hal, after I decided I didn't want to go on a vacation with him.

Dr.: Why don't you want to go on a vacation with Hal?

Mary: I lost all zest for going with Hal.

Dr.: Why?

Mary: I guess I am fed up with him.

Dr.: Tell us about it.

Mary: There are so many instances.

Dr.: Tell us about any one which was upsetting to you.

Mary: Well the last incident was a telephone conversation I had with Hal.

Dr.: Show us what happened. Sylvia (*pointing to auxiliary ego*) you be Hal, and Mary you be yourself and enact the conversation as you recall it.

Syl.: (*as Hal*) Hello Mary. How are you?

Mary: (*Looking impatient and annoyed*) Hello.

Hal: What did you decide about our vacation?

Mary: Nothing. I lost interest in it.

Hal: Why? I thought we were going away together.

Mary: I know. But you haven't called me all week, even though I've called your house several times and left messages where I could be reached. (*Pause*) I was looking forward to this vacation all summer and when you didn't even bother to call I forgot about it.

Hal: Well I called now and we can still plan on going away.

Mary: I know, but now I'm not interested. You get so involved with your daughter and her problems that you forget that I exist. She has a husband to worry about her. I'm tired of waiting around until you are ready.

Dr.: Now reverse roles. Mary you be Hal, and Sylvia you be Mary.

Mary: (*as Hal*) Hello Mary. How are you, dear?

Syl: (*as Mary*) All right.

Hal: What shall we do about our vacation?

Mary: (*Aux*) I've lost interest.

Hal: (*Mary*) Why? We can still go.

Mary: (*Aux*) I know, but I'm tired of playing second fiddle to your daughter. I'm tired of competing for your love, time and attention with your grown-up married daughter.

Hal: (*Mary*) Isn't it natural that I have a father's interest in my daughter?

Mary: (*Aux*) It is more than a natural interest. I don't want to come between you and your daughter. But when you are with me I feel your mind is far away thinking of her. When I talk to you I feel I am not reaching you.

Hal: (*Mary*) There you go with your pseudo-psychiatry again, telling me how I think and how I feel.

Mary: (*Aux*) I can't even tell you anything. You just don't understand.

Hal: (*Mary*) You know even if I'm late or if I don't call you right away, I always come anyway. I've gotten into the habit of seeing you.

Mary: (*Aux*) I'll release you from your habit.

Dr.: Mary walk around in a circle and speak of your feelings about Hal. Sylvia you be her double and tell us her thoughts too.

Mary: I feel I have given Hal love, affection and consideration and all I get from him is rejection. When I first met Hal I was impressed by the

fact that he was recommended to me by people I thought highly of. I thought he was much more intelligent than I was. I thought I could learn so much from him and was willing to give him everything. But where I thought there was intelligence and strength, I find only weakness.

Double: I consider myself weak, and not too intelligent. I admire people who have a lot of knowledge. I figure by associating with intelligent people, I will learn a lot and in return I am willing to give them love.

Mary: (*Stopping*) Yes that is true. Is it wrong to try to learn from others?

Double: This seems to be following a pattern. Maybe something is wrong with me. I am so good to others and then I get hurt.

Mary: I admired Emily because she was almost a doctor. I opened up my home to her and offered her everything I had and I did the same with Hal and he disappointed me too. My husband was very intelligent and I gave him everything I had and he, too, hurt me. Maybe I am attracted to the wrong people? Yes. Maybe something is wrong with me. I figured maybe I should go to another state and meet different people.

Double: I would just love to run away—to escape. Sometimes I get so discouraged that I feel I don't want to see anybody or do anything. . . . The trouble is that I can't escape from myself. Maybe I should just lay in bed and die.

Mary: No I don't want to die, but is it wrong to want someone to return the love you give him? When I point out his weaknesses he gets angry.

Double: Maybe I have a cruel streak in me. When I get hurt I strike back. Maybe I threaten him.

Mary: (*Laughs*)

Dr.: Mary tell us what you think of what has gone on.

Mary: I think my double was very good. At times I actually thought she was me. I hadn't thought of it before, and I never agreed with it, but it may be true that I threaten Hal. Only recently he accused me of acting superior to him and making him feel inferior. I was able to see myself better through Sylvia and I hadn't realized I did some of the things I do. But . . . how did she know these things?

Syl.: You told them to me. I responded to your feeling tones and your clues.

Dr.: Sylvia and I will now constitute a group and will respond to you as a group. Group how do you feel about Mary?

Syl.: I feel that Mary assumes that others are smarter and stronger

than she is and therefore associates with those whom she considers smarter and stronger and hopes that some of it will rub off on her.

Mary: What is wrong with trying to learn from others?

Syl.: Nothing, except that you have inordinate expectations from others and too great feelings of your own inadequacy.

Dr.: That is true. I have known Mary for a number of years. I have found her intelligent, sensitive and perceptive. She emphasizes too much the superficial learning and knowledge of others and underestimates her own capacities. She looks for strength in others and then is hurt when she finds weaknesses. She feels Hal has rejected her when he cannot help his personality limitations. Actually no one is rejecting her. She is rejecting herself.

Mary: That may be true, but it still doesn't make me feel better.

Syl.: Do you give love to your son with the expectation that he will give an equal amount back to you?

Mary: Of course not. He is only a little boy.

Syl.: What would happen if you expected your son to bring home a 100% paper all the time?

Mary: I would never expect that. That is asking for too much.

Syl.: Exactly.

Dr.: (*to Syl.*) You be Mary's double now and you think aloud as Mary. Mary you watch carefully and then tell us your reaction.

Double: I am fed up with Hal. I can't compete with his daughter nor do I want to. I want him to love me for myself. I offer him so much and he gives me so little. What am I going to do? He disappoints me so much—yet—I know I would be miserable if I were alone. I can't stand being lonely. It is true that he is never on time and that he constantly keeps me waiting, but at least he comes. Sure he chooses his daughter before me, but he still chooses me. Despite all my criticism, he is good company. If I didn't care for him, why would he upset me so much? Maybe if I accepted him for what he is and not try to make him over, maybe I won't get hurt so readily? I'm trying to change his personality and I'm bound to be disappointed because people don't change so readily. Now that I know his weaknesses, I won't expect too much and will try to enjoy the things we have in common. If that isn't enough to satisfy me, then I can break up the relationship and seek elsewhere.

Dr.: Mary what do you think? Is that how you feel? Could you see yourself a little bit better through your double?

Mary: It is true I have been trying to change him and make him what he is not. It is also true that I was very lonely before and I can't stand being alone.

Dr.: From what I know of you, being alone is the worst thing for you. You get very depressed and you get sick.

Mary: (*Laughing*) You are absolutely right. Now I know that the thought of breaking up with Hal was the reason why my stomach was all tied up in knots and why I felt dizzy and my head pounded and my tongue and arm were numb. I really didn't want to go on my vacation without Hal. I am terribly afraid of being lonely. I now realize that I don't want to give him up and that I need him. (*Laughing again*) I feel amazingly calm now and what's more, nothing is bothering me.

Dr.: I think that the main thing that has been pointed out here is that you are not ready to give up the relationship. In resuming the relationship you will be able to see if there is enough in it to be rewarding. If not, you can gradually build up a readiness to make a change. The other important points were too high expectations from others and not enough attempt to build up your own resources. If you can learn to enjoy a relationship on the basis of what it has to offer, rather than what your idealization of it is, you may be able to minimize tensions and develop more positive qualities to build upon.

Summary

The above session demonstrates that even severe psychosomatic symptoms can be eliminated psychodramatically in a short period of time. Because the symptoms were severe, varying techniques in rapid sequence were used so that the patient was prevented from mobilizing her resistance but was still able to tie up the threads sufficiently to resolve her problem. The patient was being torn by two conflicting emotions on an unconscious level. On the one hand she had a desire to punish Hal by going away without him; and on the other hand she still wanted to be with him. Even though she rationalized that she would have a fine vacation without him, she couldn't carry it out and therefore developed her psychosomatic symptoms. When she gained insight through acting out her problem that she wasn't ready to give him up, she no longer had need for her symptoms.

CHARLIE'S WIFE

(THE SEEMINGLY LOST HOUSEWIFE)*

JACK J. LEEDY, M.D.

Cumberland Hospital, Brooklyn, N.Y.

I live in a sea of anxiety
with prowling waves of fear;
father is a jellyfish
floating without purpose here.

Icebergs separate Charlie and me
While my neurosis is an anchor;
phobias snap at our lifeline
entwined with fungi-splendor.

Mother is an octopus,
the preying monster of my sea;
but I don't want to get better
if it'll break up Charlie and me.

I'm draped in a net of guilt
that constricts my every cell,
as an ever-constraining vise
crumpling me on to hell.

My brain is a writhing nest of obsessions,
each upon each incessantly feeding;
like Saturn swallowing his children,
and his serpent incestuously breeding.

I languish upon a bed of compulsions
shrouded with the green of the sea;
but I don't want to get better
if it'll break up Charlie and me.

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* This poem is based on a 36 year old female patient of mine. The initial examination revealed that she suffered acute, disabling anxiety; moderately severe depression; and frigidity. She had been treated without success by four other psychotherapists representing four different schools of psychology.

Employing the psychodramatic and group psychotherapeutic techniques of Dr. Moreno with this patient, I am happy to report that her condition has improved. Her improvement has been progressive for the past two years.

This poem was written three years ago following my initial examination of the patient.

A hundred-headed Hydra is my depression
lounging in the morasses of my skull;
I slash away one of the heads,
and two spring from its bleeding hull.

Ruminations are my only friends
whirling round and round my brain
while schools of yellow-eyed abominations
persist in carving me in vain.

Nightmares are buried in my coral reef
hoarding memory upon memory in my sea;
but I don't want to get better
if it'll break up Charlie and me.

Long I'll roam in my frightful sea
with its wayworn waves prowling evermore,
'till I'm redeemed by some Healer
who will lead me back to shore.

BOOK REVIEWS

CHILD GROUP PSYCHOLOGY, by K. Tanaka, Meiji-Tosho Publishing Company, Inc., Tokyo, 1957, pp. 420.

Many psychological text books are little more than summaries of one experiment after another. These may be pieced together, more or less successfully, by some sort of logical framework.

Tanaka's *Child Group Psychology* belongs in a different category. He introduces us in the third and fourth chapter to many methods available to the investigator of group life of children and its development and explains simply how to apply them to practical situations such as play situations in the kindergarten or classroom work situations in the primary school using his abundant and original researches on the group life of Japanese children.

This book is of assistance even to the beginner in sociometry and helps him to master the scientific method of investigation of children's groups and much practical knowledge may be gained from it concerning Japanese children's groups.

In Japanese schools each class is comparatively large consisting on the average of more than fifty pupils. It is, therefore, of essence to teachers to conduct a class on the basis of this kind of research and information on group life. For this reason Tanaka's book is greatly welcomed by Japanese students and teachers.

THEORY OF SOCIOMETRY—THE STUDY OF PSYCHOLOGICAL TECHNIQUE FOR HUMAN EDUCATION, Meiji-Tosho Publishing Company, Inc., Tokyo, 1958, pp. 312.

This book represents a companion volume to the abovementioned book. Tanaka, a pioneer scholar in the field of sociometry in Japan, perceives that the sociometric test is the most important instrument for the understanding of groups. Throughout his long life of the study of groups of children and adolescents he has devoted himself to the sociometric test as a method of group research. Because of the scarcity of Japanese literature on sociometry he undertook to explain sociometry in great detail. As in his other books this volume contains a number of his original sociometric investigations of Japanese children's groups. This volume is probably the first volume in Japan

which pursues the field of sociometry systematically and in this sense it is regarded as a most valuable contribution to sociometric literature in Japan.

PROFESSOR MAKSOTO OTAKE
Tokyo Metropolitan Tachikawa College
Akebono-cho, Tachikawa, Tokyo, Japan

DELINQUENT AND NEUROTIC CHILDREN, Bennet, Ivy, Basic Books, Inc., New York, 1960, 532 p. ($10.00).

This book presents three different kinds of materials pertaining to delinquency and neurosis in children. These are a historical bibliography, an empirical study and 100 case histories. The author who is both a psychologist and psychoanalyst has strived to integrate the statistical and clinical approaches to the investigation of delinquency.

The treatment of the literature concerning the etiology of delinquency is very stimulating. The author has shown both the present state of our knowledge concerning the origins of delinquency, and also the various phases or trends that have led to the present viewpoints. There is a 287 item bibliography which has been nicely restricted to items concerned with etiology and treatment. Furthermore, before each of the empirical sections, there is a good summary of the theory and finding for each symptom. The reviewer is inclined to admire the level of scholarship which is especially rare.

The empirical aspects of the book concern a comparison of fifty delinquent and fifty neurotic cases. The case selection procedures entailed drawing cases into two groups so that age, sex, and IQ in the two samples were relatively balanced. Only cases with adequate records were included. It is important to note that the cases of delinquency are quite young. (Mean age 11.4). All cases come from three rural mental health clinics in England where the author spent some time discussing the proposed investigation with the staff. The investigation grew out of a plan that was developed with the late Doctor Kate Friedlander. The method of approach was to compare the delinquent and neurotic samples in a number of items of either etiological or symptomatic interest. These results are organized in three chapters. In each chapter there is a discussion of the historical and bibliographical findings associated with the symptom in question. A hypothesis is drawn from the materials discussed and then the results are used to test the hypothesis.

The data are presented in three chapters—The Child at Large: a be-

havioral picture; The Child at Home: his family background and social setting; The Child Himself: his development and personal history. The author deserves a great deal of credit for her handling of the bibliographic material in the short, yet adequate, discussion for each item. Each item of etiological or symptomatic significance has been well defined, and considerable creative attention has been paid to differentiating between difficult facets of each concept. Research workers who contemplate a study of the same materials will certainly find the definitions of the variables valuable.

The results are themselves rather what one might expect from samples of this kind. Similarly, the discussion does not bring a great deal of new light into the area. Possibly this is because most of the hypotheses the author develops from her survey of the literature are confirmed. That is to say, things are rather what we would have expected. This criticism is not meant to be perjorative.

A word might be said about the 100 case summaries that are included. This material is slightly better than half of the book, totaling 256 pages. The cases are reported in a staccato style that is refreshing and clear. There is little interpretation except when so labeled. There is some documentation of the experimental section with reference to the different cases, yet one wonders whether this is a justification for their inclusion. Generally they are very revealable, and often more interesting than one might expect.

PETER F. BRIGGS, Ph.D.
The Medical School
University of Minnesota

IN MEMORIAM WILFRED C. HULSE, M.D. (1900-1962)

Dr. Hulse was born on May 21, 1900 in Namslau, Germany. He graduated from the University of Breslau in 1924 and interned at the University Hospital, Breslau, for one year. He served as resident for an additional year at the Institute for Forensic Medicine in Breslau in psychiatry. From 1926 to 1928 he was child psychiatrist at the Children's Hospital in Berlin and took postgraduate training at the University of Berlin and Vienna in psychiatry and child guidance from 1928 to 1933 and at the University of Paris from 1933 to 1935. Dr. Hulse came to the United States in 1936 and served as attending physician and psychiatrist in the Salvation Army's mens social service department from 1936 to 1943; from 1943 to 1946 he served as Major in the Army of the United States; from 1946 to 1947 he was attending physician in psychiatry at the V.A. Hospital, Northport, N.Y.; he was also associate attending psychiatrist at Mt. Sinai Hospital; from 1948 to 1954 he was chief psychiatrist at the Childrens Center, New York City; from 1952 to 1955 he was Chief Supervising Psychiatrist at the Hillside Hospital and Jewish Community Service in Long Island. From 1952 to 1957 he was Director of the Mental Hygiene Clinic at the Jewish Family Service; from 1952 up until the time of his death he was Chief of Psychiatric Staff at the Childrens Foster Home Division of the New York City Department of Welfare, and the Sheltering Arms Childrens Service and Guild for Jewish Blind. At this time too Dr. Hulse entered private practice and taught at the following institutions: from 1946 to 1954 at the State University of New York he rose from Lecturer to Clinical Associate Professor of Psychiatry; from 1946 to 1955 he was Research Associate Psychiatrist at the New York Medical College.

Dr. Hulse was a member of the executive committee, International Committee of Group Psychotherapy from 1954 to 1962 and Fellow of the American Society of Group Psychotherapy and Psychodrama.

PSYCHODRAMA INTERNSHIPS IMMEDIATELY AVAILABLE

U. S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SAINT ELIZABETHS HOSPITAL
WASHINGTON, D. C.

Applications now being accepted for 12-month internships in the challenging new field of psychodrama. Saint Elizabeths Hospital is a Federal Government Hospital for the care of the mentally ill. *Some internships are available immediately.* Additional Internships are expected to be available by July 1, 1962.

This is the only Psychodrama Intern Program in the District of Columbia area which is approved by the American Society of Group Psychotherapy and Psychodrama and is one of the only three programs of this type in the United States. Training includes association with patients in a broad range of mental illnesses, in application of Sociometric and Psychodramatic methods to training and therapy.

Annual stipends: First year $3200 p.a. Second year $3400 p.a.

Curriculum: Basic training in the dynamics of groups, individuals, and psychopathology; experience with training groups; instruction; research; evaluation of progress.

Internship program includes the following training under the supervision of a staff psychodramatist: Participation in and direction of psychodramatic sessions; assistance to groups in the selection and interpretation of scenes focusing on particular interests of the group; exchange of information on patients with medical officers regarding patients' reactions and progress. Conducting training sessions and demonstrations on the theory and technique of psychodrama.

Eligibility requirements: Successful completion of four years of study in an accredited college or university, with a bachelor's degree. Education must have included twelve semester hours per year in one or a combination of the following fields: psychology, sociology, social work, cultural anthropology, other social sciences, nursing education (including a course in psychiatric nursing), or courses in related fields which indicate the applicant has a knowledge of the basic concepts of normal and abnormal psychology, psychiatry, or personality development.

Citizenship: Applicants must be citizens of or owe allegiance to the United States.

Age: Applicants must have reached their eighteenth birthday on the date of filing application. No maximum age limit.

Application: Submit Standard Form 57, "Application for Federal Employment," to:

Personnel Office
Saint Elizabeths Hospital
Washington 20, D.C.

Further information or application forms may be obtained from that office by writing or calling JO 2-4000, Extension 340. Form 57 may also be obtained from any first or second class post office or U. S. Civil Service Commission, Washington 25, D. C.

ST. LOUIS STATE HOSPITAL TRAINING INSTITUTE FOR PSYCHODRAMA AND GROUP PSYCHOTHERAPY

ANNOUNCEMENT OF JOB OPPORTUNITIES

The St. Louis State Hospital has several openings for jobs specializing in the development of Group Psychotherapy and Psychodrama Programs. A Psychodrama and Group Psychotherapy section of the Psychology Department has openings at three (3) levels of responsibility and salary.

The Civil Service Classification:

Psychodramatist I	($407.00 to $554.00)
Psychodramatist II	($448.00 to $600.00)
Psychodramatist III	($572.00 to $765.00)

While the Civil Service ratings are entitled Psychodramatist, we are interested in developing a department which is representative of all approaches to Group Psychotherapy. We are particularly interested in recruiting someone who can add new dimensions to our existing program.

Duties will include training activities in the further development of an accredited center for training in Psychodrama and Group Psychotherapy, Group and individual Psychotherapy with hospitalized and out-patients, work with Staff Communications Groups, Social Milieu Therapy Programs and Community projects.

Minimal requirements for the Psychodramatist ratings include graduate training in a behavioral science and experience in Group Psychotherapy, Group Dynamics or Psychodrama.

For further information, please contact Dr. Rolf Krojanker or write to Leon Fine, Director of Psychodrama and Group Psychotherapy, St. Louis State Hospital, 5400 Arsenal Street, St. Louis 9, Missouri.

AMERICAN SOCIETY OF GROUP PSYCHOTHERAPY AND PSYCHODRAMA

Twenty-First Annual Meeting of the Society

The meeting will take place at the Hotel Sheraton-Atlantic, 34th Street and Broadway, New York City, on Friday, April 6, Saturday, April 7th and at the Moreno Institute, 236 W. 78 Street, New York City on Sunday, April 8th, 1962.

The program encompasses more than seventy-five speakers from all over the country, presenting individual papers, panels, conferences, workshops, psychodrama and sociodrama demonstrations.

Four simultaneous sections will be in progress. The President, Major Martin R. Haskell, will deliver his Presidential Address on Friday, April 6th at 2:00 p.m., on "The Cold War." Friday evening, April 6th, at 8:30 p.m., a psychodrama will be conducted by Dr. J. L. Moreno, assisted by the staff of Directors of the Moreno Institute.

The Banquet on Saturday, April 7th at 7:30 p.m., will feature as Guest of Honor and Guest Speaker Alexander King, author of *Mine Enemy Grows Older*. Following the Banquet a musical session with audience participation will be directed by Professor Leo C. Muskatevc, Supervisor of the Music Therapy Department at the Milwaukee County Mental Health Center, Milwaukee, Wisconsin.

The program of the society will be distributed through the American Psychiatric Association Mail Pouch to twelve thousand members of that Association.

For programs, advance registration and further information, write to: Mrs. Zerka T. Moreno, Program Chairman, American Society of Group Psychotherapy and Psychodrama, P. O. Box 311, Beacon, N. Y.

Public Relations Activities

The Society, jointly with the Moreno Institute, will participate in exhibits at the following meetings for promotion of membership and distribution of literature.

1) The Annual Meeting of the American Psychiatric Association in Toronto, at the Hotel Royal York, May 7-11, 1962; 2) the Annual Meeting of the American Psychological Association in St. Louis, Missouri, August-September, 1962; 3) the Annual Meeting of the American Sociological Association, August-September, 1962, at the Hotel Shoreham, Washington, D.C., and 4) at the International Sociological Association Meeting, imme-

diately following the American Sociological Association, at the same location.

American Board of Group Psychotherapy and Psychodrama

This Board has invited representatives of the American Society of Group Psychotherapy and Psychodrama, and of all other recognized group psychotherapy societies here and abroad, to participate in the Conference on Certification of Group Psychotherapists and Psychodramatists. The Conference will take place during the Annual Meeting of the American Psychiatric Association in Toronto on Wednesday, May 9th, 1962, at the Hotel Royal York, from 12:00-2:00 p.m., in the Nova Scotia Room. Because of the great importance of this meeting, members are urged to write at once of their intention to participate and to register for the Luncheon, to: Mrs. Zerka T. Moreno, P. O. Box 311, Beacon, N. Y.

Annual Academy of Psychodrama and Group Psychotherapy

This Academy invites representatives of the Society to participate in its Annual Meeting. The Chairman is Dr. Calvert Stein; the meeting will take place on Sunday, May 6th, 1962, in the Grand Ballroom of the Hotel Royal York, Toronto, Canada. Among others, those invited are: Lewis Yablonsky, Richard Korn, Max and Sylvia Ackerman, Robert S. Drews, Martin R. Haskell, Hannah B. Weiner, James Enneis, James Sacks, Leon Fine, Rolf Krojanker, Joseph Mann, Lilly and Leo Hofstetter, George Bach, A. W. Pearson, Jack J. Leedy, Jack L. Ward.

New York Chapter Annual Meeting

The Annual Meeting of this chapter, whose President is Hannah B. Weiner, was held on November 17, 18 and 19, 1961, at the Henry Hudson Hotel in New York City. For information and participation in the monthly meetings of this chapter, write to: Hannah B. Weiner, 1323 Avenue N., Brooklyn 30, N.Y.

St. Louis Chapter

This chapter is now being organized on a large scale, involving more than two hundred members. For information write to: Mr. Leon Fine, Director of Psychodrama and Group Psychotherapy, St. Louis State Hospital, St. Louis, Missouri.

ANNOUNCEMENTS

Synanon House

We are pleased to announce the continuation of the excellent work being done by Mr. Charles E. Dederich at Synanon Foundation in Santa Monica, California, a non-profit corporation for the rehabilitation of narcotic addicts. This organization is doing a remarkable job in serving as a group psychotherapy center and home for drug addicts. It has been described as the most significant attempt to keep addicts off drugs that has ever been made. Mr. Dederich and his organization subscribe to the idea that "one man can serve as a therapeutic agent of the other."

Groupe Francais D'Etudes De Sociometrie—Dynamique des Groupes et Psychodrama

This group with its headquarters at Siege Social A L'Institut Pedagogique National, 29, Rue d'Ulm, Paris 5, France, announces its current activities. There are now two study groups on theory, one existential psychodrama study group, one work group of group psychotherapists engaged in psychodrama and a research group on the behavior of members in groups, its prediction and interpretation. For further information write to Mrs. Anne Ancelin-Schutzenberger at the above address.

Round Table on Group Psychotherapy and Psychodrama

During the annual meeting of the American Psychiatric Association, a Roundtable entitled "The Common Elements in all Methods of Group Psychotherapy and Psychodrama" will be held under the chairmanship of Dr. J. L. Moreno, in Toronto, on May 10th, 1962 at the Hotel Royal York. The participants are: Drs. Walter Bromberg, Rolf Krojanker, Neville Murray, Calvert Stein and Leonard K. Supple.

Forthcoming Papers in the Journal

The next issue of Group Psychotherapy will contain, among others, papers by: Benjamin Kotkov, Ph.D., Herbert Cohen, M.A., Paul Hurewitz, Ph.D., Rolf Krojanker, M.D., Didier Anzieu, Ph.D.

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)
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