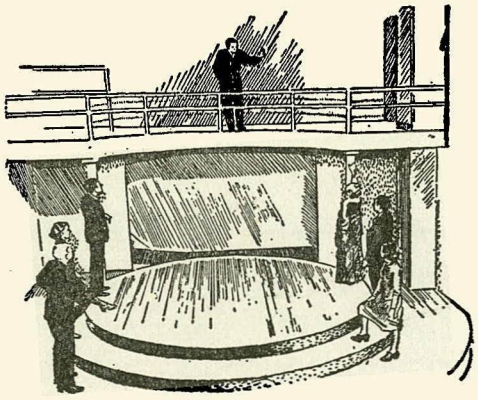
GROUP PSYCHOTHERAPY

A Quarterly



AMERICAN SOCIETY OF GROUP PSYCHOTHERAPY
AND PSYCHODRAMA

Vol. XV, No. 2, June, 1962

GROUP PSYCHOTHERAPY

Volume XV June, 1962 Number 2

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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

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Membership dues in the American Society of Group Psychotherapy and Psychodrama: $12.00, including subscription to this journal.

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SOCIOANALYSIS AND PSYCHOANALYSIS*

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At the twenty-first annual meeting of the American Society of Group Psychotherapy and Psychodrama, held in New York City in 1962, Dr. Moreno suggested that those who based their therapeutic approach on sociometric theory, whether engaged in group psychotherapy, individual therapy or psychodrama apply the term "socioanalysis" to describe their work. He expressed the view that it was essential to reach a consensus around a single term which could be clearly differentiated from psychoanalysis. The term "socioanalysis" seemed most appropriate to him because it had always been his position that in psychotherapy we must deal with the socius, the whole man in interaction with others. It is not a segment of an individual that is involved in any action. Since the entire individual must be involved, no reduction to simpler elements of abstraction can prove adequate. The purpose of this paper is to present a discussion of the theoretical basis of socioanalysis and its application to psychotherapy.

The Moreno system, upon which socioanalysis is based, consists of: (1) an image of man; (2) a theory of spontaneity; (3) a theory of sociometry; (4) the methodology of Psychodrama; and (5) Socioanalytic Psychotherapy. Moreno and others have published hundreds of books and articles in these areas. In this discussion an attempt will be made to extract from this enormous literature some aspects which have a direct relevance to socioanalysis as psychotherapy.

1. *The Moreno Image of Man*—To Moreno man is a creative being. Creation is a continuous process in which man, in interaction with other men, is constantly participating in the creation of the world. The universe is a creation in continuous development with every new individual born having a part to play in the creation of the world to come. The world which a man finds at birth is a world which billions of his fellow beings have aided in creating. Man is not seen as opposed to society nor is society seen as hostile to man. On the contrary, man is a willing and active participant sharing in the creation. (9)

2. *Theory of Spontaneity*—The Moreno theory of Spontaneity is the

* Presidential Address delivered at the 21st Annual Meeting, American Society of Group Psychotherapy and Psychodrama, April 6-8, 1962, Hotel Sheraton-Atlantic, New York, N.Y.

core of his theory of action. Spontaneity he defines as the variable degree of adequate response to a situation with a variable degree of novelty. Of itself, novelty of behavior is not the measure of spontaneity. Novelty must be qualified by adequacy in a situation. The individual must bring into the situation a knowledge of the roles appropriate to that situation and the limits of permissable deviation. (8) Sociologists and Social Psychologists will recognize that Mead (6) and Cooley (2) have formulated postulates explaining the way in which an individual learns to take the role of other and thereby internalizes the culture. But Moreno insists that before the individual learns to take a role he must play the role. He sees man as the role player who, after acquiring the cultural conserve, acts, improvises, exercises spontaneity and creates. It is important to remember, however, that unless the individual is familiar with the cultural conserve, unless he knows the limitations placed by society on performance in a role, his spontaneity may be pathological. The range of responses may be characterized as follows: (*a*) A novel response occurring without adequacy. This may result in undisciplined or pathological spontaneity. (*b*) An adequate response occurring without significant characteristics of novelty and creativity. This may evidence tendencies toward rigid conformity. (*c*) An adequate response occurring with characteristics of novelty and creativity. Such a response is evidence of healthy spontaneity.

Warner summarizes the relationship between spontaneity and creativity in his review of "Who Shall Survive?" (12) Spontaneity, he points out, is a concept of organization, that which the actor in interaction participates in reality producing. Alternatives are conflict, evasion, rigidity, or isolation, each of which disrupts the free flow of interaction. The result for the individual and the group is pathological. For the individual it is the pathological phenomenon of ill health. For the actor, action is a learning process. In a series of stages, social perception is sharpened and motive pattern is continuously shaped. When the actor brings to any situation his initial perceptions and motives and gears into the responses perceptions and motives of others there occurs the development of perception and motive patterns of each which is functional to the integration of personality. To act out one's perceptions and motives under these conditions is reality producing as well as reality testing. Order depends upon change and not to change is disorder producing. The individual does not internalize the cultural patterns in a fixed way. He encounters them in his own variable perceptions and in the forms presented to him by the group. He acts upon them. The way he plays each role is unique. At every stage there is reformulation and fresh construction.

The product is a creation. Creativity is the quality of the action that is thus "reality producing." Creativity is a property of the act itself. Spontaneity is related to the readiness for the act.

The implications for therapy are clear. To counter the negative categories of anxiety, fear and defense, Moreno proposes a positive category, spontaneity. Frustration, projection, substitution and sublimation are negative categories and presuppose a positive category, creativity. All men are endowed with spontaneity and creativity although there may be considerable individual differences in degree of endowment. They exist sui generis. They are not identical with intelligence or memory. They are not derived from conditioned reflexes nor are they reducible to instinctive sexual responses. Therapeutic goals would therefore center around the development of spontaneity and creativity, with the qualification that spontaneity in roles be developed along with or subsequent to the development of adequacy. An auxiliary goal would therefore be to develop adequacy of response where this is lacking. Role Training, for example, could be used to familiarize the individual with the cultural and social conserve at the same time facilitating the development of spontaneity that is potentially creative. (3) (5)

3. *Moreno's Sociometric Theory*—As a technique for measurement of social configurations sociometry is so well established in social psychology and sociology that many social scientists and psychotherapists lose sight of the theoretical framework in which Moreno developed it. Sociometric theory puts a strong emphasis upon group dynamics and group action as well as upon measurement and evaluation. There are three concepts essential to an understanding of sociometric theory. Familiarity with these concepts will make clear the relevance of sociometry to socioanalytic therapy. They are; the social atom, sociometric choice, and tele.

The social atom is the nucleus of all individuals toward whom a person is significantly related and who, at the same time, are related to him. The relationship may be emotional, social or cultural. The social atom, then, may be represented as the sum of interpersonal structures resulting from choices and rejections centered about a given individual. The social atom is seen as dynamic. Changes are in process with or without the active intervention of the individual. The individual, however, may initiate changes in his social atom by modifying his behavior or by withdrawing from some groups and-or affiliating with others. Socioanalytic therapy may be directed at obtaining a modification of the social atom of the individual.

Sociometric choice provides us with an instrument for determining the social atom of the individual. All interpersonal actions are conceptualized

as mutual interplays of total readiness of individuals. Since they overtly manifest themselves as emotional tensions of attractions and repulsions, we may chart the volume and direction of the actors' tendencies to move toward or away from one another. To chart these choices, we may employ formal methods; sociometric tests and sociograms, or we may note them informally. Every individual is simultaneously the focus of numerous attractions and repulsions, and the focus of numerous roles which are related to the roles of other individuals. These roles are in various stages of development and the tangible aspects of what is known as "ego" or "self" are the roles in which the person operates. Thus, every person is positively or negatively related to an indefinite number of others who in turn may be related to him, positively or negatively. The image the individual develops of himself is developed while he is performing in the various roles and informally preparing his own sociogram. Mead and Cooley came to similar conclusions with respect to the development of the self. Moreno, however, has more clearly related the development of self to the specific roles in which the individual plays and he has, furthermore, established a methodology for producing changes in the "self." (11)

The third key concept is, "Tele." Tele represents insight into and appreciation of feeling for the actual makeup of the other person. It is not merely empathy, the ability to take the role of another in a given situation. It is the ability to assume the feelings of the other to every situation, including the situation involving the self. Tele is responsible for increased mutuality of choices and increased rates of interaction. Neither transference nor empathy can explain the emergent cohesion of a social configuration. Tele can. At the outset of psychotherapy we usually find Tele present to some extent. Increases in Tele are noted as the sessions go on and the patient improves. The development of increased Tele is a goal of socioanalysis and should be of all sound psychotherapy.

Sociometric theory is based, then, on the idea that we never deal with an individual in isolation but with the individual in relationships. The individual appears to seek persistently for regard, esteem and affection towards himself as a person. When this seeking meets with reciprocation he shows himself able to relate well to others and to their goals in common group oriented settings. When, however, he is blocked from fulfillment on a person-to-person level his pattern in group oriented settings is unfulfilling in fundamental satisfactions. It has been demonstrated that fulfillment in less intimate groups (work groups, and school groups), may produce changes in patterns of behavior in our most intimate groups (family). Changes in sociometric

position are important criteria of success in therapy. If the individual rises sociometrically, that is, if he is chosen more often in any of his groups, his self image improves and he moves toward recovery. (4) (8)

4. *Psychodrama and Role Playing Methods in Socioanalysis*—The work of Moreno in Psychodrama is too well known and too voluminous to be dealt with adequately in this paper. Psychodrama is an action method as is role playing. Both begin with a warming up process in which the spontaneity of the participants seeks expression. After a warming up period we have what Moreno calls the "Begegnung" or encounter. In the encounter there is an intuitive reversal of roles, a realization of self through the other, reciprocity. The encounter is extemporaneous, unstructured, unplanned and unrehearsed. It is in the here and now and in the becoming. To Moreno, it, rather than psychoanalytic transference is the real basis of the psychotherapeutic process. We then have the action, in which the director, his instruments and staff assist the actor to proceed to the terminus of the act. Actors act out fully what they bring to and find in a situation. They do not repress or evade the commitments to interaction. It is in the interaction that the actors find out what the interpersonal reality is. The act is an emergent. It is always a new thing depending on what *A* brings to it and how *A* and *B* affect one another in interpersonal relations. The individual brings to the act a cultural conserve, the base of the culture, the stabilized role structure. The contact is invaluable. The emphasis is on how the actors construct their roles in the course of the action itself. If the Psychodrama occurs in a group setting there is then group participation. Each member of the group may identify with any portion of the action presented or any role enacted.

The role of the director in a Psychodrama may be relatively passive or active. He may be non-didactic, serving merely as a catalyst, or he may be didactic if his clinical judgment so dictates. In every case, however, he must respect the integrity of the patient. Psychodrama is socioanalytic because it begins the analysis of an act with a person in a role and develops and expands it in the course of interaction involving the full range of the individual's roles. Any therapy is socioanalytic to the degree in which it gives the patient research status and to the degree in which it is able to measure his activities. Psychodrama seeks to increase spontaneity, tele, creativity, and sociometric status in the therapeutic group and in the social atom of the individual.

To summarize, in Psychodrama and Role Playing, interpersonal action is dealt with as an emergent. Psychodrama and Role Playing replicate, as nearly as possible, interaction, and are thus suitable for the analysis of interaction.

Roles and relationships between roles are the most significant elements of every culture. The tangible aspect of what is known as ego or self are the roles in which the self operates. Role Training may be considered as an experimental procedure, a method of learning to perform roles more adequately. In Psychodrama as well as in Role Training, the irreducible character of the data sets its own limits. We can observe data or manipulate them for any therapeutic purpose; goal achieving, efficiency, play or learning. (7) (10)

5. *Socioanalytic Psychotherapy*—Socioanalytic methods, whether applied to individual or group therapy seek to promote functioning in society. As has been previously noted, Moreno totally rejects the assumption that there is a basic conflict between the individual and society or groups. In socioanalytic group psychotherapy each man is a therapeutic agent for the other. The individual is never isolated from the reality of the group. As in Psychodrama, acting-out is a precise point of diagnosis and of treatment. The distinction is merely one of degree. Socioanalytic Group Psychotherapy is conducted more on a verbal level than is Psychodramatic Group Therapy and more emphasis is placed on the structure and function of the synthetic group, the therapeutic group. In both methods the actor and the act are studied through the matrix of a group.

Socioanalytic Psychotherapy may begin with a dyadic relationship including only the therapist and the patient. This form of therapy is usually referred to as individual psychotherapy. In this form socioanalysis focuses on the social atom of the individual, his sociometric positions in the various groups in which he functions or is required to function and his aspirations. Historical regression is not undertaken unless the patient indicates a conscious awareness of the relationship between his position in past groups and his sociometric status in present groups. The socioanalytic therapist does not employ suggestibility in an effort to historically regress to an original trauma. The emphasis of socioanalytic individual psychotherapy is on preparing the individual to function adequately—first in a therapeutic group and finally in the social groups of his society.

Socioanalytic Group Psychotherapy begins with the interaction of members and the participation and guidance of a director. If free spontaneous interaction is permitted, a new operational frame of reference develops from which one can look at the successive stages of a synthetic group.

a. The first concern is immediate behavior. A sociogram, whether arrived at by formal or informal means, reveals subgroups and isolates.

b. The common interactional matrix which the individuals share, with

its changing constellation and cohesiveness is expressed in multiple emotional tensions.

c. The longer a synthetic group endures, the more it begins to resemble a natural group and to develop and share an unconscious life, from which members draw strength, knowledge and security.

d. The role reversal of every member with every other member. The more different and especially distant the members are, the more urgent it is that they reverse roles with each other in the course of mutual therapy. It is the final touch, giving unity, identity and universality to the group.

Self awareness and self evaluation are products of social interaction, therefore, as a man rises in sociometric status his self image improves. This begins in the synthetic group and carries over to other groups, from the less intimate to the most intimate.

6. *Socioanalysis and Psychoanalysis*—It should be apparent from the foregoing that socioanalysis and psychoanalysis have basic theoretical and methodological differences. The Moreno image of man, the creator in interaction, differs significantly from Freud's image of man. Freud saw life as a struggle between man and society. The Intrapsychic struggle between Id, Ego and Superego as the basis of psychoanalytic theory, differs radically from the Spontaneity-Creativity theory of Moreno. Psychoanalysis has no quantitative measure of progress. Socioanalysis rests on sociometry as a method of quantifying change. Finally, the methodology of psychoanalysis, which is based on transference and free association, employing historical regression to an original trauma, differs completely from Psychodrama and Socioanalytic Psychotherapy which deal with the here and now and the emergent.

Adler rejected the Freudian image of man and recognized the social aspects of man's existence. The three life problems he considered most significant were related to functioning in occupational, family and social roles. Although Adler viewed the person as a striving member of a larger group and inquired into social factors he did not develop a methodology for the analysis of social relationships. His followers still pursue a historical approach exploring early recollections and childhood trauma. (1) Horney, Fromm, Sullivan and other Neo-Freudians considered by Ansbacher to be Neo-Adlerian have introduced modifications to Psychoanalysis. In varying degrees they recognize the social nature of man and accept adequacy in social functioning as a therapeutic goal. They have failed to develop a Socioanalytic methodology, employ methods that are largely verbal, and center their therapies around historical regression.

Freud belonged to nineteenth century Europe. His psychoanalytic theory

was based on observations of emotionally disturbed persons socialized in a patriarchal family. The principal group, frequently the only group which influenced the socialization of the nineteenth century child, was the family. It was not unusual for trauma experienced in such a family constellation to have lasting repercussions. Freud confirmed his theoretical framework by observations made on products of this family system.

Moreno, although born in Europe, was involved in considerable research in the United States during the 1930s and subsequent to that time. His theoretical position was either formulated or reformulated as a result of this research. The society he observed was characterized by multi-group membership, a relatively democratic family structure, and increasing peer group influence on socialization. The all powerful patriarch who headed the Viennese family of the nineteenth century was not present. Trauma experienced in the twentieth century American family may be counteracted by satisfying relationships in school groups, play groups, athletic groups and all sorts of other peer groups which influence socialization. Furthermore, trauma experienced as a result of rejection in any of a number of such groups may seriously disturb an individual whose early family life was ideal. Status in all sorts of groups become important in this sort of society. Analysis of status and patterns of choice and rejection in such groups is therefore of great import. The Psychoanalysis of Freud is based upon nineteenth century and early twentieth century Europe characterized by the patriarchal family and the lack of multi-group membership. The Socioanalysis of Moreno is based upon and is applicable to an industrial and urban civilization characterized by multi-group membership and peer group influences on socialization. The Socioanalysis of Moreno belongs to the twentieth century, the here and now.

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ROLE THEORY AND THE EMERGENCE OF THE SELF

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HISTORY OF THE ROLE CONCEPT

A new body of theory developed in the last thirty years which aimed to establish a bridge between psychiatry and the social sciences; it tried to transcend the limitations of psychoanalysis, behaviorism and sociology. One of the most significant concepts in this new theoretical framework is the psychiatric role concept.

It is a "myth" that the American sociologist, G. H. Mead, has had a major influence upon the development of the "psychiatric role concept" and its psychopathology. The formulation and development of the psychiatric role concept and of role playing techniques is the exclusive domain of the psychodramatists. This includes all forms of psychodrama from the extreme non-analytic to the extreme analytic versions, in the U.S.A., France, Germany, Switzerland, Spain, Japan and India. It is the psychodramatists who have not only formulated the concept but have initiated and carried out extensive empirical and clinical research for nearly forty years. G. H. Mead's posthumous book, *Mind, Self and Society,* appeared in December 1934, about a year later than Moreno's *Who Shall Survive?* which was released in January 1934. At no time does Mead use the term role player, role playing or role playing techniques or deal with the psychopathological implications of the role concept. He was an excellent theoretician but never left the plane of theory. Were it left up to him the vast body of role experimentation and role research would not exist. What we psychodramatists did is (*a*) to observe the role process within the life context itself; (*b*) to study it under experimental conditions; and (*c*) to use it as a method of psychotherapy.

EMERGENCE OF THE SELF

"Role playing is prior to the emergence of the self. Roles do not emerge from the self, but the self emerges from roles."* (Quoted from my PSYCHODRAMA, VOLUME I, page 157). This is, of course, an hypothesis only, which appeals to the sociometrist and the behavioral scientist but may be rejected

* For extensive discussion of role theory see "Spontaneity Theory of Child Development," *Sociometry*, Vol. VII, 1944, and "Sociometry and the Cultural Order," *Sociometry*, Vol. VI, 1943.

by the Aristotelians, theologians and metapsychologists. The sociometrist will point out that the playing of roles is not an exclusively human trait, but that roles are also played by animals; they can be observed in the taking of sexual roles, roles of the nest-builder and leader roles, for instance.** In contrast, the Aristotelians will claim that there must be a latent self postulated as pre-existing all role manifestations. Were it not for such a self structure, the role phenomena would be without meaning and direction. They must be grounded in something which unites them.

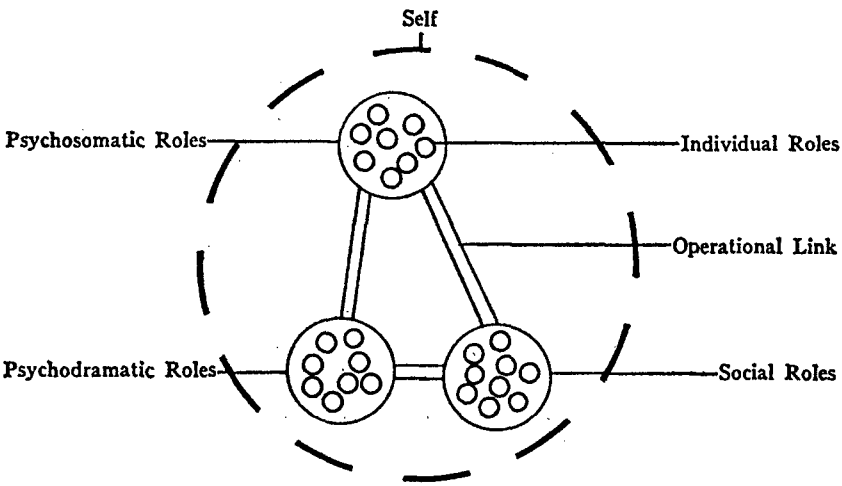
It is possible to reconcile the opinions of the behavioral scientist with those of the philosophers. The infant lives before and immediately after birth in an undifferentiated universe which I have called "matrix of identity." This matrix is existential but not experienced. It may be considered as the locus from which in gradual stages the self and its branches, the roles, emerge. The roles are the embryos, forerunners of the self; the roles strive towards clustering and unification. I have distinguished physiological or psychosomatic roles, like the role of the eater, the sleeper, and the sexual role; psychological or psychodramatic roles, as ghosts, fairies and hallucinated roles; and then, social roles, as parent, policeman, doctor, etc. The first roles to emerge are the physiological or psychosomatic roles. We know that "operational links" develop between the sexual role, the role of the sleeper, the role of the dreamer, and the role of the eater, which tie them together and integrate them into a unit. At a certain point we might consider it as a sort of physiological self, a "partial" self, a clustering of the physiological roles. Similarly, in the course of development, the psychodramatic roles begin to cluster and produce a sort of psychodramatic self and finally, the social roles begin to cluster and form a sort of social self. The physiological, psychodramatic and social selves are only "part" selves; the really integrated, entire self, of later years is still far from being born. Operational and contact links must gradually develop between the social, the psychological, the physiological role clusters in order that we can identify and experience after their unification, that which we call the "me" or the "I." In this manner, the hypothesis of a latent, metapsychological self can be reconciled with the hypothesis of an emergent, operational self. Role theory is, however, useful in making a mysterious concept of the self tangible and operational. It has been observed that there are frequent imbalances in the clustering of roles within the area of psychosomatic roles, psychodramatic roles or social roles and imbalances between these areas. These imbalances

** "Sociometry of Subhuman Groups," Sociometry Monograph No. 38.

produce delay in the emergence of an actual, experienced self or sharpen disturbances of the self.

As the matrix of identity is at the moment of birth the entire universe of the infant, there is no differentiation between internal and external, between objects and persons, psyche and environment, it is one total existence. It may be useful to think of the psychosomatic roles in the course of their

SELF-ROLE DIAGRAM



SYMBOLS

External, large circle	= Self
Smaller circles within large circle	= An area of Roles—Psychosomatic Roles, Psychodramatic Roles and Social Roles
Smallest circles within circles	= Individual Roles
Double connecting lines	= Operational Link

transactions helping the infant to experience what we call the "body"; the psychodramatic roles and their transactions, to help the infant to experience what we call the "psyche"; and the social roles to produce what we call "society." Body, psyche and society are then the intermediary parts of the entire self.

If we would start with the opposite postulate, that the self is prior to the roles and the roles emerged from it, we would have to assume that the roles are already embedded in the self and that they emerge by necessity.

Pre-established as they are, they would have to assume forms which are predetermined in advance. Such a theory would be difficult to accept in a dynamic, changing, self-creative world. We would be in the same position as the theologians of the past who assumed that we are born with a "soul," and that from that original, given soul everything a man does or sees or feels emerges or comes forth. Also for the modern theologian it should be of advantage to think of the soul as an entity which evolves and creates itself from millions of small beginnings. The soul is then not in the beginning, but in the end of evolution.

EMOTIONAL NEEDS OF PROFESSIONAL PERSONNEL IN THE TRAINING OF PSYCHODRAMATISTS AND GROUP PSYCHOTHERAPISTS*

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In the hierarchy of psychotherapists, the workers in psychodrama and group psychotherapy are a very small minority of bold pioneers, several generations ahead of their times and a conspicuous target for snipers. One may well ponder on the motivation and emotional needs that inspire these hardy people as they slowly, yet surely, forge ahead and compel even the most conservative psychiatrists to give nodding recognition to their efforts, while others protest yet make crude attempts to emulate.

The emotional needs of professional personnel and trainees are substantially the same as for their patients, and their audiences. Every participant needs to feel accepted, wanted, useful, important, and appreciated. Not every participant wants to verbalize or dramatize his feelings, but this is largely because of fear of unfavorable criticism of which he has usually had too many restricting overdoses. Even a constructive critique can upset the emotional apple-cart of a sensitive trainee. Nevertheless his needs as well as his feelings are important and must be considered.

Assistants in Group Psychotherapy & Psychodrama necessarily go through repeated frustrating experiences. Selective or limited clinical training and their personal philosophies influence them to ride specific therapeutic hobbies in tribute to former idols who have taught them more conservative techniques. Their inexperience inevitably arouses anxiety and this, plus habit, competes with the need to learn by trial and error. Furthermore, results may be disappointingly slow, for successes are not always apparent and may even be disguised as seeming failures. Therefore, the trainee's best asset is an open mind which is constantly eager for new ideas and untried methods; for these alone can prevent stereotypy, sterility, and failure in therapy.

The Moreno philosophy embraces the recognition of the personal dignity and worthiness of every living being, in a cooperative and dramatic adventure

* Prepared for the 21st Annual Meeting of the American Society of Group Psychotherapy and Psychodrama, April 6, 7 and 8, 1962, Hotel Sheraton-Atlantic, New York City.

of spontaneous expression with an audience of his peers. Future historians will write of this as a collective technique of far greater consequence than Pinel's striking the shackles at the Bicetre, more radical than cerebral electro-shock therapy, and vastly more embracing than conventional analysis. The Moreno technique strikes at the shackles within, shocks the patient into reality—without anesthesia but *with the development of insight*; and reaches larger groups of patients and students with constructive as well as analytical procedures that frequently resemble the speedy dissection and reconstruction of the skilled surgeon.

First class therapeutic techniques require first class operators; but both the trainee and his director dwell in glass houses. Their every action, as well as their written and spoken words are subject to instant critical appraisal. They are denied the protective sanctity of an ivory-towered chair and couch. Their mistakes and ignorance are constantly on exhibition, and also on trial. Theirs is also a *giving* interpersonal relationship that is often exhausting yet seldom unproductive. Consequently, as in all joint endeavors, no competent director leaves his production without a multiplicity of stirred up feelings that let him know in no uncertain terms that he has definitely had a work-out. The trainee, naturally, has similar reactions.

While the emotional needs of professional personnel are recognized by responsible leaders, they are seldom appreciated by the average group which is all too preoccupied with its own problems, and considers the leader as a legitimate target for its individual and collective hostilities.

The leader and his assistants, are necessarily eclectics, with as broad a professional background as possible. But they are also perennial students who are constantly seeking to learn newer and better approaches and methods of self-improvement. In consequence, they are a rare combination of an humble novice and a gentle tyrant, with a tough and well developed, mature personality, one that has been seasoned by many of the tragedies and vicissitudes of life. One of the inevitable occupational hazards of our profession is the development of a seemingly considerable, and often disturbing, degree of egotism. This requirement becomes more understandable when we reflect that even a medium sized ego will be too easily threatened by a group as well as by many types of individuals.

In reality, every therapist—both student and teacher and whatever his specialty—must be a humanitarian, as well-rounded as possible, and flexible enough to alter and adjust his mood, his personal reactions, and his own behavior to suit a constantly changing situation. More than this, he must be able to think so rapidly and feel so deeply that he can and does anticipate the

protagonist's reception and reactions, and to devise ways and means to bring out the best of desired material. Like an experienced trial lawyer who seldom asks a question to which he does not already know the answer, the therapist selects his scenes and action and characters to reinforce his therapeutic measures; and may, at times share the spotlight or submerge himself completely and step out of character and off stage as soon as his part of the work is over. Few professional actors enjoy relinquishing the limelight; but there is more than the "ham" in the dedicated group psychotherapist and psychodramatist. To him, "on stage" is far less important than being "in tune" with the needs of the patient and group.

The trainee, like his teachers in Group Psychotherapy and Psychodrama, is by definition a humanitarian, a liberal and an eclectic who is proud of his work. He has plenty to be proud of, for he has taken a bold step toward helping larger numbers of needy people by means of a potent therapeutic psychodynamic vehicle. Like the physiotherapist, he does not invade the prerogatives of the diagnostician, but is trained to exploit the emotional assets and needs of his patients as does the physiotherapist with the physical assets. Because of this psychodynamic intimacy, the trainee in Group Psychotherapy & Psychodrama has certain insightful obligations, among which is the willingness to assume directive leadership when necessary.

Not every trainee aspires to leadership—yet each must acquire and possess enough of the qualities of leadership to enable him to take over promptly, subtly, and often without notice. Like the experienced magician, the leader in group psychotherapy and psychodrama must have available at finger tip control, an inexhaustible bag of tricks (lighting, sound, movement, use of auxiliary personnel, action); and like the veteran thespian, each performer, both trainee and director, must learn to recognize his mistakes, to anticipate and prevent them when possible, to rectify them smoothly and constructively as though they were actually part of the script, and to retire unobtrusively when his part is over.

Since there is no script in psychodrama and group psychotherapy, the emphasis in training is necessarily upon *spontaneity*; and I know of no better method for indoctrination than the one I learned at Beacon, "Go right in and wet your feet . . . the water's fine," says the great Maestro; and even in the case of the resistant beginner, Moreno is usually correct.

It may be hard to believe, but the seemingly overpowering directive techniques of such dynamic leaders are not as capricious and autocratic as may sometimes appear to the uninitiated. They are the instantaneous yet carefully analyzed conclusions of a Master Clinician—one who puts the

total needs and dignity of the individual first—of the group, second, and of himself, last. Like the referee at a championship boxing match he sometimes gets in the way of the observers, but this is both brief and inevitable.

But since the needs of all three components—individual, group and leader—are practically identical, they are made to develop smoothly and concurrently to a satisfactory conclusion: Each member of the group is made to feel acceptable to someone. Each participates and shares what he can of his emotional storehouse and his capabilities for the benefit of the others—and in so doing, inevitably benefits himself. And each sociodrama and psychodrama, and interpersonal contact offers a living laboratory experience in human relations.

The sincere trainee may not like to be interrupted or to have his original approach seemingly rejected; but with practice, and especially in retrospect, he will be honest and courageous enough to recognize that the correction was made in good faith, and that perhaps his only real error was in his timing. A keen sense of timing, and the patience to encourage spontaneity, comes only with experience. Errors are frequent and it is by no means rare for even a seasoned leader to apologize for premature prompting. Moreover, since the speed of development of insight varies with each individual, many a seemingly flat and unfinished psychodrama may not produce results until long after the session has ended. Like Shakespeare's little candle the light of insight may travel far, as the individual recalls "just that one little word" or that spontaneous smile, or that fleeting expression or gesture, "I suddenly remembered—and all the tensions oozed out of me."

A recent example is a young man who walked into one of my teaching groups and, with profuse stuttering, announced that he was the new speech correction therapist asking permission to sit in. Since ours is an open group he was made welcome and, before the session was over, was thrown into a violent scene with another patient (an unmarried mother with conversion epilepsy). During the fact-finding warm up, he had been observed to stammer severely on several words one of which was "aggression." He accepted the paternal role reluctantly, but within ten seconds was striding back and forth making threatening gestures, and talking loud enough to be heard a block away . . . *without stuttering*. One week later, he returned and without prompting, reported, "I had never realized how much insight could be gained from three short minutes of uninhibited expression"; and this too was said with almost no stuttering at all.

The inexperienced trainee would probably have handled the situation quite differently, and this natural difference of opinion usually engenders

frustrations in the participating personnel. Consequently, one of the best means of dealing with such emotional needs is the judicious use of the trainee as an auxiliary ego, or as a double, plus role-reversal, or occasionally even as a substitute therapist—preferably during the actual session—but also, when possible, during the "post-mortem" evaluation conference which is an indispensable part of the training program. Just as the average individual must learn that much of the criticism and hostility which he gets from his spouse, for example, is not primarily intended for himself, so too does the trainee discover that many a critique is frequently a displacement and projection of his mentor, and could be considered as a token of affection and regard. "He that spareth his rod (of correction) hateth his son; but he that loveth him chasteneth him betimes." (Prov. 13, 24). And this was long before the days of Sigmund Freud.

In summary, the trainee, like his instructors, is a human being. He has the same needs for acceptance, recognition, and expression as the patients he is working with. He must learn to develop the boldness of the pioneer, the courage and convictions of a leader, the patience and affection of a parent, the sense of humor to recognize his shortcomings, and the integrity and responsibility to remedy them. In short, he's an impossible ideal, an outright egotist and a benevolent tyrant—usually unpredictable and often uncontrollable, but always a delightful and patient teacher, and a warm and kindly friend.

THE "SOCIOMETRIC FIELD"—A NEW TRAINING AND RESEARCH TOOL

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The Sociometric Field is a new auxiliary training device which combines some features of standard *sociometric tests,* such as the subject's positive or negative choices of other people along certain dimensions or with regard to certain criteria, and the more or less open *projective devices* which demand that the subject read into the stimulus some of his own needs, drives, and pressures. As currently utilized by the author as an auxiliary to sensitivity training,[1] the Sociometric Field consists of a large square piece of paper on which has been lightly drawn a circle which in turn has been arbitrarily divided into eight equal sectors. The center of the circle is clearly identified.

The members of a training group, all of whom have for some time been in close interaction as part of the training process, are given an envelope containing a number of small gummed labels, each with the name of a group member, including the trainer, and one marked specially with the name of the chooser or subject.

The task presented to the subject is to place each of these names on the Sociometric Field in such a manner that distance from himself to the other members or from one person to the next is to represent psychological distance along some dimension or dimensions, chosen by the subject, which are meaningful to him in terms of his on-going training experience. Thus the actual dimensions are left entirely to the subject, and his choices are made with reference to some kind of interpersonal experience which is likely to have particular meaning to him. Depending further on the specific instructions of the trainer, the subject is told either that the data which he is developing are for his exclusive private use or that he may be expected publicly to share his choice-arrangements with the other members of his group.

Thus far, the Sociometric Field has been utilized with three training groups. In two instances the subjects were asked to arrange their patterns

[1] For a full description of sensitivity training, see Robert Tannenbaum, Irving R. Weschler, and Fred Massarik, *Leadership and Organization: A Behavioral Science Approach* (New York: McGraw-Hill, 1961), part II.

in the privacy of their homes and to reveal the contents to their fellow group members only if they felt free and interested in doing so. In the third instance a public disclosure was required. For purposes of research, however, the completed forms were collected at the end of the program in all three groups to permit further study and analysis.

A completed Sociometric Field protocol provides some fascinating insights. Worthy of special attention are the simplicity or complexity of the dimensions chosen for ordering the various group members in the field, the position of the self-rating vis-à-vis the center of the circle, the psychological distance between the subject and the other group members as well as the trainer, and the choice of two—or even three—dimensional structures.

Certain unique ways of handling the problem such as, for example, the splitting of the self into many small differentially positioned parts, or the use of heavy crayon to superimpose another confining structure upon the lightly marked outline of the circle with its eight subparts, provide particularly interesting solutions.

Among the single dimensions which trainees thus far have chosen for patterning themselves in relation to others are ease of communications, personal acceptance of others, feelings of being liked, overt hostility, empathy toward others, people with whom subject would like to work, feelings of closeness to subject, willingness to interact with others, affection and warmth, and degree of personal interest in the other members of the group.

Using two or more dimensions, subjects have arranged themselves vis-à-vis their fellow trainees in the following ways, among others:

—along the horizontal axis, empathy and lack of sensitivity along the vertical axis, harmony and discord

—along the horizontal, understanding and lack of understanding along the vertical, openness and unfriendliness

—using concentric circles, with North serving as base line, movement in a clockwise direction is to indicate progress toward the goals of sensitivity training, with distance from the center signifying sophistication of subject; the angle from the position of a given person forward to the base line is to show amount of progress he still needs to make in order to accomplish the course objectives—with those on the periphery having a long way to go, and those toward the center being closer toward goal accomplishment

—concentric circles indicating psychological distance with proximity to the center representing degree of successful interpersonal communications with the subject

—distance from the center to the periphery to indicate psychological distance of the subject from other members of the group (as used by a number of subjects, who placed themselves in the center of the circle and labeled each sector with a different trait or characteristic). Among dimensions utilized thus far are suspicion, approval, like, dislike, antagonism, hostility, rejection, rapport, degree of participation, acceptance, understanding, trustworthiness, sympathy, dependability, prejudice, egotism

—concentric circles are made to represent Maslow's hierarchy of psychological needs—the smallest inside circle represents the biological needs, with outside circles representing in order safety needs, social needs, ego needs, and self-fulfilling needs. Distance to the subject who placed himself in the outer ring represents psychological distance.

A number of other placement systems have been employed, too difficult to describe in a short account, but all full of rich potential for clinical analysis. In summary, then, the Sociometric Field provides a source of stimuli and insights, both for training and research purposes. It appears to yield valuable clues to the cognitive map trainees employ in ordering themselves vis-à-vis the other members of an on-going group. Finally, it serves as a most interesting mirror to reflect the interpersonal constellations of a group at any given moment, permitting speculations as to the here-and-now of its underlying dynamics or analysis of the trends through time as they develop from one administration of this instrument to the next.

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GROUP DYNAMICS FOUND IN SCRIPTURES*

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If you believe, as I do, that the Bible is the inspired word of God and, therefore, the Author is the creator of the universe, the laws and principles by which it exists, and we subsist, then one would naturally expect to find in it many evidences of psychodynamics and many examples and demonstrations of group principles and interactions.

Having channeled our thinking in this direction the first thing that comes to mind is the group with which our Lord was vitally concerned, the hardcore of His ministry to man, the group of the twelve Apostles. (Matthew 10:2-4) There was, also, a larger group of the seventy disciples (Luke 10:1) who were sent out two by two and this reminds us of the group of administrators and judges which Moses had to help him with the problems that arose in the wilderness journey from Egypt to Palestine. (Exodus 18:25-26)

Then, too, there is the group of eight in the Old Testament (Genesis 7:1-24; 8:1-19) four couples, Noah and his wife, and their three sons and their wives, who entered the ark and from which all of our present race is descended. And now that I think of it, is it a rather tremendous concept—the group dynamics that must have gone on in that ark, 450′ × 75′ × 45′, for a period of one year and seventeen days! This thought staggers my imagination, and I must confess that I had never thought of it before. Probably the occupational therapy of taking care of the animals came to the rescue many times in the course of their meandering journey over the unseen void. Certainly, of one thing we can be certain, that a great deal of faith existed in this situation for all concerned and this is a prime requisite in any group process: faith in the leader and faith in the various group members and in the process. While we are considering group dynamics in the family setting, think about the first family: Adam and Eve, Cain, Abel, and Seth, not to mention all Adams other "sons and daughters" and their descendants. (Genesis 4:1-2, 25; 5:1-4)

One may also wonder and postulate the group dynamics that went on in the schools of the prophets we read about from time to time in the Old

* Presented on the panel on Religion in Relation to Group Psychotherapy and Psychodrama during the 21st Annual Meeting of the American Society of Group Psychotherapy and Psychodrama, The Sheraton-Atlantic Hotel, New York City, April 6-8, 1962.

Testament as well as those that must have operated on King David's staff and one would, also, wonder about the group processes between the wives of Kings, David and Solomon, how they operated and how they were handled by the leaders of these various groups.

I have always found the Scriptures to be extremely interesting from the psychodynamic aspect but when one thinks of them from the standpoint of group dynamics and the interaction of groups and group members they become much more intriguing.

Now, I'd like to say a few words about the relation of religion, or the spiritual aspects of man, to group psychotherapy and psychodrama.

In the first place, I believe that it is very important that the therapist have some real spiritual values and principles to which he is dedicated, because "the man who does not stand for something will fall for anything." I wonder if the person who has no firm positive beliefs of his own can understand the one who does, and without belief we are like a ship without a rudder and at times like a ship without a sail as well.

The hallmark of maturity, it seems to me, is the ability to express one's tender feelings and to show love. On this basis the Scripture becomes very relevant, because this is the message of the Bible and especially of the New Testament. Love was the product of the group we call the Apostles. Love was the motivating force behind God's sending Christ into the world and the meaning of the atonement. The main thrust of the message of Christ was love, "That ye love one another, as I have loved you" (John 15:12b). "Thou shalt love they neighbor as thyself" (Mark 12:31a) which implies the importance of loving oneself before one can love his neighbor.

It is, also, abundantly clear that it is more important to love than to be loved, that love is the essence of life. "The gift without the giver is bare."

Problems with authority are also dealt with as well as those of responsibility. The Apostle Paul in Colossians 3 and Ephesians 5 carries this principle over into family life in which the man is shown to be the head of the house as God is the head of the man, and Christ the head of the Church.

There is much in the group process that parallels or duplicates the relationships that exists in the family situation, and throughout the New Testament, especially, there are repeated instances in, which the believers in Jesus Christ are compared to the family. (Matthew 5:45; 18:11-14; 19:14; Luke 17:2; Romans 8:16; Galatians 4:5-7; Colossians 3:17-23; I Timothy 3:4-5; Hebrews 2:13; 12:6; I John 1:3). How to relate maturely and effectively is again and again pointed out in Scripture. I wish time per-

mitted the taking up of some of these many instances for a fuller treatment. Since this is not possible I hope the citing of these few instances will whet your appetite so you use your Bible as a source book of group dynamics for an understanding and outline of mature interpersonal relationships.

In view of the recent developments—in outer space, threats upon our liberty from within and without, and our need to handle anxiety as well as our hostilities and tender feelings—the need for religion—for a real sound and abiding faith becomes increasingly more and more important as a means of enabling one to live a serene and happy life. As one who has utilized the resources available in this area for many years, one who is a believer in the sacrificial and atoning death of Jesus Christ as God and Lord and one looks forward to His coming again, I recommend the utilization of spiritual values and the Christian faith in these troubled times and for all times.

BIBLICAL PSYCHODRAMA*

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This paper intends to demonstrate that at least one of the many dramatic situations recounted in the Bible functioned as a psychodrama. Psychodrama as defined by Dr. J. L. Moreno "is the science which explores the *truth* by dramatic methods." The truth as used in Dr. Moreno's context is not an intellectual one. It is concerned primarily with emotions, feelings, values, prejudices, likes and dislikes. In this latter realm, as Spinoza has pointed out, the power of the intellect is greatly limited, for only an emotion is strong enough to overcome another emotion. Psychodrama stimulates strong emotions. This is accomplished by getting people involved in situations which release their blocked emotions. One of the most important functions of psychodrama is its ability to unblock people who block out the needs and feelings of others. They are so preoccupied with themselves that they tune others out and cannot "hear" what the others are saying to them. Any attempt to explain to these blocked people what they are doing is met head on by protest. In order for them to change, they must be released from their self-centeredness by becoming responsive to the feelings and needs of others. The use of psychodramatic techniques facilitates the attainment of this goal. The biblical psychodrama that I wish to focus attention upon in this paper demonstrates the use of psychodramatic techniques for this purpose.

My example of biblical psychodrama is to be found in the story of Joseph and his brothers in Genesis 37, 42-45. We are told in the way of background that Jacob favored Joseph over all his other eleven sons. This favoritism together with Joseph's telling his brothers of his dreams of domination over his family filled them with hate and envy. When the opportunity arose, Joseph's brothers jumped at the chance to remove him permanently from his father's presence. They threw him into a pit and oblivious to his cries for mercy, they settled down to eat while deciding exactly what to do with him.

Judah, who was the leader of the brothers, and therefore the first protagonist of this psychodrama, suggested that Joseph be sold as a slave.

* Presented on the panel on Religion in Relation to Group Psychotherapy and Psychodrama, 21st Annual Meeting, American Society of Group Psychotherapy and Psychodrama, Hotel Sheraton-Atlantic, New York City, April 6-8, 1962.

The other brothers agreed to this plan and were therefore the secondary protagonists. Although this was done, Joseph soon became the most powerful viceroy in Egypt. In spite of his great power, Joseph did not communicate to his father that he was alive. His reason for this was that he hoped for an opportunity to teach his brothers a lesson.

This opportunity came many years later, when because of a famine, Joseph's brothers had to come to Egypt for food. When they came before Joseph he recognized them, but they did not recognize him. Joseph decided on a strange plan of action which was psychodramatic in design. He decided to use the method of "role reversal," to treat his brothers as they had treated him. He concealed his identity from his brothers. He even accused them of being spies and had them thrown into prison. The brothers emphatically denied being spies and insisted that they were all members of one family, of which one brother had remained at home, and another whose whereabouts were unknown.

In order to force them to bring Benjamin, the remaining brother, to him the next time they came, he informed them that they would have to bring Benjamin to corroborate their story. When the brothers heard that they would have to bring Benjamin to Egypt and that Simon, one of the brothers, would have to remain as a hostage they were filled with great anguish. They did not want to leave Simon imprisoned, and especially they did not want to have to again deprive their father of a favorite son. They began to think about what they had done to Joseph. They realized the terrible injustice of their actions toward him and exclaimed, "We are guilty concerning our brother in that we saw the distress of his soul when he besought us and we would *not hear*, therefore is this distress come upon us." This is the first instance of the unblocking that took place during this psychodrama through role reversal. When the brothers finally returned with Benjamin, Joseph put into action the second part of his plan, by arranging that Benjamin be caught with evidence of stolen goods. The brothers were then told that only Benjamin would be punished and that they could return to their father. In this manner Joseph forced the protagonists to relive their situation with him by indirection through Benjamin. Now Judah explained to Joseph that the only thing they could expect by returning without Benjamin was their father's death. He spontaneously offered to take the place of Benjamin as a slave in order that Benjamin be sent back to their father Jacob. Joseph now realized that Judah had "explored the truth" of his relationship with his father, for the first time: Judah was actually thinking of the needs of his father instead of being involved only with himself. Pre-

viously, when Judah was upset by Joseph he was willing to believe that he could console his father "somehow" while yet depriving him of his favorite son Joseph. Judah finally realized that his father would only be happy when he had Joseph with him, and that he would die if Benjamin were also taken away.

At this point, having attained his objectives, Joseph was no longer able to contain his own emotions and began to cry. He told his brothers the "truth" about who he was and why he had subjected them to this mistreatment (psychodramatic catharsis). He declared to them that he actually bore them no grudge for what they had done to him and that he would in the future treat them with kindness. He asked them to no longer concern themselves with their misdeeds, and to help him to unify the entire family.

RANDOM THOUGHTS ON SPONTANEITY

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It may very well be that the major contribution of psychodrama, and allied group therapy techniques, lies in the vitality of its attack on the *passivity* that has come to characterize the intellectual and emotional climate of our time.

Too much of our educational experience, from high school through college and university and even graduate school, consists of sitting and listening (with some furious note-taking, to be regurgitated—half-digested—at examination time), and with the lines of communication, when they are successfully established, running from lecture platform to supine, absorptive, sponge-like receptors. And in society at large, whether at television or at the movies, at theaters, at concerts or lecture halls, in the football stadium or at the prize ring, we have become a nation of watchers, of listeners, of spectators, of non-participants who sit on the outside looking inside, while attempting to live vicariously the experiences of the small minority of doers and performers.

Spectatoritis has become a national disease; watching, instead of doing, a national preoccupation!

The entire underlying philosophy and approach of psychodrama, role-playing, and group therapy, represent a force in the opposite direction. Countering passivity, psychodrama places the highest premium upon action and participation. It boldly postulates the concept that within every individual there resides an inner spark of creative potential—a spark that has been all but extinguished by the conformist pressures of society—a spark that we once knew in childhood, but which we have allowed to dim as we bowed to the mores and customs of our milieu—but a spark that stubbornly continues to exist, a latent promise of potential yet untapped. It is the function and the goal of psychodrama to fan that spark, and to activate that potential.

It does so by placing participation ahead of passivity, doing ahead of watching, living in substance and in reality ahead of vicariousness. One has only to observe a dynamic psychodramatist in action to recognize the catalytic role it can play in overcoming entrenched patterns of repression, withdrawal, and conformity.

Where our culture is characterized by timidity and the unquestioned

acceptance of the already-accepted, psychodrama acts as a gadfly, stimulating thought, spontaneity and creativity, originality and newness of perception. Action methods and techniques in general can play a re-vitalizing role in many fields—in education, in psychotherapy, in personnel training in industry, in guidance and counseling, in correction—in all the varied forms and areas of human communication.

To the extent that psychodrama and group therapy do this—to the extent that they counter the stultifying trend toward a passive, absorptive, sponge-like, non-participating populace of receptors with a dynamic concept of humanity alive to its inherent potential—active, thinking, feeling, responding, participating, living creatively and spontaneously—to that extent will they make a lasting contribution.

TRAINING OF THE UNCONSCIOUS BY HYPNODRAMATIC RE-ENACTMENT OF DREAMS

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J. L. Moreno has repeatedly stated his conviction that the unconscious can be trained to overcome emotional trauma and hidden conflicts. Desoille and Bjerre have used "directed dreams" to resolve conflicts. In these techniques, Desoille leads the patient into the visualization of situations full of Jungian symbols, carrying with them the portent of resolution of conflicts. These techniques are based on Freud's findings, that dreamers use symbols to highlight, condense and generally report conflicts they are dealing with in their minds at the time of the dream. The meaning of such symbols is much clearer to the dreamer in the sleeping or dreaming state, that is, at a time when unconscious processes are only inadequately checked by the conscious, the "censor." Desoille and others then argued that therapists could address their interventions to the unconscious by using symbols germane to unconscious understanding as equivalent for the resolution of a patient's conflicts and suggesting such symbolic situations while the dreamer reclined on the couch with his eyes closed and his conscious effort reduced to listening to the therapists' "directed dream." Desoille and Brachfeld reported decrease in anxiety sometimes after just one such session.

The value of symbolic gratifications has been known to other workers in Psychiatry, for instance Mme. M. Sechehaye has used "symbolic realization" successfully with schizophrenic patients in the waking state.

However, Moreno has initiated the use of action techniques, such as hypnodrama and dream enactments, to demonstrate that the understanding and correction of one or more dreams of a single night is a good therapeutic maneuver. Much like conscious attitudes can improve by role training, it is possible to modify unconscious expectations and behavior through training, e.g., let a dream conclude with a "happy end" instead of a catastrophe, learn to experience pleasant feelings when looking down from high buildings, gazing at one's step-mother, facing one's boss, etc.

The present report will deal with a series of connected dreams of "Norma," as well as their re-enactment and correction in situ. The dreams were experienced during a three week workshop in 1961 at Beacon and were dealt with in the presence of all its participants.

Necessary Information

Norma is pregnant for the second time, and in the third month of pregnancy. She has a three-year-old boy. In the first pregnancy, Norma was ambivalent about having the child while she was pregnant, but changed her attitude to one of frank love of the child at its birth. In her current pregnancy, her ambivalence is again manifest.

Norma is otherwise a quiet happy housewife. Her ambivalence with regard to assuming the added responsibilities of a mother in the future, changing to self-confident love upon finding herself adequate to handle the new job, can often be observed in modern mothers.

In other words, we are dealing with a fairly common attitude regarding pregnancy. Prior to this first dream, Norma had suffered two or three minor falls during social activities at Beacon, which were of no consequence; that is, she never really hurt herself when falling. She seemed just to glide down and sit comfortably on the floor, yet a fleeting air of fear and anxiety would appear on her face whenever she lost her balance this way. Usually this happened in front of bystanders who would be quite solicitous in helping her up again.

First Dream

In the second week of the seminar, Norma offers a recurrent dream to Dr. Moreno, who directs this session. Dr. Moreno suggests that Norma go to sleep on her bed (mattress) on stage. Norma stretches out on the mattress, closes her eyes and tries to warm up to sleep. Moreno then continues:

"Now you are back at the house, asleep." (Bends over her, softly strokes her hair, soothingly, while talking suggestively to Norma.) "Breathe deeply, deeper, deeper, that's right. And now, you are starting to dream. Don't tell me the dream. I want you to reenact it, after you have first visualized it in your mind. While you are there, sleeping, you have that same dream all over again. Do you see the dream? Can you visualize the first part, then the middle, and then the end?"

Norma: (keeps eyes closed, is relaxed, nods her head affirmatively).

Moreno: "And now, as you see the first part, what do you see first in the dream?"

Norma: "I am on the stairs of the house."

Moreno: "Then get up. Are you with someone?"

Norma: (Stands up) "No, I am alone. I am paralyzed and cannot walk down the stairs because I am going to fall down and lose the baby."

Dr. Moreno then insinuates, "You say you are paralyzed; is that true? Try to walk."

"I can't." (She stands as if frozen, on one spot).

"Try!"

"I just can't," says Norma; "I'm afraid to fall and lose the baby!" and begins to cry.

"I'll help you," says the therapist, and does so.

Norma can now walk a few steps but stops when reaching the three stairs of the stage. No amount of persuasion convinces the panicky Norma to negotiate the three stairs. Dr. Moreno then commands Norma's double:

"Go—you walk the stairs down with her!" Even does not seem to be enough protection.

Dr. Moreno then exclaims, "I will help you too, let us go!"

Hesitantly, Norma follows the two auxiliary-egos, and to her surprise, she succeeds without falling. Her panic eases, but Dr. Moreno gives her no rest; she has to walk those stairs down again and again, first with the double, and then alone. Norma is then urged by Moreno to not fear such a dream again, even to expect to dream that she is negotiating the stairs successfully, helped by Dr. Moreno or the auxiliary ego. She is ordered to sleep again on stage, and is then re-awakened.

In the following general discussion, Dr. Moreno explained his interventions in modifying the actual dream on stage as "*Dream Correctives*," in which Norma was helped to overcome her paralyzing fears of falling; it was important to overcome these, not only once on stage, but to go through these motions repeatedly, so that the acts started to carry with them a positive conviction of success; a positive conviction of NOT falling in the future. In this way, during the hypnodramatic trance, her unconscious attitudes toward falling, as well as the motions necessary in order not to fall, had been trained with her.

Note

As we shall see soon, unconsciously Norma was not sure whether she wanted that baby really and whether she was able to take care of a helpless infant around the clock, waiting patiently for months and years for it to grow up and become self-sufficient. A fall, followed by an abortion, might indeed have provided a natural remedy for this predicament.

Another possible meaning of walking safely downward with a pregnancy suggests itself, namely, the symbolism of giving birth to a baby between one's legs. So Dr. Moreno helped Norma *and her child* down safely and alive; he rehearsed with her symbolically not only not to fall, but also to give birth to the baby aided by another doctor in the future.

Norma does not report any recurrences of this dream in the succeeding days. Dr. Moreno has departed for an international convention. Toward the end of the Workshop, a second opportunity to be a protagonist is offered to Norma who has had three other dreams. She is put into a trance by me on stage, and re-enacts the following brief dream:

"Dr. Moreno has died." (Weeps.) "I cannot look at him; it is so terrible."

"Go and look at him; there he is lying in the casket."

"I can't."

"It is all right; you can." She finally looks at the auxiliary ego embodying Dr. Moreno.

THERAPIST: "You see, you can look at him. Do you want to talk to him?"

"Yes."

"You can talk to him; he will be able to hear you."

She finally does so and is urged to talk to him as a first corrective.

"Dr. Moreno, I hardly can believe it; it is so terrible; we miss you so much." THERAPIST: "You see, you can talk to him. Now if you want to bring him back, you can! Go ahead and pull him up—go ahead!" She does so and sighs with relief from an anxiety state, bordering again on panic in its intensity.

"Dream Corrections"

This dream was corrected in two phases. The dreamer at first accepted without hesitation that she could "talk to Dr. Moreno" and expressed very positive affect toward him. In this fashion, she had already tacitly accepted that "Dr. Moreno" was not really dead, only absent or paralyzed, as it were.

In the second phase of dream correction and training, she not only talked to him, but with physical effort, lifted him up, saved him from death or paralysis. What a "reversal of roles" from the session with Dr. Moreno! As a result of "dream training" she now saves Moreno from death as she saved herself from falling.

With regard to the death, I felt that this was a symbolic dream picture to explain the master's absence from the Workshop, and many participants of the Workshop were indeed missing him. Since, however, there are often ambivalent feelings toward father figures in general and toward the father in Norma's pregnancy in particular, Norma was allowed to resuscitate the dead to rid her also of any guilt feelings.

Yet Norma had in this dream willed Dr. Moreno a combination of

husband, father, doctor and teacher, also dead. Her crying gave evidence of positive feelings toward him as well as of anguish and guilt concerning her death wish. What the therapist allowed here was to undo that murder. Undoing is one of the frequent mechanisms of defense. He then allowed her to change from a murderer into a saviour, thus to over compensate for her death wish. Since all this was done in a trance state, these corrections were not addressed to the consciously functioning Norma, but to her subconscious, as it were. One might ask here: When is a corrective used in hypnodrama and in psychodramatic interpretation of dreams? Even though that cannot be answered categorically, manifest anxiety of the dreamer on stage often calls for a corrective, since it is indicative of a conflict. Oftentimes the associations of the dreamer with regard to the dream will give a clue for the need for a corrective.

Another question is more difficult to answer: Is this repressive therapy? Yet it seems evident, that no emotional conflict with a basis in reality was repressed here. Instead more acceptable solutions to the issues weighing on the dreamer's mind were suggested and rehearsed, but only *after* the dreamer had had a chance to first give her version of her solution and had obtained the understanding without criticism of her therapist.

She next reports the second brief dream of the night, dreamt after she awoke to overcome Dr. Moreno's death-dream. Again she re-enacts it as follows:

"Isn't it dreadful, Manuel, the head of our Half-Way House has become sick, crazy. They put him into a straight-jacket, because he acts so wild."

No further associations can be elicited from Norma.

Correctives

Norma is urged to change Manuel's fate by her intervention. She goes to the auxiliary ego enacting Manuel, gets him out of the straight-jacket, berating the attendant on stage, talks soothingly to Manuel, whom she believes to have become sick from over-work. She then reports the straight-jacket incident to another doctor, rejecting me as having "nothing to do" with the straight-jacket. The "doctor" warns the "attendant" on stage to destroy all straight-jackets, or else to suffer consequences.

Norma is visibly relieved by this outcome.

Note

We observe here that the second dream of that night carried with it evidence of some "dream work," since the hero of the dream was not anymore "dead," only "mad." In correcting this dream on stage, the

dreamer had a chance to save the hero from the sickness she had dreamed up for him, and as a result of which she felt quite distressed. She also had an opportunity to express her concern about her husband's overwork. Finally, she could enlist the help of another father figure, the "doctor," to help her patient.

Norma is put to sleep again, and then re-enacts the following, third dream which she experienced actually three days after the above reported ones.

"My second child is born. I give birth to a beautiful son, much like my first son. His name is Craig. The delivery was quite different because I get up from the table right away, 'take the child away to my mother', and, we both *walk* to her home. Craig is very mature, walks and talks like my first one, but it not toilet-trained. We have a wonderful relationship." Norma has actually written down this dream in order not to forget it. She seems depressed now.

Re-Enactment with correctives

Norma is asked to go into any detail of the dream as she re-enacts it on stage. She may tell anything she would wish to change in the dream and we will try to modify the dream accordingly on stage. She now talks to Craig after the delivery about how much she loves him. Then she cries about her own impatience in wanting to see him grown up; she accepts him anyway, but, much rather, would like to see him unable to walk and talk, just a normal new-born baby. She can wait for it, and as to toilet training, she does not mind at all. This is re-enacted on stage, and Norma's love for her child moves the audience and she feels pleased with herself. Norma holds her baby's face and cuddles it in her arms while the baby acts helpless, immature, yet ready to be loved. Baby does not talk or even sit yet. Norma feels visibly happy and relaxed. She is then put to sleep again and finally taken out of trance altogether.

To close this hypnodramatic experience, Norma declares that she now feels she is emotionally ready to bear a child and not make excessive demands upon his capacities:

"He does not have to walk and talk yet from the start; I can wait."

Note

Since both the dream and the notes taken of it seemed to end on an expression of denial of a conflict, namely, a "wonderful relationship," some preliminary explanation was needed to recognize the need for a corrective. True, this dream showed the fulfillment of a wish; namely, to give birth

to an exceptional son, yet the happy end of this dream did not seem to correlate with Norma's affect in the previous dreams. So Norma was given a free hand in this correction; one might say, she was asked to freely associate to it. Indeed, she soon showed the underlying conflict and frustration and broke out in tears. Now, the corrective was applied and she was allowed to have a child that acts like a normal baby, cannot talk, or walk, etc.

Final Discussion Period

I then asked for a discussion on the following thoughts about change of emotional attitudes toward the coming child as evidenced by the dream sequence itself, and the correctives designed to train unconscious attitudes.

In the dream of the first session, a clear fear of losing (accidentally killing) the child through a fall was expressed, and the phobia was corrected in situ by descending steps successfully, with disappearance of a panic state while in trance. In the highly charged atmosphere of the Workshop, her following dreams gave evidence of training and dreamwork.

The next dream showed Dr. Moreno, the "father," dead instead of the child. The dreamer brought him back to life again. Indeed, the dreamer evidently wanted to save both father *and* child; this was the reason why she worried about her dreams.

A dream followed in the same night, where the "father" of the Half-Way House is not dead, but mad; or, as one of the discussants pointed out, "half-dead." The dreamer volunteered to help the father. On her own request, she now made sure the father would get well.

A final and later dream shows a successful birth with a prematurely developed baby. Mother again volunteered to correct this dream; she wanted a "normal" baby all the way.

It was evident to all participants that Norma really wanted to have that second baby, and would be a wonderful mother for it.

The presentation of this hypothesis was accepted eagerly by the persons present and ended this session.

Note

This discussion was designed to highlight only the positive actions of Norma in order to bring closure to this session. A final discussion should tend to reassure the protagonist and the group. This was probably a reason for the group's ready acceptance of exclusively positive statements regarding the dreams in the final discussion.

The final discussion of a psychodrama session is often of great im-

portance, since it helps to obtain a group consensus regarding the value of the issues presented by the protagonist, and how these affect the lives of the other members of the group. In hypnodrama, however, and in dream interpretations, issues are dealt with, which a patient might not like to tell the group, or take responsibility for, in the waking state; therefore, care must be taken to present the dreamer's conflict in a face-saving manner. In this final discussion, this was done by mentioning only the noble instincts of the dreamer, namely, her urge to save husband and child. No mention was made of the other side of the coin, namely, that the dreamer wanted to save a husband and child as well as the therapist *from her own death wishes*. This in itself was a positive suggestion, a corrective maneuver, this time aimed at the protagonist and the group in the waking state. Such a final maneuver will not always be necessary with an ongoing therapy group, but it is safer to tie up loose ends this way in a training group as ours was, where one endeavors not to leave emotional scars unnecessarily exposed. Just as during the hypnodramatic session, the emotional catharsis of tears and drama occupied a preeminent place in the experiences reported here, the final discussion avoided dramatic action and substituted catharsis with insight.

Discussion

Sequential dream analysis has been reported by various authors. Most of the authors do not show such a rapid shift toward resolution of conflict as this sequence showed under the influence of hypnodrama, nor was such progress witnessed by concurrents to a Workshop.

Hypnodrama stands alone in adding to subconscious experience the third dimension of space, i.e., while conscious experience or interference is reduced to a minimum. In so doing, hypnodrama excels over the ordinary hypnotic state, where muscular tensions or movements have to be suggested. Here they are actually felt, the person is moving, hitting, falling, talking in reality, in space. In moving about, something of the helpless submission of the hypnotic trance is also removed; the hypnodramatic protagonist does not move about like a robot, but, rather like a cooperative partner, and the main actor is the patient, not the therapist.

Dream work in hypnodrama requires a thorough understanding of psychodynamics from the director of the sessions, as well as sufficient previous experience to be able to give a sufficiently plausible interpretation of the dreams "on the spot" to himself in case the protagonist is unable to volunteer dream correctives, so that he may guide or induce correctives to the dream almost while the dreamer "dreams."

Hypnodramatic dream interpretation again brings into dream analysis the action techniques which are not offered in any other approach. In this dimension, it even exceeds the original dream itself, makes it more concrete and adds to it. This is a very creative instrument when further expanded by the use of correctives. This time the dreamer has the unheard-of opportunity to redream, to remodel his dream as if he were an artist with his masterpiece.

One might here add the influence of the therapist. In a sense he has made the dream his own work too, by witnessing it, and even though he wants to help, his unconscious is set in motion too; hypnodrama even more than hypnosis is a process of *inter-actions*, with a co-unconscious experience once therapist and patient interact around a common ground. Even as the group shares that dream, they enter the co-unconscious experience, as it happened in the here reported sequence. So, e.g., the participant who acted as Norma's child in the dreams, felt quite wanted and loved in the final corrected version of the dream, as she reported in the final discussion. In many other scenes during this workshop, she had indeed tried to relive an unhappy childhood and "dream up" a happy one, like being a wanted and loved child!

Freud sees wish fulfillment as the dynamic basis for dreams, and he distinguishes between their manifest and the latent content. The latent content of our dream sequence was certainly only barely touched, since we dealt with a quite delimited and specific issue: an ambivalent attitude toward a pregnancy which had shown up also in the patient's waking hours. The manifest dream content showed only barely concealed gratification of Norma's impulses (death for the child and/or the father), with an amendment or revelation of underlying fears in the final dreams (sickness or abnormality of father or child). Our dream correctives were designed to "undo" these dire results and so alleviate Norma's guilt feelings in the waking state. We then trained Norma's unconscious to expect a normal childbirth which would preserve father's health as well as the child's health.

If we follow C. G. Jung, we need not worry about "wish fulfillment." Instead, we observe the relevant, yet vague issue the dreamer tackles with and help her clarify and think about this issue. The dreamer oftentimes will guide us to the solution she really wanted. Norma, e.g., when free to choose, wanted Dr. Moreno alive, and her child a healthy strong baby.

We follow Dr. Moreno's conviction that anxiety-producing results in dreams can and should be corrected. Anxiety is indicative of a conflict between impulses and their controls and if insight cannot be obtained by free association about the dream, a symbolic correction of this conflict can be effective.

Such a correction is held to be more effective in the dream state, since along with diminished consciousness one can expect a decreased willingness to resist therapeutic suggestions. If this is true, it would follow that the training or the reconditioning of attitudes would have a better chance of success while the patient is in a state of decreased consciousness.

In our particular case demonstration, we are glad to report that Norma's pregnancy continues uneventfully through the months; she has stopped falling and has developed a confident air about her condition.

When starting to work with hypnodramatic re-enactment of dreams, it would be safer for the new director to use the classical approach (see monograph by Dr. Moreno and J. Enneis on hypnodrama), namely, to have the protagonist and his auxiliary egos re-enact the entire dream in the original version, then let him go to sleep again, and now dream and re-enact a corrected version of the dream. However, a more abbreviated procedure has been demonstrated by the writer in the present sequence.

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GROUP METHODS AND THE ADULT OFFENDER*

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My actual experience with offenders stems from my two years work as Chief of the Legal Psychiatric Services, Washington, D.C. This Service is a Division of Mental Health of the District of Columbia which was established in 1953 for the purpose of helping the Probation and Parole Offices in the District as well as the Department of Corrections and the Judges. In the past, because of the shortage on our staff and because of the difficulties we faced from various conditions, the function of the clinic was just extensive psychiatric diagnostic evaluations and consultations with our referring agencies. Today, with more staff, and with less difficulties, we are able to widen and diversify the range of our activities. Emphasis is now being placed upon the treatment of offenders, the training of our referring agencies and the education of the public.

We have at present six groups active with a total of fifty-five patients. Three of these groups are being conducted at the D.C. Jail, two with male and the other with female inmates. These are inmates who express an interest in joining the groups and who have a sentence of one year or less remaining to be served. Three other groups are held at the clinic, one for males, the other for females and the third is a mixed group. A seventh group is in the process of being started at the clinic, for relatives this time. As I mentioned before, another function of the clinic is to train the personnel of our referring agencies. We give them lectures, we present cases and finally we prepare them for group counselling. As a result of this training and stimulus, the Probation and Parole Officers of the District have now about eighteen groups with a total of one hundred and fifty patients. I personally have been conducting two groups for the last two years, one at the jail, for male offenders and one on the outside, again for male offenders.

Working with these people I have gained some impressions about them which I may summarize as follows: The background of many of them is full of confusion, maladjustment, insecurity. They have nobody from the very beginning of their lives to show them the way, to show them what is right or wrong, to make them feel that they belong somewhere, and that they

* Presented at the 21st Annual Meeting of the American Society of Group Psychotherapy and Psychodrama, April 6, 7 and 8, 1962, New York City.

are wanted, to make them understand that they are part of society. Actually, what they speak of are "half-brothers, half-sisters." Many of them don't exactly know how many brothers or sisters they have. They are full of hostility, full of anger towards society. According to them, society consists only of terrible people of whom they themselves are the victims. The majority do not have any motivation for change and no insight. They do not trust people and their hostility does not let them see their own confusion. I am sure that many of these people do not even want to leave the jail. Many of the patients told me directly: "You know, in jail at least you have three meals a day and a roof over your head."

Practicing group psychotherapy with offenders I believe is a fascinating experience and I may say, it is very useful for the offenders. There is no question that we save much time by applying group psychotherapy with them. It is impossible for a Probation or Parole Officer with a work load of from eighty to one hundred patients to be able to see the offenders even for some minutes every week. After practicing for two years I am more optimistic, or rather less pessimistic than I was when I started my groups. Of one thing, however, I am sure—our method of group psychotherapy should be completely different from the methods and techniques we use for other mental disorders. For example, we cannot apply nondirective techniques with these people, at least at the beginning. The main thing I think we should concentrate on in our group therapy should be relationship and motivation because I say again their hostility and resentment is such that they cannot see their faults, they cannot see their contribution to the situation. In my group, at the beginning, I talk about every subject. I never asked the offender in my group, at least the first six months, why he came to the jail or why he was an offender. I avoid any personal questions. I never underestimate them. I try to show them that I am interested in them, that I respect them as human beings, that I realize the mistakes of society but also I realize that he, too, has responsibility. I try to treat them like friends until I gain them, finally they themselves want to know about themselves. They ask personal questions at the end and they want to see me individually. They trust me at the end and this is the beginning of their treatment and recovery.

I believe that individual therapy, no matter what type, is much inferior to the group approach, at least at the beginning of therapy. It is very threatening, for the majority of offenders, I repeat again, at the beginning. In a group situation the other members of the group are his allies. He is not alone and some of them are stimuli for him. At least in a group situation he is not

alone with the therapist, who represents society. In a group he is with other people like him who are in the same situation and he feels more comfortable.

Out of fifty or sixty people treated in my groups during these two years, only one violated the law thus far, but with a minor offense, and some of my patients are now being treated in individual psychotherapy in conjunction with group psychotherapy.

PSYCHODRAMA IN THE TREATMENT OF DISCIPLINARY PROBLEMS*

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The concept *Discipline* suggests, at once, an effort to inhibit infringement of rules by the imposition of specific punishments that are "designed" to make the particular infringements unpalatable. A particular punishment is meted out for a particular infringement because it is so related to the infringement that it conditions the subject against repeating the infringement. To be sure this type of simple conditioning works, when the punishment is a direct outcome of the infringement, such as when the child touches a hot stove, burns his finger and from there on, avoids touching the hot stove, in fact he may transfer this learning to all hot objects. Such simple situations are common to infancy and childhood learning as all parents would testify.

Here we are concerned with disciplinary situations where the rules broken cannot be defined with precision, where the infringements involve emotions, attitudes, value systems of different individuals and families and institutions. Such infringements are *judged infringements*, depending upon the value systems of the individuals involved. To some they are infringements, to others they are acceptable behavior. In such cases, rule of thumb judgements and punishments are futile as corrective measures.

It is in such complex disciplinary situations where the use of sociodrama and psychodrama are valuable educational tools.

Through the use of psychodrama or sociodrama, the many different feelings, attitudes, value systems are played out in the open so that all participants are enabled to get a clear view of the dynamics that operate behind the actions and reactions of the individuals involved. With these different dynamics in the open, all participants can see the elements of the situation in the same light and are in a position to make judgements from similar premises. To be sure, one or other individual may not see the light and may be unable to accept the premises established. In this case more work needs to be done to discover the reason for the resistance of this member of the group. I mention this type of resistance because in the example I am about to present, a leading character in the skit resisted the

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facts presented in spite of all efforts to clarify the situation for him. But more of this later.

The case I am presenting is an actual situation that faced a teacher in a high school in a small town in Connecticut. This teacher, let's call him Mr. K, was recording the mid-term marks of his home-room class and discovered that an honor student, named Ben was flunking Mathematics. Much surprised at this turn of events, he sent for Ben the next day and asked him what was wrong. Ben faced Mr. K shyly, and explained that he just couldn't get the stuff. Mr. K could not accept this and told Ben so. Ben responded simply "I don't know what's wrong." Mr. K insisted that Ben tell him what was interfering with his work and threatened to call his father unless Ben told him what was wrong.

This approach was effective, for Ben seated himself, and with hand-holding-head, elbow-on-arm-of-chair, he explained:

> "I was friends with Jim, Joe and Jerry and we played football after school and Saturdays and I had a good time, I liked being their friend. Then one day I told them that I didn't like the idea that they smoked every day back of the school, because it is against the rules and anyhow, they could start a fire and they could be caught. I didn't want them to be punished. They laughed and called me a sissy, which I didn't like but I didn't say anything, until they began to force me to smoke and then I got mad. I told them I didn't want to smoke and didn't think they should smoke in school, and they grabbed me and forced me to smoke a cigarette. I spit it out and they jumped me and beat me and called me names, then they told me I couldn't play with them anymore. I went home but since then I can't concentrate. I want to be friends with them and I want to play football with them but I won't smoke."

Mr. K expressed surprise that Ben had made such a fuss about smoking and agreed with the other boys' views, namely, that Ben was a sissy and it was about time he got over it and became a regular guy. Ben was much distressed that the teacher agreed with the fellows and accepted the fact that he was a sissy but he insisted that he did not wish to smoke and no one would make him smoke. The teacher then dismissed him with the remark: Come on, grow up.

Ben left the room and also the school and did not turn up until the principal questioned the teacher about Ben's absence. Mr. K disowned knowing why Ben was absent and promised to call the home to find out. When he reached Ben on the phone he asked Ben to come in for another talk, admitting that perhaps his decision had been hasty. Mr. K then brought the problem in to the graduate seminar for help in the solution of the situation.

In seminar, the students (all were teachers or supervisors of one sort or another in an educational system of a surrounding town) became involved in a discussion which soon became an argument at which point I suggested that we try to play it out using sociodrama. I explained that through sociodrama, we could play each role in different ways by having different actors take the different roles that is, having the same people try on different skins to see how each skin felt. By trying on the different skins each would be in a better position to make a decision about how to deal with the situation. The students who were not involved in the action were asked to feel into some role to see how it felt and were to keep notes of the movement of their feelings around the characters in the situation. They were also asked to be prepared to interpret the dynamics of the situation as it was played out and to evaluate the situation in terms of their value systems.

At this point, I might describe to you what actually occurred or we might try to enact the situation ourselves here and now to see how it may be worked out with justice for all and for the benefit of all the boys involved.

Significant questions to keep in mind as the enactment progresses are: why did the guys jump Ben so suddenly? After all they had been smoking for a long time and he had no doubt often cautioned them about it and they had not jumped him before. If they were afraid he'd squeal, then why wait all this time before jumping him?

Perhaps they were feeling especially guilty that day and decided to make him guilty also, thus preventing him from telling on them, and also thus reducing their guilt.

Perhaps their reason for jumping him had nothing to do with the smoking, perhaps it had something to do with their feelings about their school progress, since Ben was an honor student, and they must have known this. If they, too, were honor students, then perhaps they were just teasing Ben, perhaps they really felt he was slow in growing up. However, there was the possibility that they were not good students and were motivated to torture him for personal inadequacies, a rather vicious motivation, cutting down the other guy to appear bigger. With these questions in mind the sociodrama was begun.

Mr. K offered to play his real role of teacher while a friend of his, a teacher in the same school offered to play a tough guy, a younger teacher offered to play Ben, and Mr. K asked two other fellows in the class to help out.

The scene opens with Mr. K telling Ben that he was failing math and this is shocking for such a good student. Ben reacted as described earlier, with

resistance to telling the story but finally telling the story as already described.

The interesting part of this situation was the fact that Mr. K did not see any way out of the situation except for Ben to take up smoking. As he insisted and as Ben resisted, another member of the class couldn't contain himself and blurted out, "Hey, K, that's no way to talk to that boy." Mr. K angered and said; "Oh, you know a better way, OK, you try."

The new teacher began again explaining why he had called Ben and asked Ben for an explanation. When Ben finished, the 2nd Mr. K suggested that they tell the principal about the situation. This suggestion alarmed Ben and he refused to cooperate further. The 2nd Mr. K was stymied. He kept insisting that the boys had broken a rule and it was up to Ben to report them no matter how they felt about it. Ben and the 2nd Mr. K had reached an impasse. The skit was cut and the roles offered to other takers. A woman offered to play the role of Mr. K. Ben stayed in his role. The 3rd Mr. K lectured Ben on sticking to his own values and ignoring the other boys, "just forget them, and you will find other boys to be friends with." At this Ben bristled and resisted. Again there was tug of war and the skit was cut for class discussion.

Members of the audience began to express their feelings about the teachers' roles, pretty generally revealing that they were out of sympathy with all three Mr. Ks. One member of the class recalled that they were to keep certain questions in mind, and that this had not been heeded by the Mr. Ks. He offered to play the role of Mr. K. The 2nd Mr. K offered to play the role of Ben, in order to get the feel of his role. The action started again.

The 4th Mr. K asked Ben about his goals, aspirations, ambitions and discovered in short time that Ben wanted to get honors and go to college and the University. He wanted to prepare himself for a profession. But, he added, he also wants to be liked by the guys and wants to be considered a regular guy.

The 4th Mr. K, asked him what he meant by a regular guy and Ben answered, "guess the kind of a guy that is sporty, who likes girls and the girls like him, a smooth guy, a hep guy."

Mr. K: Do you really want to be that kind of a guy?

Ben: Well no, but what's the use of being my kind of guy, no one respects my kind of guy. Everyone teases me and even the teachers seem to like the other guys more than my kind of guy."

Mr. K: Where did you get the idea that teachers don't like good students?

Ben: Oh, I don't know, that's how it looks to me, from the way some teachers talk to those guys. Some teachers think guys like me are sissys.

Mr. K: Well, I can see your wish to be friends with the others, and still want to be an honor student. Perhaps you can do both if we work out a way. Suppose I ask the other fellows to come in for a talk?

Ben: They will know I told you about their smoking, then they will really hate me.

Mr. K: I will explain to them that all I want to do is straighten out the disagreement between you fellows, OK?

Ben agreed, with a promise from Mr. K that nothing would be said about the smoking.

Scene was cut.

The class congratulated the 4th Mr. K for succeeding in getting at the important elements in this situation, namely the feelings and conflicts of Ben that led to his flunk mark.

Scene 2

The class urged the 4th Mr. K to go on with the play.

As the scene opens Mr. K and the three boys are seated in a circle, Ben is sitting up straight and rigidly in his chair, the other boys are slouching in their chairs, smirking. Mr. K explained his purpose was to clear up the misunderstanding between the friends, and asked for the reason for the fight. He also covered Ben by explaining that he had discovered the trouble when he called Ben in about his marks, which were falling of late.

Jim, responded disdainfully: Aw there's no fight, it's just that Ben is a big baby, a sissy so we don't want to play with sissys, so what?

Joe laughed and backed up Jim. Jerry laughed and added, "Aw he can't take it, he's too serious. Who wants to play with a square, an egg head? Nobody likes an egghead."

Ben sunk into his collar, and looked at the floor, as if about to cry. The audience was with Ben, whispering indignantly against those "three punks." The three tough guys enjoyed shocking the audience and acted in a real tough way, casting disdainful remarks about teachers and school and the way kids put it over on teachers and principals.

Mr. K calmly asked them if they would like to leave school, since they didn't seem to like it much.

In response, the toughies sat up in their chairs in great surprise and

just stared at Mr. K. All were silent for several minutes when suddenly Joe said: "Yeh, I'd like to leave and go to trade school but my father won't let me. He says I'll be a bum if I go to trade school, just like my brother."

Jim joined Joe in wanting trade school to this school where "I'm not smart and the kids think I'm a dope. I hate it here."

Jerry looked at them in surprise and said: "I don't want to go to trade school. I want good marks here, but I can't read much so I can't ever finish my homework, so what's the use. It makes me mad when my father tells me what a dope I am and how smart Ben is. Sometimes I wish Ben would fail, then my father would stop picking on me."

As the boys made these admissions, Ben perked up, and with an apologetic grin told the boys he was sorry that he was so stupid not to notice that they wanted him to help them with their homework. He offered to help them whenever they wanted help.

The toughies grinned sheepishly and thanked Ben for the offer. Jerry was especially happy to make up and went over and shook hands with Ben.

Mr. K congratulated the boys for solving the conflict and then added that he would be happy to help the boys with their problems about transfer to trade school and with the reading problem any time they wished to come in to see him.

As the boys rose to leave, Joe asked "Mr. K, did Ben tell you we were smoking?"

Mr. K answered: "Why, were you?"

Joe, "Yeh, we were sneaking smokes against the rules. Guess we ought to go tell the principal and square things all away."

Mr. K: "Good for you."

The boys left arm in arm.

The audience was so involved that they could hardly contain themselves and when it ended they applauded long and loud and congratulated the 4th Mr. K. At this point the first Mr. K, the actual teacher in this situation, rose and angrily challenged the 4th Mr. K about his method. He insisted that there was no need to dig deep into students, that was the job of a psychologist, a teacher's job was to teach subject matter and if the kid failed that's too bad. It was not the teacher's job to baby high school students and he was still convinced that Ben was a sissy.

The class tried to calm him with the sop that sometimes his method is effective but this did not convince him. He stomped out of the room and did not return to class the remainder of the semester. He wrote a letter to the lecturer explaining that if he had to be concerned with the feelings of

his students he had better give up teaching, but since he did not plan to give up teaching, he would continue to teach subject matter and let the psychologist do the rest.

This session seemed to have been a failure from the point of view of helping the first Mr. K with his problem, or so I thought until one day of the following week a colleague of Mr. K reported in Seminar that Mr. K had turned the situation over to the guidance director with the suggestion that "the boys be called in for a face to face meeting to clear up the situation, so that Ben would be able to study again."

The sociodrama had not been in vain.

ROLE REVERSAL IN MUSICAL TRAINING

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INTRODUCTION

The study of a role reversal was carried out on two young students who, according to their performances and their parents' appraisals, were not up to the standard commensurate with my idea of progress or expectation of individual initiative. In some measure this can be explained: my theory of teaching piano is to allow the pupil to progress as fast and rapidly as his ability will permit. If a child at 10 can play Beethoven Sonatas, I see no need to keep him in the "will-o'-the-wisp" category. However, the problem with both of these students was a false sense of progress based on past performances and above all, an unwillingness to *practice.*

Both of these dramas were timed around the important date of January 6, 1962 at which all of the students were given a summary examination and had to qualify with a grade of not less than 80% to stay in my studio. To all of them, this was called D Day for their parents would be notified that they were no longer desirable or else the parent would have to come and have an interview with the student. Each student was given 2 weeks to prepare his assignment which was noted a week before with special annotations.

STUDENT I

. . . we will call Skippy. He is 7 years old and for 2 years has made outstanding progress. He is an adopted child who lives with another adopted brother and 3 foster state children. His adopted parents are in their early 50's and have a strict "*no nonsense*" attitude about his music. The child is mischievous, talented, lovable and afraid of the "switch." His extreme good looks have no "parcel" with his getting away with things both in school and at home.

I Session: (Jan. 13)

You are now the teacher, Skippy and I am you. You must give me the kind of lesson that I give you:

"Okay, sit at the piano and play the Hayden "Minuet."

As I sat down to play, he burst into hilarious laughter . . . "NO, NO, NO, You're playing wrong notes."

"Well, show me for I tried to play it this way at home and Mommy said it was right."

"No, Mommy plays it wrong. You should play it this way." And with that, Skippy sat down and played his piece perfectly.

He graded me on my playing and marked me below 80%.

Time was up and he said: "You must go home and practice the way I show you. Play slowly and don't let your mother show you. I have shown you and that's the way I want it, understand?"

* * *

Skippy had taught me the way I taught him but he showed me through this reversal what I wanted to know and some things that I had expected:

1. On Jan. 6 for his examination, Skippy had failed with a marking of 76% and had burst into crying when I said I couldn't teach him with such a mark.

2. His father came into the studio and remarked "He won't play like that again. We will take care of that at home."

3. Skippy imitated me perfectly and was pleased and humourous throughout. He liked the idea of showing me how to play.

4. His mother does help him at home but she does not know the modern method of teaching and has shown him many wrong things.

II Session: (Jan. 20)

Skippy was eager to start the second session and he played his lesson very well so that we could hurry and get on with his teaching me. His attitude this second time was very aggressive.

"Play the Sonatina for me and watch the repeat sign."

I played all wrong notes and he yelled and went over to the window and shook his head. He came over to the piano and snatched my hands up from the keys and said:

"NO, NO, NO. I'll have to speak to your father. But I'll give you another chance. Play the scale of A major in two octaves but first tell me the key signature."

Purposely, I told him the sharps all backwards and he yelled:

"Stop being a child and name them according to the rhyme."

I named them correctly but I played the scale of A with all wrong fingering. He sucked his lip and walked out of the studio. He came back and said.

"You just don't practice the way I tell you."

Then I told him that I spent so much time playing with my little brothers that I didn't have time. He yelled:

"That's not true. You know Mommy makes you practice at the piano every day from 4 to 5. Don't tell stories."

Here we stopped but I found out:

1. When he is at home practising, and thinks that no one is around, he sits at the piano and runs his hands up and down the keys and says: "I'm Mr. Mitchell."

2. That when I played a new piece for him, I saw out of the corner of my eye that he was keeping perfect time, pretending to play the trumpet and do the twist at the same time.

* * *

STUDENT II

. . . this student we will label "D." She is 10 years old and has been studying the piano with me for 3½ years. She is an only daughter of a very elegant and lovely mother and a father who works on the Railroad to keep the payments going on a split-level home and a swanky Thunderbird. To assist in the family expense, the mother has taken 4 other state children into her home and in her spare time reverts back to her old trade as a beautician in her basement. This "D" is a little lady far beyond her years and she has assumed a little mother attitude with her foster brothers and sisters. She is her mother's buddy and is always groomed to the teeth and indeed has manners beyond her tender years. She has reached a certain development in her music and seems to go no further, not for lack of talent and intelligence but due to a pre-occupation with affairs much too adult for her childish shoulders.

I Session: (Jan. 12)

Today, you are to be the teacher and I am going to be you. You will give me a music lesson in the way that you think best for good results.

"But how can you be me when you wear pants and have a moustache?"

"Well, my name is "D" so go ahead and teach me. First let me sit down at the piano and smooth my dress and push up my hair." (She giggled at this for a minute and then took right over)

"Did you practice?"

"Well, I had to go with Mommy and see that the children got shoes."

"That's no excuse . . . I asked did you practice? Well?"

"Yes, a little."

"Well, play the Pastorale for me." (At this point, I played the piece by memory and in another key)

"NO, NO, . . . you're playing by ear and you are not watching your fingering."

I played it again in the right key but broke up the rhythm.

"You better play it right for I'm going to give you an exam."

This time, I played it correctly and she said:

"Now let's have some scales. B major." (B major was the scale that she played so well on her exam and I messed it up)

"That's not right. Watch me."

She played it perfectly and said . . .

"D" (this was the first time she called me this) . . . you had better go home now and next week don't tell me about the children 'cause I don't want to hear it. And leave your hair alone. When you touch your hair, you pull it out of line."

* * *

Some things I found out about "D":

1. Being a teacher gave her a chance to dominate me as she does her foster brother and sister.
2. She knew that I knew she spent more time puttering with her hair instead of practising.
3. She confirmed my suspicions that she has a good ear and near absolute pitch.
4. She also knew that she passed her exam with an 83% but it was by the skin of her teeth and simply because she had practised that one week prior to the exam.
5. If I told her mother that she didn't practise well, she would not get that chance to go to Paris as her mother had promised in the next three years.

II Session: (Jan. 20)

"D's" lesson had improved. She was eager to play teacher and all through her lesson I had to tell her of her improvement for she wanted to hurry and give me a lesson.

This second session was no problem about my having a mustache and wearing pants . . . she all but ordered me back to the piano as "D."

"All right, let's begin with scales. Play scale of F major."

I played with many errors and she remarked.

"What's this? Did you practise like I told you?"

I replied: "No 'cause Daddy came in from the road last week and we went to the show."

"That's not true, he only gives me an allowance on week-ends and I go to the show. If I have a good lesson, I get 25 cents extra for candy."

"What shall I play now?"

"Play some Burgmuller."

I played several of her pieces by Burgmuller without a mistake and she said:

"You play well only what you like, but you must practice everything. . . . Let's stop now. You be teacher again and I'll be me. Mr. Mitchell did I have a good lesson?"

Some findings:

1. "D" likes to play teacher and in order to illustrate, she does more practising.

2. Though she knows that she has a good ear, she realizes that she must learn to read her notes before she can memorize.

3. I must always grade her lessons for she must boast to her parents and get that reward.

SUICIDE AS A PSYCHODRAMATIC ACT*

EDGAR C. TRAUTMAN, M.D.

New York City

I am going to describe to you a psychodramatic performance as a form of psychotherapy which is as old as mankind: It is a psychotherapeutic invention of nature itself and it therefore gives natural support to the theory and practice of psychodrama as developed by Dr. Moreno.

What is more of an acting out performance than an act of suicide? What is more dramatic than a suicidal action that is precipitated as a result of an interpersonal conflict or a family argument? And what role playing can be more realistic and more natural than the behavior of husband and wife, or lover and girl friend or mother and daughter, when they fight each other in a heated argument indulging in emotional excitement so completely that even the barrier of the self-preservation instinct goes to pieces?

Not every form of suicide is a dramatic act. The form of suicide I am referring to, is a suicide action committed in an hysterical fit.** This suicidal fit is a performance in which at least two actors, a protagonist and an antagonist participate. Both persons, by nature highly emotional and passionate, are very much inclined to uncontrollable and insulting verbal outbursts. The protagonist, long before the critical drama takes place, has been suffering from repressed emotions of distressing nature. In the dramatic act, he reaches an emotional crisis leading to an explosion of such a power that it never could be reproduced on a stage.

In the heating up period of the performance, accumulated resentments of the past, together with insulting remarks during the fight stimulate increasing angry reactions and excitements. When the weaker partner has reached the threshold of tolerance the crisis sets in and the rational self control breaks down. The thinking mind appears paralysed. The patient, for a moment, finds himself out of contact with reality and, like in an orgastic climax, the subsequent actions are carried out automatically and controlled by instinctual forces only.

The patient, like in a panic, would run away from the painful situation

* Presented at the 21st Annual Meeting of the American Society of Group Psychotherapy and Psychodrama, April 6, 7 and 8, 1962, Hotel Sheraton-Atlantic, New York City.

** See "The Suicidal Fit," Edgar C. Trautman, *Arch. Gener. Psychiatry,*: 76-83, July, 1961.

to another room, the bedroom or the bathroom where, in a passionate impulse, he grasps a bottle of pills or kitchen chemicals and oblivious of the danger involved, swallows the poison. This acting out often leads to a fatal side effect, which in a scientifically oriented psychotherapy would not be desirable. However, *in the suicidal fit there is no stage director who keeps the acting out within reasonable limits.*

With this act, the drama has reached its climax, and the anticlimax follows immediately. As soon as the pills are down the throat or as soon as the patient has tasted the chemical in his mouth, his excitement has already dissipated, his emotional tension is discharged and his mind is back to reality, and under control again. Now something very interesting happens. The first thing that comes to the patient's mind is the realization of danger, the fear of death. The return of the death fear is almost identical with the return of rationality. It was the temporary loss of the death fear as a part of the eclipse of the mind that made the patient's irrational and suicidal behavior possible. Before the poison takes effect the fear of death dominates the thinking of the patient. Whereas the argument is completely forgotten, the patient now is concerned to find help and protection.

Most of them find help, others die from the effect of the poison. If they survive, can we say that the whole act was a purposeful and staged maneuver to impress or achieve something, as many people believe? The answer is no, because many survive only thanks to the emergency facilities and medical equipment we have ready in the setting of our contemporary civilization. Our civilization, gives us so many tools and means at hand for killing, at the same time is eagerly concerned to rescue us from death, when we are the victims of such inventions. It is the mysterious fear of death that motivates the community to do so much in the interest of suicide preventions.

If a patient dies as a consequence of a suicidal fit, we are confronted with the question, is this a case of intended suicide? Here we have to say: death was not the goal of the patient's action. There was no planning, no preparation for suicide and the thought of death or the struggle with fear of death never entered the mind of the patient. The instinctive urge to escape from an unbearable situation and the discharge of an emotional excitement, that paralyzed the mind, was the real psychodynamics involved. Death is a side effect in such cases. Abreaction is the psycho-biological process of this natural drama. Restoring the emotional equilibrium, essential in rational and balanced behavior, is its goal.

When this emotional balance is restored, a complete change takes place in the patient's attitude and subsequent behavior. The patient now considers

his act foolish and regrettable. He is amazed that he could lose his control to such an extent. All patients feel that they were not aware of what they were doing. The patients in the ward of the hospital, are in a surprisingly cheerful mood and they now have a different outlook with regard to the domestic problems that before were the source of the evil. Those who before did not find a way out, now make up their mind to terminate an unhappy situation either by getting a divorce or by giving up the unfaithful boy-friend or by moving out of a broken home and living alone.

The therapeutic effect of the suicidal psychodrama is the balancing of psycho-dynamic forces and the strengthening of the ego and its power to make decisions.

If we compare the psychodrama of suicide with the psychodrama as we apply it in our psychotherapy than we find in principle the same mechanisms at work. A few differences, however, may be pointed out. First in the suicidal fit-drama, we reach complete spontaneity. Second: The role playing does not make use of auxiliary figures. The principles in the setting are the authentic originals. The antagonist and the protagonist, both are partners in the misery of life. They do not play a role. They play themselves. Third: The suicidal fit has a bilateral therapeutic effect. Whereas the suicider is cured by abreaction, the antagonist or, for that matter, the whole family is treated by the shock of being exposed to the fear of death, an experimenc which is able to break the most stubborn hostility and selfishness that existed before the suicidal act. As a matter of fact, a wave of sympathy and understanding befalls the hearts and minds of those who are involved through guilt feelings. This refers particularly to the culprit who was the participant in the dramatic act itself.

Flowers, candies and other expressions of affection are showered on the survivor who made everybody so happy by not dying. Embraced by her loving husband or shaky boyfriend the heroine sits in her hospital bed, enjoying life like a queen.

A suicide attempt is always a big family affair and a psychodrama with tremendous results.

BUSINESS MEETING OF THE AMERICAN SOCIETY OF GROUP PSYCHOTHERAPY AND PSYCHODRAMA

7 APRIL 1962

The Meeting was called to order by Dr. Martin Haskell. The minutes of the previous meeting and the treasurer's report were accepted as read.

Dr. Haskell proposed there be a tremendous effort to increase membership in the Society. In discussion of a membership drive effort, Dr. Haskell mentioned the successful presentation of the ASGP&P at the APA meetings in 1961, the advertisements of the ASGP&P in the American Sociological Review, the recommendation of the Council of the ASGP&P for participation in 1962 APA meetings.

Henry Feinberg suggested that perhaps the ASGP&P could offer programs as a group at the National Conference of Social Workers and the Ortho-Psychiatric Meetings.

Dr. Joseph Meiers suggested that the ASGP&P originate a newsletter to all members. Dr. Haskell said he thought that THE BAGPIPE (newsletter of the N. Y. Chapter of the ASGP&P) could be made available to members of the ASGP&P.

The motion was made and seconded that at the next annual meetings of the American Society of Group Psychotherapy and Psychodrama that provision be made for written comments by the persons attending the sessions as to what such persons liked or disliked about each presentation. These "questionnaires" would be designed to provide feedback to the Society on the meetings. The motion was voted upon and was passed favorable.

The motion was made and seconded and passed favorable that the Program Chairman for the 1962 Meetings design a feedback questionnaire to send to all persons who attended the 1962 meetings. The information acquired from this questionnaire would be used in designing and formulating plans for next year's annual meetings.

There being no further business the Meeting was adjourned.

Respectfully submitted,

MARY M. ANGAS
Secretary

INTERNATIONAL
GROUP PSYCHOTHERAPY
A Global Review

VOLUME I, No. 1 JULY 1962

Editor: J. L. MORENO, M.D.

BEACON HOUSE INC.
Beacon, N.Y.
U.S.A.

PRINTED IN THE UNITED STATES OF AMERICA

Submit Double Spaced Typewritten Reports to:

EDITORIAL DEPARTMENT
BEACON HOUSE INC.
Post Office Box 311
Beacon, N.Y., USA

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THE GROUP PSYCHOTHERAPY MOVEMENT

This election of the representatives of the International Council of Group Psychotherapy is a propitious moment to survey the history and de-

velopment of the group psychotherapy movement. This Council is the largest global representation of group psychotherapy in its brief but colorful history.

Although individual, scattered efforts existed in various places before 1932, it was in that year that the idea began to take the character of a "movement"; a conference on group psychotherapy was initiated by Dr. J. L. Moreno and Dr. E. Stagg Whitin under the sponsorship of the National Committee of Prisons and Prison Labor, to take place on May 31, 1932, during the annual meeting of the American Psychiatric Association at the Bellevue Stratford Hotel in Philadelphia, Pa. (recorded in the program of the 88th Annual Meeting of the American Psychiatric Association, May 30-June 3, 1932, page 23; see also the *American Journal of Psychiatry,* Vol. XII, 1932). The topic of the conference was Moreno's book *Application of the Group Method to Classification* which had just appeared. More than one hundred psychiatrists, psychologists and sociologists took part in the conference. The Moderator of the conference was the late Dr. William Alanson White. The book contained sections on group therapy describing its application to delinquents, prisoners, children and mental patients, fields in which the method from then on continued to have its widest application. In this book the term "group therapy" was used for the first time in several places and defined in the meaning which is now universally accepted: "One man the therapeutic agent of the other, one group the therapeutic agent of the other" (page 103). The definition of group psychotherapy in its current meaning is spelled out in Moreno's *Who Shall Survive?*, 1934, page 301: "Group psychotherapy treats not only the individual who is the focus of attention because of maladjustment but the whole group of individuals who are interrelated." This definition refers clearly to both clinical group therapy and family therapy.

The National Committee on Prisons and Prison Labor published Moreno's book and distributed it widely throughout the USA, Great Britain and the European continent. It sponsored a research program at Sing Sing Prison and the New York Training School for Girls at Hudson, N. Y. The objective was the transformation of a prison and a mental hospital into a therapeutic community and "the therapeutic regrouping" of the inmates of the Hudson reformatory on a sociometric basis. Sociometry and group psychotherapy were sponsored by Dr. William Alanson White at St. Elizabeths Hospital, Washington, D.C. in the autumn of 1934. The application of the group method to resettlements was encouraged by President Franklin D. Roosevelt in 1935. These activities combined accomplished the first stage in the group psychotherapy movement and were climaxed by the building

of a theater of Psychodrama at St. Elizabeths Hospital where Dr. Winfred Overholser was then superintendent. In 1937 Moreno launched *Sociometry, A Journal of Interpersonal Relations* dedicated to group research and group therapy and in 1942 the Sociometric Institute was established in New York City in conjunction with the foundation of the American Society of Group Psychotherapy and Psychodrama.

Nineteen fifty-one was the year in which the First International Committee of Group Psychotherapy was initiated in Paris by Moreno and chaired by him; it included, among others, Dr. J. Boutonnier, Dr. J. Bierer, Dr. S. H. Foulkes, Dr. S. Lebovici and Zerka Moreno. This committee announced the planning of the First International Congress of Group Psychotherapy in 1952 which came to fruition in Toronto in August, 1954.

The Second International Congress of Group Psychotherapy took place in Zürich, Switzerland in 1957, with Dr. Wellman J. Warner as Chairman of the Executive Committee.

The officers and directors of the present International Council have the task of launching the Third International Congress of Group Psychotherapy and to integrate the efforts in various countries into a World Society of Group Psychotherapy.

In the section following immediately, we are listing the names of societies and their official representatives as they are known to us at this time. The list is by no means complete and it will be appreciated if additional societies and their representatives will be brought to the attention of this bulletin, so that we may complete this list and include news about them in forthcoming issues.

Group Psychotherapy Societies

Argentina: Sociedad Argentina de Psicologia y Psicoterapie de Groupe, Dr. J. J. Morgan, Buenos Aires. *Brazil:* Sociedade Brassiliera de Psicoterapie de Groupe, Dr. Walderado Ismael Oliveira, Rio de Janeiro. *Chile:* Association Chilena de Psicologia y Psicotherapie de Groupe, Dr. Ramon Ganzarain, Santiago. *France:* Groupe Francais d'Etudes de Sociometrie et Dynamique des Groupes et Psychodrame, Anne Ancelin Schutzenberger, Paris; French Society of Group Psychotherapy, Dr. S. Lebovici, Paris. *Austria:* Österreichischer Arbeitskreis für Gruppenpsychotherapie und Gruppendynamik, Dr. R. Schindler, Vienna. *Great Britain:* Society of Group Analytic Psychotherapy, Dr. S. H. Foulkes, London. *Japan:* Japanese Society of Psychodrama, Dr. Kohei Matsumura, Professor, Ochanomizu University, 38 Uguisudani-Cho, Shibuya-ku, Tokyo. *Cuba:* Cuban Society of Group Psycho-

therapy and Psychodrama, Dr. Jose A. Bustamante, Havana. *Israel:* Israeli Society of Group Psychotherapy and Group Dynamics, Dr. H. Kreitler, Haifa. *USA:* American Society of Group Psychotherapy and Psychodrama, Dr. J. L. Moreno, Beacon; American Group Psychotherapy Association, Dr. Milton Berger, 50 E. 72 Street, New York 21, N.Y.; The Academy of Psychodrama and Group Psychotherapy, Zerka T. Moreno, 236 W. 78 Street, New York 24, N.Y.; Southern California Society of Group Psychotherapy, Dr. A. E. Pearson, Los Angeles.

Periodicals

USA: Impromptu, 1931. *Sociometric Review,* 1936, which evolved into *Sociometry,* 1937-1956, Publ.—J. L. Moreno, M. D.; since 1956 published by the American Sociological Association. *Bulletin of Psychodrama and Group Psychotherapy,* 1943-1947, which developed into *Sociatry, A Journal of Group and Inter-Group Therapy,* 1947, and changed its name in 1949 to *Group Psychotherapy. International Journal of Group Psychotherapy,* 1954. *International Journal of Sociometry and Sociatry,* 1957. *Great Britain: International Journal of Social Psychiatry,* 1955. *Austria: Gruppentherapie und Gruppendynamik,* 1959. *Japan: Psychodrama, A Quarterly,* 1960.

Literary Productivity

By 1955 there were approximately seventeen hundred articles written by 1142 authors. (See Raymond J. Corsini and Lloyd F. Putzey's *Bibliography of Group Psychotherapy,* 1906-1956, published by Beacon House.) The present annual rate is about three hundred articles and books. Up to the present almost five thousand articles and books have been published.

Vital Statistics

In the USA there are approximately 2,900 organized group psychotherapists, that is, members of formalized group psychotherapy societies. The lag between actual practitioners and members of societies is considerable. A checkup in a large number of mental hospitals, veterans hospitals, clinics, etc., revealed that there are at least fifty unorganized group psychotherapists to one who is a member of a society. It may very well be that there are two hundred thousand group psychotherapists in the USA. It would be of great importance, therefore, if every group psychotherapist would identify himself as such, regardless of the method he uses, whether socioanalytic, psychoanalytic, family, nondirective, psychodrama, role-playing, sociodrama, etc., and regardless of his professional status. It is obvious that the problem of standards, training and certification is of paramount importance. A directory

containing the names of all group psychotherapists is a desideratum. To this end, all information concerning activities and persons engaged in group psychotherapy will be welcomed by the editor.

Aim of the Global Review

It is a newsletter of about four to eight pages representing facts and figures on the development of group psychotherapy in every country. The members of the Council are requested to send brief reports to the IGP on the activities and growth of group psychotherapy in their country. The Review will not publish scientific articles; it will restrict itself to factual reports.

Languages of Publication

The IGP will be published in English for the time being, but it is planned to publish reports in the language of their origin if they are in English, French, Spanish, German or Russian.

Third International Congress on Group Psychotherapy

It is tentatively planned to hold the next International Congress in Europe, in Paris or Rome, either in 1963 or in 1964. We request suggestions for "regional" representatives for Council and Congress in every country.

Training Centers of Group Psychotherapy and Psychodrama in USA

There are at present four recognized training centers for group psychotherapy and psychodrama: in Beacon, N.Y., New York City, Washington, D.C., and St. Louis, Missouri.

Certification of Diplomates

An American Board of Group Psychotherapy and Psychodrama has been created. Its final form is still in development.

Societies of Group Psychotherapy

Members of the Council are requested to report the existing societies and organizations dedicated to group psychotherapy in their countries to the IGP. A list of these will be contained in every issue of the newsletter.

Frequency of Publication

The newsletter will be published four to six times per year, as the need arises.

Subscription to the IGP

Subscription rate is $2.00 per annum. It is expected that every member of the Council will subscribe to IGP.

PSYCHODRAMA AND GROUP PSYCHOTHERAPY MONOGRAPHS

No. 2. Psychodramatic Treatment of Performance Neurosis—J. L. Moreno (List Price—$2.00)
No. 3. The Theatre of Spontaneity—J. L. Moreno (List Price—$5.00)
No. 4. Spontaneity Test and Spontaneity Training—J. L. Moreno (List Price—$2.00)
No. 5. Psychodramatic Shock Therapy—J. L. Moreno (List Price—$2.00)
No. 6. Mental Catharsis and the Psychodrama—J. L. Moreno (List Price—$2.00)
No. 7. Psychodramatic Treatment of Marriage Problems—J. L. Moreno (List Price—$2.00)
No. 8. Spontaneity Theory of Child Development—J. L. Moreno and Florence B. Moreno (List Price—$2.50)
No. 9. Reality Practice in Education—Alvin Zander, Ronald Lippitt and Charles E. Hendry (List Price—$2.00)
No. 11. Psychodrama and Therapeutic Motion Pictures—J. L. Moreno (List Price—$2.00)
No. 13. A Case of Paranoia Treated Through Psychodrama—J. L. Moreno (List Price—$2.00)
No. 14. Psychodrama as Expressive and Projective Technique—John del Torto and Paul Cornyetz (List Price—$1.75)
No. 15. Psychodramatic Treatment of Psychoses—J. L. Moreno (List Price—$2.00)
No. 16. Psychodrama and the Psychopathology of Inter-Personal Relations—J. L. Moreno (List Price—$2.50)
No. 17. Origins and Development of Group Psychotherapy—Joseph L. Meiers (List Price—$2.25)
No. 18. Psychodrama in an Evacuation Hospital—Ernest Fantel (List Price—$2.00)
No. 21. The Future of Man's World—J. L. Moreno (List Price—$2.00)
No. 23. Open Letter to Group Psychotherapists—J. L. Moreno (List Price—$2.00)
No. 24. Psychodrama Explores a Private World—Margherita A. MacDonald (List Price—$2.00)
No. 25. Action Counseling and Process Analysis, A Psychodramatic Approach—Robert B. Haas (List Price—$2.50)
No. 26. Psychodrama in the Counseling of Industrial Personnel—Ernest Fantel (List Price—$1.50)
No. 27. Hypnodrama and Psychodrama—J. L. Moreno and James M. Enneis (List Price—$3.75)
No. 28. The Prediction of Interpersonal Behavior in Group Psychotherapy—Timothy Leary and Hubert S. Coffey (List Price—$2.75)
No. 29. The Bibliography of Group Psychotherapy, 1906-1956—Raymond J. Corsini and Lloyd Putzey (List Price—$3.50)
No. 30. The First Book of Group Psychotherapy—J. L. Moreno (List Price—$3.50)
No. 31. Code of Ethics for Group Psychotherapy and Psychodrama—J. L. Moreno (List Price—$2.50)
No. 32. Psychodrama, Vol. II—J. L. Moreno (List Price—$10.00)
No. 33. The Group Psychotherapy Movement and J. L. Moreno, Its Pioneer and Founder—Pierre Renouvier (List Price—$2.00)
No. 34. The Discovery of the Spontaneous Man—J. L., Zerka and Jonathan Moreno (List Price—$2.25)
No. 35. Group Psychotherapy and the Function of the Unconscious—J. L. Moreno (List Price—$2.00)
No. 36. Twenty Years of Psychodrama at St. Elizabeths Hospital—Winfred Overholser and James Enneis (List Price—$1.50)
No. 37. Psychiatric Encounter in Soviet Russia—J. L. Moreno (List Price—$2.00)
No. 38. An Objective Analysis of the Group Psychotherapy Movement—J. L. Moreno and Zerka T. Moreno (List Price—$0.75)

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. 7. Sociometric Control Studies of Grouping and Regrouping—J. L. Moreno and Helen H. Jennings (List Price—$2.00)
No. 8. Diagnosis of Anti-Semitism—Gustav Ichheiser (List Price—$2.00)
No. 9. Popular and Unpopular Children, A Sociometric Study—Merl E. Bonney (List Price—$2.75)
No. 11. Personality and Sociometric Status—Mary L. Northway, Ester B. Frankel and Reva Potashin (List Price—$2.75)
No. 15. Sociometric Structure of a Veterans' Cooperative Land Settlement—Henrik F. Infield (List Price—$2.00)
No. 16. Political and Occupational Cleavages in a Hanoverian Village, A Sociometric Study—Charles P. Loomis (List Price—$1.75)
No. 17. The Research Center for Group Dynamics—Kurt Lewin, with a professional biography and bibliography of Kurt Lewin's work by Ronald Lippitt (List Price—$2.00)
No. 18. Interaction Patterns in Changing Neighborhoods: New York and Pittsburgh —Paul Deutschberger (List Price—$2.00)
No. 19. Critique of Class as Related to Social Stratification—C. P. Loomis, J. A. Beegle, and T. W. Longmore (List Price—$2.00)
No. 20. Sociometry, 1937-1947: Theory and Methods—C. P. Loomis and Harold B. Pepinsky (List Price—$2.00)
No. 21. The Three Branches of Sociometry—J. L. Moreno (List Price—$1.25)
No. 22. Sociometry, Experimental Method and the Science of Society—J. L. Moreno (List Price—$10.00)
No. 23. History of the Sociometric Movement in Headlines—Zerka T. Moreno (List Price—$0.40)
No. 24. The Sociometric Approach to Social Casework—J. L. Moreno (List Price—single issue, $0.25; ten or more, $0.15)
No. 25. The Accuracy of Teachers' Judgments Concerning the Sociometric Status of Sixth-Grade Pupils—Norman E. Gronlund (List Price—$2.75)
No. 26. An Analysis of Three Levels of Response: An Approach to Some Relationships Among Dimensions of Personality—Edgar F. Borgatta (List Price—$2.75)
No. 27. Group Characteristics as Revealed in Sociometric Patterns and Personality Ratings—Thomas B. Lemann and Richard L. Solomon (List Price—$3.50)
No. 28. The Sociometric Stability of Personal Relations Among Retarded Children— Hugh Murray (List Price—$2.00)
No. 29. Who Shall Survive?, Foundations of Sociometry, Group Psychotherapy and Sociodrama—J. L. Moreno (List Price—$14.75)
No. 30. Sociometric Choice and Organizational Effectiveness—Fred Massarik, Robert Tannenbaum, Murray Kahane and Irving Weschler—(List Price—$2.00)
No. 31. Task and Accumulation of Experience as Factors in the Interaction of Small Groups—Edgard F. Borgatta and Robert F. Bales (List Price—$1.50)
No. 32. Sociometric Studies of Combat Air Crews in Survival Training—Mario Levi, E. Paul Torrance, Gilbert O. Pletts (List Price—$1.50)
No. 33. The Validity of Sociometric Responses—Jane Srygley Mouton, Robert R. Blake and Benjamin Fruchter (List Price—$1.50)
No. 34. Preludes to My Autobiography—J. L. Moreno (List Price—$2.00)
No. 35. Group Training vs. Group Therapy—Robert R. Blake (Ed.) (List Price—$3.50)
No. 36. Role Playing in Industry—Ted Franks (List Price—$3.50)
No. 37. The Methodology of Preferential Sociometry—Ake Bjerstedt (List Price—$3.50)
No. 38. The Sociometry of Subhuman Groups—J. L. Moreno, Ed. (List Price—$3.50)
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