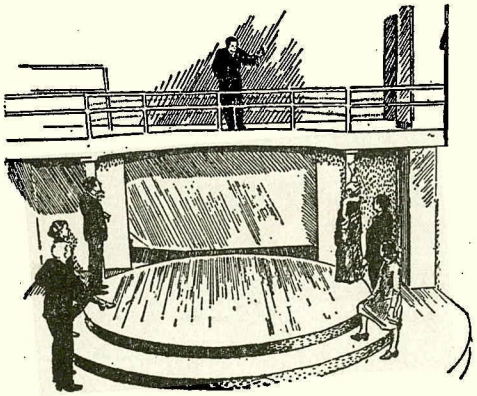
GROUP PSYCHOTHERAPY

A Quarterly



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PSYCHODRAMA OF ENURESIS NOCTURNA IN BOYS

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Leyden, Netherlands

As we know, it was Moreno (2, 3), the spiritual father of psychodrama as a psychotherapeutic method, who first applied this modus procedendi to children when, nearly forty years ago, in the parks of the capital of what was once Austro-Hungary, he succeeded in inducing young children to give an improvised rendering of their experiences and fantasies. It need cause no surprise that he appealed especially to children, who, of course, are less inhibited than adults and less self-critical with respect to their modes of expression. They are more spontaneous in their psychomotoric manifestations, and more readily give in to their urge to let their spontaneity have its fling. More than adults, too, children are susceptible to suggestive influences, and therefore sooner respond to the group leader's instructions and incentives, which make them enter with still greater spontaneity into the game which, for them, is semi-reality. As Carp (1) rightly argues, it is especially pediatric psychotherapy that might derive considerable benefit from the method of psychodrama.

We shall try to offer the reader a description of the treatment of a number of children, as a group, all of whom suffered with enuresis nocturna of an obstinate character (4). For reasons of a practical nature it was necessary to compose the group—be it reluctantly—with the diagnosis as guiding principle. The personality structure is a better criterion for selection.

The treatment bore an experimental character; for this reason the group was limited to only four children, whose personality structure was known from a previous structure-analytical examination. This enabled us to get an insight into the group relationships among the children mutually, and to study the influence of the figure of the leader on the children individually.

The children's ages ranged between 12 and 15; the fact that they knew each other very well, and suffered with the same disorder promoted the candour with which their individual problems could be vented and discussed within the group.

The material of testees was selected from a children's home where about one hundred wartime foster children are reared, i.e., the *Bergstichting*

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* d. March 29, 1959.

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at Laren. These children, of Jewish descent, constitute a group in both an anthropological and a sociological sense; but in a psychological respect, too, there exists a relationship among them; apart from their descent, their membership of the children's community, and their ideals, they feel united by the fact that they all were struck with the same psychic trauma: they were robbed of their parents when still quite young. Our four young testees belonged to different "family units" into which the group of a hundred is subdivided; each "family unit" comprises ten children, with an "aunt" acting as the leader.

Let us first discuss the composition of the group. It consisted of the four testees Han (b. 9-2-'35); Dorus (17-10-'35); Sammy (13-9-'36) and Henk (28-4-'38). During the experiment, which took place in 1950, the boys were in early puberty. One of the present writers was the leader of the group.

The experiment was conducted as follows. The group leader sat with the children around a table; the leader's wife, who acted as secretary, sat at a small table in a corner of the room, taking part in the conversation only as a rare exception. As a side issue we may here remark that, in our view, scientific elaboration of group-discussion material is possible only on condition that everything which is said is recorded as fully as possible; but the great amount of material thus obtained is only surveyable if a summary and conclusion are added to the record immediately after each session. The group met weekly at a set time (Monday evenings at half past seven); the duration of each session was one hour; the duration of the period covered by the entire experiment was six months; the control period was one year and three months, after which a catamnestic examination was instituted. A weekly control examination was made.

Let us now consider the various group relationships in order of sequence: (*a*) relations among the children mutually; (*b*) relation between the children and the leader (transference); (*c*) relation group leader-children (counter-transference); (*d*) relation children-secretary; (e) relation group leader-secretary; (*f*) relation secretary-children; and (*g*) relation secretary-group leader.

Surely this will make it quite clear how extremely complex are the relationships within a group. This, too, was the reason why the group was kept so small: the four testees, the group leader and the secretary together necessitate the study of no fewer than thirty separate individual relationships!

It would be tiresome—and also superfluous—here to analyze all these

relationships separately. What is primarily relevant is the relation among the children with respect to one another. We already touched upon this point; the young testees had been housed in an institution for four years, and felt they had a close common bond. Henk—the youngest, but the most intelligent of the four—feels he must protect Sammy, who, because of strong inner disharmonies, continually comes into conflict with the outside world; he is on a friendly footing with Dorus, who is the most balanced of the four, and reserved with respect to Han, who is somewhat depressed and diffident. Sammy feels that Henk, although younger, is his "protector"; he looks on Dorus as his friend, but relations between him and Han are strained. Dorus, the least complicated of the four, who readily adapts himself, is on good terms with the other three, while Han, although he keeps aloof from the others, secretly seeks contact with both Dorus and Henk, as well as with Sammy.

As happens in every group, the members of our own small group, too, awarded each other a certain order of seniority, all according to their individual capabilities and behaviour. In our group, Henk, although the youngest, is recognized by the members as their superior, even by Han, who is the oldest; Sammy is regarded by the others as the most childish; the one who needs the others' help.

The relation of the children towards the male examiner (group leader) corresponds to the infantile, erotic bond with a kindly, understanding father image. The group leader consciously attempts to represent the figure of the father, while encouraging the children to give vent to their emotions as spontaneously as possible, by imitating their typically boyish mannerisms and phrases. A further analysis of the transference situation showed that Henk and Dorus felt most strongly attached to the group leader through their feelings of affection; Henk admired his superior knowledge; Dorus most appreciated the leader's joviality, consistently maintained during the entire period of treatment. Sammy's attitude towards the examiner was at first quite positive, later it became ambivalent. For the first few weeks of the treatment Henk, Dorus and Sammy made themselves look very smart and clean before coming into the examiner's room; later on, Sammy neglected this. Han's disposition towards the experiment (i.e., the male examiner) was already sceptical from the beginning; later he repeatedly forgot to attend the sessions and had to be fetched by one of the others.

Closer examination shows that the group leader felt a close affective bond with Henk, which lasted during the entire period of treatment. With respect to Dorus, the group leader's attitude was at first negative, later

changed into a positive one. With regard to Sammy, the relationship was and remained ambivalent, the examiner now and then found the boy troublesome because of his uncontrolled temper, which often threatened to spoil the emotional atmosphere. With respect to Han, the leader's affective disposition was and remained negative. The examiner, who was himself subjected to a didactic analysis during the experiment, endeavoured to become and remain continuously conscious of the changes that occurred in his affective relationship with the testees, and to utilize his findings in the investigation.

There remains the relationship between the children and the lady secretary. The secretary, being the group leader's wife, represented to the children within the group the mother image. Since the secretary joined only on very rare occasions in the activities the children's affective relationship towards her has not been further explored.

Before passing to the description of the course of experiment, let us first discuss the modus procedendi. We used the group-discussion method and, in addition, the "impersonation" forms of psychotherapy. In particular, socio- and psychodrama were applied. Within the framework of the present experiment one can hardly speak of a difference between the psycho- and the sociodramatic working method: in psychodrama, the patient is the actor in the play, and is confronted—with the assistance and encouragement of some of the other "actors"—with his own conflict situations, with the possible result that the problems which distress him in one way or another find their *dénouement*. In sociodrama the patient, of course, is also the actor; but the conflict situations which he renders are not merely his own, but are also those of the other actors in the play; they concern the (sociological) group to which the acting patient belongs, or, maybe, the entire community. In the case we are discussing here, Jewish children are concerned, all four of whom had been struck by the same, all-dominating, psychic trauma: the sudden loss of their parents. Thus, the individual problems which each of them impersonates concerns them all, in virtue of their membership of the sociological group to which they all belong.

For the discussion of the technique we used, we refer the reader to the fundamental books by Moreno (5, 6). We found that our youthful actors had a strong urge to interpret their feelings, coupled with lively facial expression and gesticulation, as well as adequate intonation. In a few cases their strong need of catharsis, in this case to abreact aggressive tendencies by impersonating them, led to incidents which, for some of the actors, were painful in both a literal and a figurative sense, they being badly knocked about. Fortunately the victims without exception responded to

this treatment in an understanding and forgiving spirit. It was striking that the testees had very little difficulty in understanding each other's intentions, however clumsy and awkward their efforts at impersonation occasionally were. Moreno would here have spoken of a "sympathizing fluidum," "tele." The significance of the leader as auxiliary ego was clearly evident; his moral authority and popularity with the boys often helped them to overcome their inhibitions, with a corresponding gain in the liveliness and genuineness of their interpretations ("warming-up process").

Let us now describe the course of the experiment. The treatment is arranged on the basis of group-discussion therapy. The leader starts (4-9-'50) by explaining the purpose of the meetings, namely, to help the children to get over their bed-wetting. He explains in simple, popular terms that there exists a connexion between bedwetting (the physical phenomenon) and the mental condition. So far—he explains—the boys have tried to find improvement in drinking less, "but from now on we shall together try to understand why you boys wet your beds. Bedwetting is often connected with something one has experienced the day before, or a long time ago. So let us try to find out if it does not stop when we have found the causes, and talked about them among ourselves." He then points out that, after all, they all had the same difficulty so that there is no need to feel ashamed before each other, but that they should be very careful never to say a word about it to anyone else outside the group. "Well now, who would like to say something? You just talk among yourselves, and I'll chime in now and then."

This sets the boys off on the following conversation. Dorus has recently been operated on his foot; some time ago he was nearly run over by a tramcar, and he tells about the hospital. Henk tells about sitting in a train that caught fire: "Better go by bus next time!"—Han says "I dreamt last week that I missed the bus."—Sammy: "Han is always frightened that he'll miss the bus."—Henk: "Of course he was nervous because it was his first day at high school."—Han: "No, I was hoping I'd miss the bus, so I needn't go at all."—Sammy: "I had a different dream: that all the mosquitoes in the room started to attack me."

> HENK: "Perhaps he had something on his conscience, and he was afraid of the punishment."
>
> SAMMY: "That's right! I was wild with Aunt Betty, who took over when our own Aunt was ill. Betty always plays at being Granny when our own Aunt is away, and then she beats us."
>
> HENK: "Oh, that's nothing. Father has beaten me so often. Father and mother were separated. I was living in Paris with my

little sister and my father. I had to cook the meals when I came home from school, but I was often so dead tired that I fell asleep, and then father came home; no food had been got ready, and then father went into a rage, and he pestered me and beat me. That made me so nervous that I did 'number one' in bed. Yes, who spits against the wind spits in his own face."

DORUS: "I don't understand that."

HENK: "It's quite simple. When father threw a bottle at my head I couldn't do anything back, after all. He could do what he liked with me, even send me to an institution if he wanted to. But if I did it in bed, he'd have to clean up the mess next morning, ha ha! Then it was my turn to pester *him*."

GROUP LEADER: "So you wetted your bed, so to speak, to get your own back on your father, as a sort of revenge."

HAN: "But he didn't do it on purpose, did he?"

Here, the group leader explains the difference between the conscious and the unconscious; the children are extremely interested, and put all sorts of questions about this. It is clear from their questions that they are still convinced that much drinking or "a weak bladder" was the real cause of their bed-wetting. During this whole interview Henk again clearly comes forward as the head of the group; he is by far the most intelligent and candid of the four, and has a fairly good introspection. He again points out to the others that feelings of revenge against his father, and fear, must have had something to do with his bed-wetting.

As might have been expected, this special treatment, so attractive to the boys, and which placed them into a mysteriously exceptional position vis-à-vis the other children in the institution, did not fail to have a suggestive effect; in fact, enuresis, until then an almost nightly occurrence, was reduced to sporadic instances during the very first week.

In the course of the next session the boys are clearly able to express themselves with greater ease about their own conflict situations. This time, both Han and Dorus also join in the conversation. The former at first doggedly continued to resist the idea that factors of a mental nature could have anything to do with bed-wetting. Gradually Han becomes more responsive, and he tells about former times, when he was 5 or 6, and "did it in bed every night," and "got knocked about something awful" by the father. "I used to be put under a cold shower, or get thrashed with a leather strap—not very nice." Nan further tells of violent quarrels between his father and mother; how he then took his mother's part, and how he once stuck a fork into his father, when the latter wanted to go for his mother.

The group leader then explains that Han, in his impotence, wanted to

protect his mother, and puts the question to the group, how to explain Han's bed-wetting as a little boy of 5?

DORUS: "He couldn't help himself; he wanted to protest and so protect his mother."

HAN (whose narcissism is flattered by this saying, now gives in): "Last time we had 'revenge,' and now it is protest that's the cause of doing it in bed. How's that possible?"

The group leader explains that there are several causes for bed-wetting, and that they may overlap and intersect. Han then tells that, when they were together at the institution, they sometimes got only dry bread for supper, as a punishment for having wetted their beds, and that they then did it again that very night.

HENK: "There you are, the same thing again, also a sort of protest."

Now Henk takes the lead, and says that he has been thinking in the past week that his friend Dorus, maybe, started to wet his bed when he heard, while in hiding during the war, that he would never see his parents again because they had died in a Nazi concentration camp. "Perhaps that was because of that terrible shock."

DORUS: "I only heard it after the war, when I was still with my foster-parents in Friesland. And I was just longing so much for my father and mother. But when I was taken away from my foster parents, and came to the children's home, the bed-wetting got worse and worse."

HENK: "So then, on top of the revenge and the protest, there's also homesickness; is that right?"

The group leader explains that, in Dorus's case, there was probably more than one cause at work, and that his bed-wetting may also be looked on as a protest, and from a feeling of helplessness at having not only lost his parents, but also been separated from his foster parents after the war.

HENK (who likes intellectualizing): "So now we have 'revenge,' and 'protest,' and 'dissatisfaction,' and 'helplessness,' and 'homesickness.' According to me Dorus has them all joined up together."

Although Dorus himself says very little, he follows the conversation attentively. This is evident, for instance, when Henk stresses the word "protest"; Henk is the most intelligent of the four. Han is beginning to express himself with more ease; Sammy is the least interested and makes

a naïve impression, and keeps interrupting the discussion with irrelevant remarks about his coming birthday.

The group leader now proposes to ask the respective aunts to allow the young men henceforth to partake of the normal evening meal, and have an evening cup of tea, just like the other children. This suggestion is greeted with loud cheers.

The following week (18-9-'50), according to the information from the "aunts" in question, the boys, with a single exception, have remained dry, despite the fact that they had tea every evening, and coffee and cake to celebrate a birthday. The suggestive influence, therefore, continues to act. The boys look forward very much to the meetings, leave any fun and games to attend, and still make themselves neat and clean before they come. Especially Henk is very keen on the group leader; he once whispered in the "aunt's" ear: "Everything the doctor says is absolutely right."

HENK: "Do you know why we've been getting on so well lately? Because you take so much trouble with us."

Henk more and more comes forward as spokesman and leader.

HENK: "This time it's Sammy's turn, you know! Come on, old chap, you tell us something now."

Sammy then tells us—at first a bit bashfully, in fits and starts, but more boldly as he proceeds—that he lived at home until he was five, and that his parents never quarreled. But then he went through something terrible. "We were living in Amsterdam, in the Rapenburgerstraat" (in the centre of the then Jewish quarter); "there was a razzia; father was taken away and sent to a camp; he never came back."

During this tale the children get excited, now that the subject "fear" is brought on the carpet. They all admit being frightened now and then, often without knowing why; or maybe of imaginary dangers. They all try to shout at the same time.

SAMMY: "I daren't sleep in the dark any more. And when we were in hiding I just had to sleep without any light, and I was sent to bed without anything to eat when I'd done it in bed."

HENK: "I'm frightened too, sometimes, you know!"

SAMMY: "I don't know if I'm frightened, but I do run to the w.c. at night."

DORUS: "So do I, and then I run back again, and creep right under the bedclothes."

HENK: "You needn't be frightened in this house, only outside; there, a fellow may be standing behind every tree."

They all agree that in the evening it is dreadful, especially in the open.

SAMMY: "I was frightened to death of the Germans."

HENK: (with enthusiasm): "We've got one more added now: 'revenge, protest, dissatisfaction, helplessness, homesickness,' and now 'fright.' Is that all right?"

The group leader explained that fear, too, may be a very important factor.

SAMMY: "But apart from fear, there's something else with me as well. When I came here I had to drink two mugs of milk every day, and that made me retch. So it was helplessness too, after all, because I just *had* to drink that milk."

The group leader now recapitulates the principal facts, and shows how each of the boys, in his own way, by wetting his bed, betrays what passes in his mind. "It isn't done intentionally; by wetting your bed you really want to say something. For instance, Dorus uses it to say: "I was homesick"; Sammy: "I am afraid"; Henk: "I want to take vengeance"; Han: "I protest."

HENK: "So it's a language without any words. But how are you going to do away with those things?"

The group leader then explains at length that these affects are, as it were, locked up, and therefore remain troublesome; and that it is the group's task, now that they know the nature of the emotions that are acting upon them, to get rid of them. As a means to this end, psychodrama or, respectively, sociodrama is then proposed, and the "rules of the game" are extensively explained. In particular, the members of the group are told that all of them must join in, including those who have not been given a part to play; they should not remain sitting on their chairs like passive spectators, but immediately intervene the moment they judge that the actors are not playing their part properly. All this is accepted by the group; at first with astonishment, but later on with adequate understanding. Casting is then started at once. There is a little trouble at first in getting the children convinced of the seriousness of the plan as a whole, but thanks to Henk's earnest attitude, and later also Dorus's, the group's reaction proceeds satisfactorily: the real character of the treatment should not, after all, be lost sight of. Han remains sceptical; Sammy tries to distract the others' attention by all sorts of silly jokes. He then gets reprimanded by Henk, and Dorus, who is good-natured but strong, gives him a few wallops.

The boys are quite excited when the group meets next time (23-9-'50). This form of impersonation-psychotherapy strongly stimulates their imagination: Dorus (the eldest but one) calls himself Dick Boss from the picture-stories; Sammy wants to be Tom Thumb (childlike); Henk (the most ambitious), film-producer. Han says nothing and looks sceptical.

The head of the institute reports that the boys have been keenly looking forward to this hour of treatment, and told him, full of pride, that it "wasn't just a bit of fun." When Han proposed going to the cinema this evening, rather than to the session, the others were indignant; following the reaction of the other group-members, Han had abandoned his plan. During this week, again, the children had been wet only once.

This time, however, it is not yet possible to proceed with the practical performance of the psychodrama. It has first to be decided which of the scenes from the history of these children's lives and experiences, which had had an extremely deep psychotraumatic effect, will be selected to serve as the themes for the psycho- or sociodrama. It must then be made clear to the group-members that, by acting the scene in question while in an emotional state, they might achieve an affective re-experience, and thereby the abreaction of the incident. The children are to understand that their memory images, which are charged with emotion, will then no longer hinder them, and, therefore, no longer give rise to the symptom, which may be regarded as a cry of distress on the part of the unconscious. When the affective experience of the causative sensation disappears, the emotive expression (i.e., the symptom, in this case bed-wetting) has also disappeared. For, psychosomatically, affective experience and affective expression are indissolubly coupled together.

HENK: "I was living in Paris with my father; my parents were about to be divorced. Once I was given such a fright: I was going to the w.c. one night to do 'number one'; my foster brother had thrown a sheet over his head, and stood waiting for me on the landing, in the dark. I was so furious with father sometimes. As long as I am furious with him, and Dorus is still homesick, and Sammy still frightened, and Han still . . ."

HAN (sharply): "Leave me alone please."

DORUS (takes Henk's part): "Well, he says it for your own good."

Han shrugs his shoulders and says nothing.

SAMMY: "I think Henk is right; as long as I'm frightened, and Dorus is homesick . . ."

HENK (interrupting him): ". . . we shall wet our beds."

GROUP LEADER: "You might perhaps forget what happened in

your life once, but even if you do forget it, that doesn't mean that it's gone. There may still be something left of it inside you, as with you boys, for instance, your bed-wetting."

HENK (pleased): "I get it. I could only get rid of those feelings of revenge if I should meet my father again some time, and could talk things over with him. I get it. And then I shall have an opportunity to give it him."

At this point the group leader again points out that it will be difficult not to turn the whole thing into a huge joke, and that the intention is, after the scene has been enacted, to discuss the whole thing again quite calmly among ourselves.

DORUS: "And then, I suppose, we shall have to play about me that I'm with my foster parents in Friesland, and that the lady from the Wartime Foster Children Committee calls to say that I have to leave them. And then: really, just as it happened! It was so terrible for all of us!"

SAMMY: "and for me, I suppose, that trouble with the razzia, in the war?"

HENK: "Well well, that'll clear the air, to be sure."

Hank remains silent.

GROUP LEADER: "And we shall play Han's experiences too, of course, just as it really happened, but we're going to do it all together. But I don't like the idea of you starting to practice your parts in the meantime, without me."

HENK: "No, we should then, so to speak, be learning by heart what we have to say."

GROUP LEADER: "Exactly. We have to act in the way it occurs to us at that moment, and the way you feel. You can then say it with words, and then your body has no more need to talk that language of protest, or revenge, or homesickness or whatever, any longer, so that you don't wet your beds any more either."

HAN: "But what about the things that still hinder us, and can't be done away with? For instance, I think that there is also protest in me, as well as revenge. They promised me nearly three years ago that my little sister from Paris would also come to me in the Institution, but nothing happens. That's a dirty trick, I protest against it!"

SAMMY: "And I protest that they took my little brother away from here." (Sammy's younger brother, who had also been placed in the institution at first, had later to be transferred to a home for defective children, being an oligophrenic.)

At this point the group leader endeavours to explain that one should try to meet inevitable frustrations in life with active acceptance, instead of

taking up an oppositionist attitude towards them; but it is difficult to make the concept "acceptance" clear to children, and in any case to the members of this group, who have already undergone so many frustrations. They confuse it with "resignation": attitude of passive surrender. The group leader has to content himself with this. Now the children are silent a few moments.

> HENK (hesitantly): "Wouldn't it be the best remedy—instead of having to act a part now, for my father to be on good terms with me again, that Dorus got his parents or his foster parents back, and that Han's parents made it up again? . . . Do we have to accept all that as it is? . . . Could I not have expressed my revenge only by feeling miserable and being rude and troublesome, instead of doing it in bed?"

Here, Henk touches upon the problem of the transition—in our view a gradual one—from the psychoneuroses to the somatoneuroses, which latter are manifested in the form of psychosomatic affections; the degree of repression and the degree of integration of the neurotic patient decide whether this patient will be affected by a psychoneurosis or a somatoneurosis.

After this somewhat dramatic discussion the boys rather boggle at the performance of the psychodrama; they feel that it will be difficult once again to lose themselves in the psychotraumatic events of long ago. From what they have been telling the "aunts" it is clear that they understand that, by their bed-wetting, they give expression to their inability to accept difficult problems in life, and that the emotional sensation (rancour, revenge, helplessness, rage, protest) can be found reflected in the emotional manifestation (enuresis).

At the request of the group it is decided that Henk's conflict situation will now be performed. Before starting on the description of the course of the psychodrama, we may here give a brief account of the auto- and alloanamnestic data, and of the structure-analytic examination of this boy.

> HENK (b. 28-4-1938) Anamnestic data (16-6-'52)
>
> Henk is the elder of two children of a "mixed marriage" (the mother is a Portuguese Israelite); his sister is two years younger than he. When 1-2 years old, Henk was troubled with bronchitis. When 7 years old he had frequent colds and nosebleedings. He has had scarlet fever, measles, otitis media, and often influenza.
>
> Henk was born in Paris. He cannot remember the time when his sister was born. He always wanted to have toys that he could pick to pieces. Henk went to school when he was four. At that time

he always wanted to see his sister. When he was 7 or 8 he constantly quarreled with her; she was always allowed to go with father and he never. Henk was very jealous. After his 8th year he never saw his sister again (aggressivity, feelings of rivalry; ambivalent disposition towards the sister). At school in Paris, Henk always passed as a "pitiful little chap." The others didn't trouble with him; he was too poor for their social status (feelings of insufficiency). He had one regular friend, whom he looked upon more as a cousin; they were constantly at each other's homes. The two fathers were members of the same (communist) party.

Henk didn't fight a lot at school; he didn't want to, because the other children would then run at once to the head-master, with the result that Henk would have been sent away from school.

He did not get along well with the woman teacher; she was always "bawling him out." For physical drill each child had to bring his own gym-knickers and sneakers and these Henk's father could not afford. He usually had poor marks; he failed the third grade and was not promoted that year. In the fifth grade Henk had a teacher who had "second sight"; he could read at one glance twelve figures from a sheet of paper. He was also able to predict what was going to happen the following day; he could do conjuring tricks, and made a lot of chemical experiments. With this teacher Henk got on very well (identification; admiration of knowledge).

From his second to his seventh year of age Henk lived with foster parents in a small village (Crécy-Ambrie). He does not know why that was necessary. His small sister was at home until she was five, after which she was also put with foster-parents; "they were people who did this for money."

Henk's first foster father died suddenly as a result of severe blood-poisoning. Henk brooded over that for some weeks. There were another 6 children in that house, with whom Henk got on quite well. The first foster mother, too, was very nice. Henk's father wanted him to live with the same family as his small sister. Henk's father had asked the second foster parents to send Henk's mother away, if she should call to see the children. These people were only too pleased to do so. (At that time Henk's parents were already living apart.) Henk liked this foster father, who was badly henpecked. During the war, Henk's mother helped Jews who were in hiding. She lived everywhere and nowhere; either in Holland, in Belgium, or in the South of France.

Henk's father was storekeeper and mechanic with a technical business. He only visited Henk when it was absolutely necessary. Later on, when Henk lived with his small sister, his father came oftener; he was very nice to the girl, but not to Henk (rivalry). The foster parents had complaints about Henk; he was "obstinate." They threatened him with all sorts of things, and often beat him. When it was decided that things weren't going well in that family,

his father took Henk with him to Paris; the sister was put with another family. Henk remained with his father about two years. They often quarreled. Hank had to do the housework, and his cooking frequently turned out a failure. Father left home at 7 o'clock in the morning, and came back at 8 in the evening. Henk hardly ever saw his mother; his father incited him against her.

One day his mother came to fetch Henk from school. The teacher had always thought that Henk did not have a mother; and he did not let her take him away until mother had shown him her passport. Mother then asked Henk if he would like to go to Holland with her. He did not want to leave his father in the lurch at first; but on second thought he wrote his father a letter, and the same evening he went by the night-train with his mother to Holland. Mother had two rooms and a kitchen in Amsterdam. Henk stayed with her for two months. "By that time mother had had enough of me. But it hasn't always been other people's fault. I wasn't such a successful piece of work either" (feelings of insufficiency and guilt). Mother often suffered with headaches. Henk found it very boring to sit at home all day long. Mother often went to the doctor, and she was on the dole. Henk thought it was "rotten to be ordered about by her," and became cheeky. The Jewish Minors Protection Board then decided to send Henk to the *Bergstichting* where he has now been for 4 years. He is quite pleased to be here; he gets on well at school, and occasionally gets top marks. He is now in the first form of the Jewish H.B.S. (secondary school). He now has "quite enough friends"; but there is one boy he can't get on with; he is continually fighting with him. Henk has one regular friend, whom he often visits, but this boy never comes to the *Bergstichting*.

From the allo-anamnestic data, and the family report it is also clear that the father incited the children against their mother ("a woman of the people; you would never get anywhere in the world with her"); the small sister took father's part, but Henk often quarrelled with his father, because he sided with his mother. With his sister, too, he was often at loggerheads; not, however, about herself, but about the parents. Henk's present conflict is inherent in the fact that h ewould very much like his small sister to come and live in the *Bergstichting* as well. But he has hardly any contact with his father at all; or, for that matter, with his sister. He has heard that his sister will probably remain in France.

Henk sees his mother at regular intervals, and now gets on quite well with her. She is, he says "something like a family help or housekeeper."

Structure-analytical examination (Oct. '50)

Henk is an intelligent boy; his natural ability corresponds to a basic I.Q. of 114 according to Wechsler-Bellevue; thanks to

his strong ambition (rivalry) and a remarkably good concentration of attention—partly also due to a strong urge to assert himself—a verbal I.Q. of 127 is obtained. There is a discrepancy between his good concentration of attention and his actual lack of attention, which is bound up with a neurotic inhibition (anxiety) and a depressed condition (cf., poor capacity of anticipation). His actual performance I.Q. is only 92; in particular, his visual-motoric co-ordination is pretty bad. His over-all intelligence quotient is 111. This boy's thinking is still that of a child, with predominantly concrete ideas and not yet sufficiently abstract; his interests are still firmly anchored in the atmosphere of the school.

Henk's will functions weakly; he has no strong aspirations, but under the influence of his ambition he nevertheless tries to produce top achievements. In this, the difficulty is that he sets about things too compulsively, but he has enough sense of reality and bears the practical side of life in mind, so that he does not easily get absorbed in any autistic day-dreaming; for that matter, his imagination is anything but great. This boy has not yet been able to become socially adapted, and this is quite in conformity with his age: he has a need for social contact, but at the same time he is a bit afraid of it. In fact, the entire Rorschach picture is dominated by anxiety, insecurity, and doubt. This anxiety is bound up with his bond with the mother, and fear of the father figure. This boy lives in a neurotic conflict due to the fact that he has remained fixed in an Oedipus situation. He has been living in a state of depression, which is now in the course of clarification.

Regarding the structural aspect of the boy's instinctive life, an extensive and detailed Szŏndi report mentions, among other things, that the essential conflict is centered in the problem of approaching sexuality—as was already evident from the Rorschach test. In this area there exist pronounced tensions, which are partly manifested in a great need of warmth, care and solicitude, and partly in aggressive tendencies towards the outside world. But Henk does not indulge this attitude towards the outside world, which makes him feel guilty; he puts on a harness of virtuousness and apparent submission, which is unusual in a boy at the age of puberty. The result is that he turns some of his aggressivity against himself. Henk is not, of course, consciously aware of all this; he tries more or less convulsively to find his adaptation to the outside world by suppressing his problems, and to get rid of any thought-contents which hinder him by way of projection. His attitude towards the outside world is still childlike; his emotional life is still but little differentiated; he is still very dependent, and in need of a motherly figure to become attached to; his attitude towards the father figure is one of ambivalence.

Description of Psychodrama No. 1

Dramatis personae:

Henk ..... ditto

Ghost ..... Sammy

Assistant ..... Han

Light effect ..... Group leader

During preparations, Henk has left the room. A sheet is fetched. Ample time is taken for practice with Sammy as the ghost, the boy squatting on his heels. Han holds a dark piece of paper in front of the ghost, until Henk is to come in and stand in pitch-darkness. Han is then to pull the piece of paper away; Sammy, the ghost, is to rise up with a loud shriek, and be illuminated with a pocket torch by the group leader. The whole thing has to be repeatedly started afresh, until Sammy manages to remain sufficiently serious.

Now Henk enters. When the door is closed, and all are standing in the dark, Henk wants to go to the imaginary w.c. which, as arranged, is supposed to be at the back of the room. Now Han pulls the paper away; Sammy rises, yelling like a genuine ghost, and the group leader shines the torch on him. There is a moment of dead silence. Then Henk suddenly runs away as fast as his legs can carry him, and with a cry of terror, "help, help," scoots out of the room. The lights are switched on again, and the other boys look at each other in amazement.

Han believes that Henk only acted "as if"; but the others are of the opinion that Henk, although not so terribly frightened, since he knew that one of the boys must have been the ghost, may have been suddenly reminded again of that intense, frightful experience of long ago. Ten minutes later Henk comes in again, and reports what he felt during the psychodrama.

> HENK: "Suddenly there was that ghost, lit up by that light. I did know, of course, that it was Sammy, but then I thought again about France, and I got the same fright again, just as I got it then. Only it was different just now, of course, because I was only 5 then, and my foster brother was 29."
>
> GROUP LEADER: "Do you remember what you called out?"
>
> HENK (on reflection): "Help!—I got such a hot feeling, just like that time, and I got an awful fright again."

There is some more discussion about it all, the importance of abreacting the repressed experience being again pointed out. The boys are greatly

impressed by what has happened. The group leader gratefully avails himself of this mood in order to continue the treatment at once.

> GROUP LEADER: "Do tell us how things were with your father in Paris, in other ways?"
>
> HENK: "When I got home in the evening, I had to cook the meals. And I was so tired after that, and lay fast asleep in a chair. But when father came in he would smack my head with a book. That made me so wild with him."

It is thereupon explained that this scene, too, must be enacted; that Henk must imagine himself in a similar situation in the past, and let off steam against his imaginary father. Henk asks if his friend Dorus may act the part of his father.

> DORUS (good-naturedly): "That's quite all right, if you want to give me a hiding."

(It is difficult to ascertain whether Henk has selected Dorus because of a possible ambivalent disposition towards him.) At this point the group leader's wife intervenes, taking up the behaviour pattern of the mother-imago within the framework of the family relationships.

> GROUP LEADER'S WIFE: "But won't Henk be afraid to thrash his own friend? Hadn't we better put some cushions on the floor first? When Dorus, in his role of Father, has smacked Henk's head with the book, Henk can throw his father on the floor, and Dorus can remain lying there, while Henk can give vent to his rage on the cushions, as if they are his father, instead of on Dorus who's lying next to them?"

Description of Psychodrama No. 2

Dorus, the "father," goes up to Henk in a tearing rage; Henk lies fast asleep in a chair, and the father wakes him up by pulling at his arms. Henk at once gets into a temper. The father just manages to give him a rap on his head with a book. Now Henk is seething with rage; he throws his father to the floor and starts pummeling the cushions with his fists like a madman. While doing so he gets more and more into a state of violent emotion; biting into the cushions now and then, and not noticing that he is giving Dorus one or two occasional hard thumps as well. Sammy and Han look on in silence, as if fascinated. Henk goes on and on, and now and then utters inarticulate sounds. Finally, completely exhausted, he falls backward, as white as a sheet, but with a smile of satisfaction and gratification on his face.

Catharsis has here been quite successful, ending in a state approaching

collapse. Now Dorus slowly rises; he has remained in his role almost to the last moment, never hitting back; only at the very end did he call out, in pain, "stop, stop!" But Henk took no notice. After a while, when he has come to his senses again, he is asked to describe his feelings.

> HENK: "When I was sitting in that chair, and Dorus came in and took me by the arm, I suddenly got into such a rage. I threw him to the floor, and then I began to enjoy it, and started whacking the cushion. When Dorus called out 'stop stop,' I thought: 'you thought so, did you? No fear, I've got you now; fine, and I won't stop till I want to.' So I kept on thumping away until I couldn't any longer."

On being asked by the examiner whether he now felt some satisfaction about it all, Henk replied: "Oh yes, rather! But when Han and Sammy called out that I wasn't to smile, I got mixed up; I didn't laugh at all."

> HAN AND SAMMY (together, indignantly): "We only called out a long time after you stopped; we couldn't understand how you could smile, after you had been so angry."
>
> GROUP LEADER: "Yes, that's quite right."
>
> DORUS: "You didn't even notice where you were thumping. Perhaps you don't even know how long you were at it."
>
> HENK (gradually losing his pallor): "No, I don't remember it all exactly; perhaps a minute?"
>
> SAMMY: "And then some!—I shouldn't have liked to have that given me." (Henk evidently had been in a state of changed consciousness, disturbing his estimate of the lapse of time.)

In an epicritical discussion the different incidents are once again elucidated with respect to their significance for the phenomenon of enuresis.

Before closing the session the question is once more raised concerning the necessity of keeping all the experiences within the group. The members of the group are unanimous in their opinion that no one else in the institution must know anything about what has happened.

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PSYCHIATRIST AND NURSE AS CO-THERAPISTS IN A PSYCHODRAMA GROUP*

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For about six months now, we have been conducting a psychodrama therapy group; we, being a psychiatric nurse, Dorothy Dix, R.N., M.A., and myself, a psychiatrist. Both of us attended the summer course at Beacon together and were convinced from personal experience of the therapeutic value of psychodrama. Prior to this, Miss Dix and I had worked together in a group experience for undergraduate nurses as a part of their teaching program in Mental Health.

We decided to form a psychodrama group chosen mostly from my private patients. We have a group of eighteen patients, eight couples and two other members, one single and one married. Originally we began with five couples and only one marital partner from each of the other three couples attended. However, before long the group put pressure on these other three members to bring their respective spouses. Of the two remaining members, one was an unmarried woman, the other a married man not yet ready to let his wife know all about him. He was the only member of the group irregular in attendance. He was an alcoholic with several periods of a few years' sobriety behind him but having a difficult time during this period, with relapses. Some members of the group had been private patients of mine in psychodynamically oriented psychotherapy, L.S.D. and Ritalin treatments.

There were clergy, doctors, lawyers, teachers, businessmen and housewives in the group. One clergyman whom I invited to attend as a training experience for him, surprised me by accepting my invitation as therapy instead. Another teacher came for training, stayed for therapy and soon brought her husband. When we found that the introduction of new members into the group was resented by the others, we added no one after the group consisted of eighteen. There was resistance at first to this large group but gradually it became a very cohesive one in which anyone's absence was missed and regretted and a cause of concern.

We began the first night with a couple who had an urgent marital problem; communication between them had bogged down. I had seen them

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both only once on a consultation basis. Their honesty set a really high standard for the equally frank revelations which followed in the succeeding psychodramas of other couples. It soon became obvious that we had a redemptive group giving great acceptance and support to suffering individuals and couples, because the problems which they disclosed were not too dissimilar, in the end. Sometimes couples could not communicate their feelings to each other directly, so that we learned to work with them by have them double for other couples. As one of them pointed out, in a direct encounter they were unable to express their feelings in a real-life situation, but when they were playing a role, as in doubling for some one else, they could allow themselves to feel and empathize because it really was not themselves. They were playing a part, but could not do the real thing!

One of the members pointed out that in most of our couples, a compulsively detached personality was married to a compulsively attached personality so that their dynamics played havoc with each other. He wondered if psychiatrists might be put out of business if compulsively detached personalities married their own kind. Unfortunately, this would not work either. Damaged, stressed personalities create difficulties in living, for themselves and others regardless; each is reacting to far too many distortions from the past which disrupt present reality.

The deeply stressed personalities whose trust in relationships had been badly damaged in infancy identified deeply with each other. Their respective spouses identified with the problems they each had in loving with only a very limited, if any response in return from their marital partner. The marital partner able to give love became understanding of the difficulty in the spouse's response as a real one, due to a deeply hurt personality with damaged ability to trust even loving relationships. The partner more able to give love, instead of feeling rejected and despairing, and angry, became capable of acceptance and compassion, and the more unresponsive, more deeply damaged partner became aware of gratitude for this acceptance and unconditional, undemanding love.

Some of the patients who had previously known only a one-to-one relationship with me were aware of furious, destructive rages and jealousies at supposed slights of them and favouritism of others. These feelings and reactions were analysed during the week in private sessions with me. I feel movement in therapy was facilitated by these groups, certain sessions sparking off repressed material formerly unrecognized in other members.

Also every one there began to feel less sorry for himself and to realize that problems in living were common to man, and that perhaps there was

someone even less well off than he or she. This was the only evening out together for some couples (because of anxiety which made some of them nearly housebound,) and was a social event which they looked forward to, and also a most helpful one. As one couple expressed it, "The group, if not our right arm is certainly our left, and we just live for it each week. It is our life-line. Another member said quite simply, "The group is the closest thing to a family I've ever had." During the week some of them began calling each other and visiting, especially giving support, that week, to the one who had just had a psychodrama in which he portrayed his life situation.

Some of the couples, as a result of psychodrama, became more frank in communicating with each other outside of psychodrama; they were able to let their defenses and inhibitions down and discuss feelings with each other on a deep level of mutual love and understanding. Another advantage we found is that the spouse not in treatment in individual psychotherapy with me feels less rejected and left out, and receives support and understanding in the group which he or she needs to help the other partner.

We were all deeply impressed with the resources within the group itself. I might add that sometimes I directed and Miss Dix was available for doubling and to play other auxiliary egos, and sometimes she directed, leaving me available for the other roles. One patient commented that in her opinion doubling was a more important function than that of the director.

This paper was written a few months ago. In order to admit new members, we closed the old group after each member had a session and then formed a new one. This was to enable us to break down resistance to the introduction of new members. Most of the former members joined again and continued to attend. The occasional introduction of new members has not been a big problem since that time, and they have been welcomed and accepted.

RECOGNITION AND MANAGEMENT OF GROUP SELF-DESTRUCTION IN PSYCHODRAMA

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Self-destruction is a naturally-occuring biological phenomenon. In terms of group activity, such processes must readily be recognized and be properly manipulated for adequate therapeusis to take place. As in individual self-destruction, the inability of the group to deal with the hostile and aggressive drives being turned inward, with a consequent disintegration of the group itself, is usually targeted toward the group leader or protagonist, but may manifest itself in covert fashions other than the more obvious outward insult, rejection, or antagonism toward the leader or protagonist.

Such subtle destructive behavior patterns as the insistance on the choice of an unwilling protagonist by the mobilization of a majority vote as justification, and telephone calls to the group leaders prior to sessions, calculated to extract special invitation to attend the session, are common indicators of group self-destructive processes as they occur on an out-patient basis. Another frequent manifestation is the expression of desire to arrange extra-mural meetings of various cliques within the group for separate sessions to be held in the various homes of the members. Too, there is the request for admission to the group of special friends and acquaintances unknown to the group leader, who may be utilized as doubles to bring about the covert intention of self-destruction which is latent within the sponsor.

In all of these situations, immediate and direct demonstration and interpretation of such behavior, within its implications to the group as a whole, must be made by the aware leader, and if suitable resolution cannot be attained, the subsequent exclusion of such individuals from the group is justified in order to preserve the integrity of the group as a whole.

As an example of the sometimes complicated and insidious fashions of such self-destructive processes, a young officer in the military service addressed himself for consultation at the request of his parents, who disapproved of his current therapy at the hands of a local lay-analyst because of the analyst's lack of formal qualifications. The young man in question on examination manifested numerous elements of compulsive immaturity, anxiety, and depression in response to what was evidently an uncontrolled transferance and counter-transferance situation in his analytical relationship. He was offered admittance to an already well-functioning group for which

he expressed some enthusiasm in view of his professional sociological training. He particularly requested that his girl-friend be allowed to attend, and this was allowed after a brief evaluation of the person in question.

After two sessions, during which the patient distinguished himself by his insistance on calling the therapist by his first name, contrary to the other patients, who used the usual professional form of address, he requested admittance to the group of a friend whom he described as a patient of the same lay analyst, and whom he said had expressed some interest in participating in group work in order to speed up his own therapeutic processes, and especially because of the psychodramatic elements utilized, in view of the fact the previous professional work of the invitee had been as a movie actor.

The patient had contracted to concurrently continue his own analytical sessions as well as his group work, with the justification of making a comparative assay of both modalities. He had made no secret of the fact, and had communicated to the analyst his distinct impression of faster and more effective therapeutic response in the group activity as opposed to the lengthy and tedious individual analysis.

The friend appeared and gained admittance to the next session, which he immediately dominated in the role of protagonist, with a highly competent and almost seductive performance, which had great emotional impact on the group. He, too, distinguished himself by his insistance on addressing the group leader by his first name. At the next session, in the company of the original patient, he attacked the group leader in a vituperative manner, reporting material of an obviously biased and opinionated nature, with numerous details, regarding a previous and significant professional disagreement which had existed between the group leader and the lay analyst concerned. This was completed with the unkindest cut of all when the protagonist, having previously been complimented enthusiastically on his past performance as protagonist, and having been invited to return to the group, decided not to do so after consultation with his lay analyst—this invitation being interpreted as meaning that the group leader's needs were greater than those of the patient, in view of the warmth of the invitation for continued participation.

Needless to say, the effect upon the entire group was essentially disintegrative.

In summary, we have attempted to point out certain hallmarks of group behavior indicative of self-destructive import. We have come to consider such behavior mechanisms as the occasional consequence of human

inter-activity, and as such must be accepted with good grace, since unfortunately, at the present stage of human development, it would appear that not all groups, at all times, in all ways need be mutually therapeutic, although, to quote the words of our mentor, "a truly therapeutic procedure cannot have less an objective than the whole of mankind."*

* "Who Shall Survive," page three, 1934—J. L. Moreno.

PSYCHODANCE, AN EXPERIMENT IN PSYCHOTHERAPY AND TRAINING*

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I. INTRODUCTION

This paper describes an experiment with Psychodance at the St. Louis State Hospital Training Institute for Psychodrama and Group Psychotherapy. Three interests motivated the program:

(1) We wanted to retest the hypothesis that a non-semantic approach is often initially more efficacious than a verbal approach in reaching and helping the severely ill, hospitalized, mental patient. For some patients a verbal revelation of their complex pathology is extremely threatening and anxiety producing. With other patients idiosyncratic use of language protectively blocks communication of their thoughts and feelings to others. Some patients seem to have regressed to the point of pre-verbal childhood levels and function wordlessly. For severely regressed patients of this type, verbal therapies are most often inadequate.

Psychodance techniques utilize natural responses to music and rhythm, and are designed to operate without the demand for language responses by the patient. It was felt that Psychodance might provide the most effective way of initially reaching these "Non-Verbal" patients. It was also assumed that the patient who is approachable by verbal means could also profit from and utilize a non-verbal approach which would provide him with opportunity for expressive movement, and action catharsis; and, which would guide him toward reaffiliation with interpersonal pursuits through a non-verbal role training emphasizing social interaction.

Once contact and rapport have been established the techniques of Psychodrama, such as doubling, mirroring, and role reversal can be utilized in non-verbal dance modes, as well as in the more conventional verbal-action manners. The techniques of Psychodance can be enhanced through adaptation and usage of Psychodrama techniques. Reestablishment of verbal communication through Psychodance techniques can be followed up in

* Acknowledgements are made to Louis H. Kohler, M.D., Medical Superintendent of the St. Louis State Hospital, and Abel G. Ossorio, Ph.D., Chief Psychologist at the same institution.

situ by a shift to verbal Psychodrama. In effect, by blending elements of Psychodrama with Psychodance we attempted to provide a therapeutic effort that maximized spontaneity and reintegration throughout the entire continuum of human communication. A primary interest in this program was the development of an integrated action therapy method which blends Psychodance and Psychodrama techniques. The programs to be described are lineal descendants of Psychodance and Psychodrama as practiced by J. L. Moreno, M.D., at Beacon, New York (11); by Eya Rudhyar-Branham in California (16, 17) and by Marian Chace at St. Elizabeths Hospital, Washington, D.C. (1-6, 11).

(2) Our second purpose in instituting this program centered about training needs. Awareness of the non-verbal aspects of behavior is extremely important in understanding and treating mental illness. We felt that no amount of didactic instruction could equal the learning that the trainee accumulates through a number of non-verbal experiences in an ongoing group. By being immersed in the non-verbal communications processes involved in a Psychodance group the trainee is powerfully forced to become sensitized to this crucial dimension of behavior. He also is sensitized to the therapeutic implications of non-verbal interventions.

(3) A third reason for this program was to implement our growing interest in social milieu therapy (12) in which there is an effort not only to reach the patient, but to influence the staff treating the patient as well. We stress the idea that a better working staff group—a group that feels ready to accept each other—will provide better patient services. We predicted that involvement of staff, especially nurses and aides, in ongoing therapeutic groups of a non-verbal nature could lead to better working relationships among the staff; toward better acceptance of the staff by the patients; and to better understanding of the patients by the staff. When ward staff are included in verbal therapy groups they often become defensive and hostile as they worry if their working competence is being checked upon. We anticipated that the indirect approach to the problem of better communication and better working relations through involvement in the Psychodance Program would arouse less defensiveness in the participating staff.

II. Theoretical Background for the Program

A. *Implications of Non-Verbal Behavior*

Physical movement is a fundamental medium for communication, but as the complexities of language develop, movement is relegated as a less and

less important function. Primitive peoples accept actional modes of communications and emotings to a far greater degree than language oriented cultures. To illustrate: Primitive peoples dance at highly significant life moments. Dance ushers in war, the hunt, marriage, birth and death. Dancing together, and moving together, they share feelings and thoughts. They employ physical movement to express their most poignant experiences. The dancing savage readies himself for war; then moves to the encounter. He has built a readiness for action through a generative complex of physical movement, and communicates this readiness through the dance. The dance of the primitive serves the function of meeting individual and group needs for encouragement, affection, communication, and catharsis.

While action language remains more covert in modern civilization, motor activity is effective as conscious and unconscious manners of expressiveness. Facial expression and body postures reflect for most people their reaction to ongoing situations. The body slump and slack facial expression of depression, and the erect carriage and beaming countenance of elation are extreme examples of the physical manifestations of our feelings. Sometimes these non-verbal actions are meant to communicate but more often they are unconscious reflections of inner thoughts and feelings.

Music and rhythm drives modern man as well as primitive man. Motion pictures employ "mood" music to help set and recall emotional tones for the audience. Often one has an impulsive urge to move his body to music and senses a growing awareness of feelings which are related to associations and reactions to the music. The feelings precede the words that describe them. In our civilized culture we learn to repress and inhibit action expression. Psychodance taps natural resources which we have forced underground.

For the infant and through early childhood the main means of communication is non-verbal or pre-verbal. The baby's face brightens when he sees his milk coming. He moves his hands and feet and tries to reach the bottle or breast. The small child jumps up and down when he gets his new toy, and he rocks when he is sad and lonely. As we mature, the social pressures of cultural sophistication demand the use of finer verbal tools of expression. Inevitably the individual is forced to minimize his use of non-verbal body expressions as they are said to be immature, unsophisticated, and perhaps too communicative. As verbal responses are rewarded, non-verbal reactivity becomes more and more subdued and covert. The child is weaned and fitted to his culture's use of language.

When social pressure and individual need conflict strongly, the in-

dividual may develop personalized meaning for words. This is particularly true with the psychotic who often acquires an autistic usage of language. Meaning of words become idiosyncratic and the individual is handicapped in relating satisfactorily to others through verbal communication. Reusch and Kees (13, pg. 166) say: "The appearance of primitive or uncoordinated movements in individuals suffering from severe psychosis may be viewed as attempts to reestablish infantile system of communication through action. These patients are trying to relive, in later life, the patterns of communication that were frustrating in early childhood, with the hope that this time there will be another person who would understandably reply in non-verbal terms." Reusch emphasizes that the jerky movements of many schizophrenics are due to the unsatisfying experiences that they have received at pre-verbal levels in their early lives. Double-Bind Theory (8) suggests that for the schizophrenic patient there existed an inconsistency between the verbal messages and the non-verbal messages he received from his parent. The child had met the words "Come here. I love my sweet child," coupled with physical actions related to disgust and rejection as he was pushed away. Now, in later life he has a continued insecurity and unsureness as to the trustworthiness of verbal messages he receives.

The significance of the non-verbal message is emphasized in the treatment of psychosis by such people as J. L. Moreno (11) and Whitaker and Malone (18). They stress both the importance of pre-verbal communication in the developmental stages of the individual, and the importance of the non-verbal element in establishing clear and congruent communications in Psychotherapy. L. J. Fine (7) stresses the need for awareness on the part of the therapist as to the non-verbal dimensions of Psychodrama. Recognition of these dimensions by the therapist allows for systematic investigation and use of this medium of expression and communication in therapy and research.

Marian Chace says, "In a psychotic, language loses much of its effectiveness as a means of relating to others, serving as a defensive barrier rather than as a means of direct communications" (5; page 219). When one stresses the non-verbal aspects of personality and psychotherapy, he is speculating that the primary functions of psychotherapy are: To clarify for the individual the nature of the congruency between verbal and non-verbal communications; to increase the individual's spontaneity of reaction when movement and action behavior have been severely inhibited; and to satisfy or alter primitive non-verbal cravings so that the individual may be freed to move toward maturity. Focusing upon non-verbal aspects of psychotherapy, we take advantage of natural and trained reactions to rhythm and music as basic modes of establishing rapport and influencing changes of behavior.

B. *Basic Assumptions*

The psychotic has basic emotional problems which inevitably block him from reaching reality in a satisfying way and which lead him to withdrawal and isolation from the environment. The psychotic patient constricts his level of responsibility to establish measures which protect him from anxiety. We assume, if we utilize more archaic types of communications similar to those once used in early childhood, that we will be able to make initial contact with the regressed patient more directly and with less danger of misunderstanding. We assume also that for the less regressed patient an encouragement of awareness and sensitivity to his own non-verbalized feelings, and to those of others, will lead to the growth and freedom that Moreno calls spontaneity.

The general therapeutic frame of reference from which we operated was provided by the following conceptualizations about therapeutic process:

1. *Basic Need Gratification*

We conceptualized the Psychodance session as a primary vehicle for basic need gratification. According to Maslow (10, page 107), the basic psychological needs are love, esteem, and self-actualization. Love is provided by allowing the patient to participate at the level at which he is able. He is accepted as he is. If at first the patient sought to watch from a distance, the therapist accepted his need to become involved gradually. When the patient indicated through physical movement that he was ready to draw closer, the therapist would reach out and gently draw the patient into the group. Love and acceptance were communicated to the patient through group approval of self-actuated physical activity, no matter how minute or simple. If a patient was capable only of moving one finger in time to the music, this was accepted and rewarded through group imitation and praise from the therapist. In essence, the patient was accepted at the level of behavior of which he was capable.

Acceptance and love were also expressed in group movements such as joining hands, or putting one's arms around one another and rocking, or swaying in time to the music with hands placed on the shoulder of another. There were many opportunities for a more active patient to aid a more regressed patient. In activities such as putting one's arms around another and rocking, or joining hands and dancing together, or placing one's hands on the shoulder of another, the more active patient received the opportunity to express love and the desire to help by initiating the activity, and the regressed patient had the opportunity to comfortably receive interest and

attention from another person. In addition, since the rhythmic physical movements towards others contained the symbolic elements of giving and taking, they tended to increase self-esteem, and self-acceptance. Indeed, as the patients became aware that the director was utilizing their spontaneous movements to build the Psychodance, the feelings of belonging, esteem, and acceptance were greatly enhanced.

It must be pointed out that the director's acceptance and encouragement of movement extended not only to non-verbal behaviors that were at the moment in vogue in the group, but also extended to the acceptance and encouragement of idiosyncratic movement that clashed with the immediate movement-mood of the group. The individual displaying this behavior was invited to continue and expand his movement sometimes in the center of the group. Thus these movements of independence were accepted. This acceptance, in turn, allowed the individual to reciprocate by accepting the movements of others in the group. In effect, being accepted by others made him able to accept them. Thus the individual was encouraged to develop movements that deviated from the immediate group movement-mood, and realized the self-esteem and self-acceptance that came with having this behavior accepted or imitated. In turn, he learns to accept social interaction and cultural norms through imitating and accepting the movements of others.

2. *Emotional Release*

We further conceptualized the Psychodance session as method of stimulating psychological growth through cathartic release. The Psychodance session encourages both conscious and indirect and symbolic release of emotions. Emotions which are socially inhibited, such as anger, hostility, and aggression, as well as all the warm emotions, such as the expression of love or acceptance, are expressed through symbolic movements. Music plays an effective role as a stimulant in encouraging the patient to release socially inhibited feelings. Movements such as jumping, vigorously punching the air, stamping on the floor, pushing a partner, and kicking out are designed to relieve emotional tension at an actional level. The movements may be made in isolation and associated to only by the individual; may be made with verbalizations by the therapist at symbolic or actional levels; or may occur with verbal associations and declarations by the patient.

As an example, the patients are asked to visualize that they have chains on their feet. These chains hold them down and restrict their movement. They symbolically walk about the room dragging these heavy chains of responsibility with them. They begin to shake the chains off as they dance.

Then they begin to move their feet and kick them loose. They vigorously kick and shuffle and move and begin to move faster and freer. Personal associations may follow but are not necessarily sought by the therapist. Another example is when we invite the patient to imagine or visualize an individual who restricts him and then to imagine pushing this individual who restricts. In the dance, really rhythmic movement to music, the patient is encouraged to push the interference aside and to make for himself the freedom to move. At first, all may be at a fantasy level, but later pairs of patients may team together to enact and interchange both roles. In essence, aggressive movement toward individuality is encouraged.

Another example paints a movement picture of swimming to the music. The therapist richly verbalizes the warmth of the water and encourages a smooth, vigorous, steady swimming stroke. As they "swim," they see in a distance, as a goal, a nice island where they will be safe and rested. They begin to swim harder and more vigorously; kicking, and stroking, and moving toward the goal. The therapist is symbolically fostering and allowing movement toward satisfaction and self-enrichment.

There is a developmental pattern to these rhythmic movements. Short, negative, unsociable, and unfavorable movements are at first encouraged. The therapist shows he permits negative expression. Then gradually the patient is guided toward more positive, more self-rewarding actions. Punching the air movement becomes stretching and giving; stamping on the floor ultimately becomes a smooth outgoing waltzing step toward others. The patient learns that he can be aggressive, and that acting out the aggressive movement can lead to more socially acceptable and rewarding activities. The patient is accepted for his negative activity; his vigor is encouraged; and he is led toward the positive, rewarding results of his animation. Carl Rogers (14) says acceptance of both mature and immature impulses in an individual is critical to accepting the patient as he is. Often the catatonic patient is reluctant to make any kind of aggressive movement. Through the medium of Psychodance, movements are initially made without apparent association. The movements are initially made as part of the dance or "exercise" activity. Bit by bit the patient becomes able to make movements through space. As he does so, he begins to associate and may verbalize. The movement may then be associated to real life problems, but this is not critical. If change of behavior occurs through an unconscious reintegration, then we do not care whether the patient is able to verbalize the "insights" leading to the change. Reintegration and new behaviors which are self-enhancing are the goals. If the patient does associate to the generalized dance, the therapist can then

encourage him to dance out his verbalization or can move him into a verbal psychodramatic psychotherapy session. In the latter instance, the dance has served as a warmup to a Psychodrama.

3. *Learning of New Behavior*

A final conceptualization about the therapeutic process involved in Psychodance centers around the use of Psychodance as helping patients to acquire new modes of relating to others and new perceptions of human relationships. The patient's re-learning is effected through new, action responses towards others in response to music and suggestion. The basic psychotic pattern of turning inwards into one's self is broken as the director suggests dance patterns which encourage moving out into space (or life) towards others. Interacting in the protected and encouraging environment of the therapy session, the patients test out now modes of response to others. Nurses' reports of improved ward behavior indicate that these new modes of positive interacting are generalized. The patient begins to open up in his ward behavior after he has moved outwardly in the Psychodance. For example, one member of the group was a catatonic woman who at first refused to enter into activity and watched from the side. Nursing reports noted that she never talked in the hall. After weeks of watching and responding by foot tapping or swaying, she at last entered the group activity. As she related by dance and movement, she began to speak again. Her speaking to others generalized outside of the therapy hour. As she began to relate, she became more amenable to individual sessions with her psychiatrist and to other milieu programs. At no time did the patient verbalize about her psychodynamics in the Psychodance session. Initial entry into therapy was established at a "distance" via non-verbal action modes associated with rhythmic movement to music—Psychodance.

C. *Dimensions of Psychodance*

Psychodance (as we use it) is a form of psychotherapy used with a group. It depends upon psychodynamically timed psychotherapeutic interventions which utilize physical-rhythmic, symbolic movements through space. These movements emphasize both self-expressive and interpersonal contact operations. Music, usually supplied by phonograph, is essentially a stimulating and unifying force which carries the educative and cathartic experiences which occur. Music and movement to the music provides an easily accepted and powerful method of promoting an individual's involvement in the group at a non-threatening, distance level. Psychodance provides protection and

distance and does not require a direct, conscious insightful working through of problems but rather permits symbolic and indirect working through which leads to unconscious reintegration. Psychodance is ideal for patients who are unable to communicate verbally about their problems and for patients for whom uncovering therapy is inappropriate.

Through non-verbal means Psychodance attempts to reestablish two-way communication. The autistic patient utilizing words in a defensive manner loses the ability to communicate with others; and, is therefore reinforced into an isolated life and further autism. Language that does not communicate forms a powerful barrier to appropriate relationships. Psychodance provides the opportunity for a direct mode of reestablishing contact with others. Learning to physically move through space towards another in the Psychodance is the beginning of a generalized response of moving through the life space to others in the world of reality. The process of re-socialization and rehabilitation is stimulated and rewarded through the successful communication which occurs without the confusion or threat of formal language.

Psychodance may be extended and used in conjunction with psychodrama or other verbal therapies. With the less regressed patient, Psychodance may be used as a warm-up to a psychodrama session. The associations to the dance or the interpersonal experience become the themes for verbal or actional exploration. Psychodance may also be used within a regular psychodrama session and provides additional flexibility of action. When words hamper, movement may substitute, emphasize or clarify. Psychodance may also be designed to cool off an intense psychodrama session. Psychodance and Psychodrama augment one another.

A difficulty with formal forms of music is that they are identified with cultural conserves. The individual in growing in his culture has associated certain feelings with certain themes and rhythms. His association may be culturally determined but may also have idiosyncratic meaning. The music may suggest a mood, or a memory, or a learned dance pattern. In Psychodance, music must be gauged for its general association value and used judiciously. For example, Rosen (15) feels that Viennese music has a flexibility for us in that it does not force a fit into certain rigid forms of movement that current, popular, dance music may suggest. The vital point here is that music is not supplied so that individuals may adhere to certain fixed patterns of movement such as the fox trot, twist, or waltz steps, but rather that the music supply the driving force for *new, spontaneous* modes of relating. The Psychodance therapist avoids the use of such cultural move-

ments as stereotyped dances. The use of phonograph music unassociated with formal dances (such as symphonic themes or folk music) is one way of countering the expectancies of the individual to adhere to learned dance patterns. The therapist must also protect the patient from the hesitancy and embarrassment that inhibits involvement when the individual feels that he cannot do the dance patterns that are expected. Social dancing may be an effective means of rehabilitation but Psychodance is not social dancing and must not become dependent upon stereotyped movements.

Psychodance is symbolic, spontaneous, creative reaction to music. The therapist may seek to discover the associations that an individual patient has for a given set of music. These associations (verbal and non-verbal) will be utilized in designing therapeutic interventions. The senior author's patients relate that Hawaiian music is "soothing"; that waltz music "cheers us up"; and, that marching music "makes one feel like walking proudly." The senior author therefore uses Strauss waltz music for warming the group up; Hawaiian music for relaxation; and, Russian folk or marching music for vigorous or aggressive movement. She plays soft and slow music at the end of the session for calming down the group. Marian Chace has written extensively as to the selection of musical themes in her articles "Dance as an Adjunctive Therapy with Hospitalized Mental Patients"; (5) and "Dance Therapy at St Elizabeths Hospital" (3).

A final dimension of Psychodance concerns the particular therapeutic function of the director. The Psychodance Director is concerned with understanding the ongoing group process as well as individual dynamics in utilizing here-and-now happenings for therapeutic effect. The Director observes the group and the individuals in the group, and derives and develops specific dance forms from the non-verbal suggestions of the patients. The spontaneous movement of an individual is picked up, expanded, and perhaps interpreted by non-verbal means. For example, a hesitant forward movement by a patient is picked up and practiced by the group. It is then bridged into a free and expanded forward movement. The hesitant assertive action has been accepted and encouraged by the therapist, and group support has led to a more intense outgoing action. The Director sets the pace with movements that have been derived from patient movement. He interprets and/or extends the movement for the group, and at times uses suggestive techniques to encourage involvement. Accompanying verbalizations by director or patients vary according to therapeutic goal and style.

III. Examples of Psychodance Technique

The methods and techniques described in the following section were derived primarily from the experimental dance program conducted by the senior author. The ward selected was a "push" hall, where patients were provided with maximum environmental stimulation to prevent their withdrawal and inactivity. The Psychodance program was one of many activities run on this female ward. The ward was composed of eighty patients ranging in age from seventeen to seventy-one; most had a diagnosis of chronic undifferentiated schizophrenia.

The Psychodance was held as an open group program, that is, everyone on the ward was encouraged to participate including the staff and nursing students. Attendance was self-determined, and patients could come and go from the group as they wished. The group was regularly directored by the senior author who had occasional staff visitors and three volunteers from the community who acted as auxiliary-egos, (or assistants) and occasionally directed under her supervision. One-hour meetings were held once per week. An after-session discussion for the staff helped to clarify therapeutic aims and to train the staff. As previously stated, the aims of this experimental program were: (1) To provide a therapeutic experience for the patients; (2) To establish better communication between patients; between patients and staff; and amongst the staff itself; (3) To experiment with combined forms of Psychodance and Psychodrama; and (4) To develop techniques for training staff in the non-verbal aspects of Psychotherapy. Sessions in the early stages of the program were quite different in nature than sessions in the latter phase. In the beginning we used a straight Psychodance approach. Later Psychodance and Psychodrama were mixed.

A typical session early in the program began with the therapist inviting the group to sit in a circle and to listen to phonograph music. The therapist generally chose some mildly stimulating music such as a Chopin waltz. During this warm-up period the patient was allowed to become involved at her own pace. No set physical activity was used to force warm-up. When the patients began to show readiness through spontaneous movements, the Director picked up these movements and imitated them. Ordinarily many of the patients, without being told to, would then imitate the Director. The Director or her assistants might verbally encourage the more reluctant but would not force involvement. Early in the warm-up the spontaneous movements of several of the patients would be picked up, amplified by the Director, and imitated by the group for very short periods of time. Time

segments are kept to short duration, especially for groups whose attention spans are small. The Director would then lead the group in simple movements such as walking, stretching, foot or hand shaking, etc. These simple movements were gauged to be of a level that all were capable of doing so that success experiences might be assured. The Director (or prime therapist) would lead by verbal invitation and directions; by suggestive-symbolic word pictures; and, by non-verbal movement which the group could imitate. This gradual involvement, paced to the patients, provided the patients with feelings of security and confidence and stimulated their interest in what was to come. In essence, the acceptance and reward of success in simple movements; the moving together as a group; and, the stimulating effects of the music provided an easy, non-threatening entree into the social and symbolic activity which followed and prepared for deeper levels of involvement.

As the warm-up (both within a session and over a series of sessions) progressed, group members became more physically and emotionally involved and their movements became more individualistic and symbolic. If a patient wished, she might dance alone, or the Director would help her to lead the group in the movements she had created. From time to time the Director would introduce simple social movements which would build one upon the other. The Director would ask the patients to imagine and then to practice walking alone; then walking toward another person; then walking hand in hand; and, finally moving or dancing together. A more psychodynamically oriented set of movements centered around rocking. The patient would rock herself to the strains of soothing music; then rock an imaginary baby; and, then she was asked to rock another patient; and then to be rocked herself. In all of these movements the therapist had to attend to individual tolerance and readiness. Patients were not urged beyond the level of activity at which they felt comfortable, but rather were rewarded for what they could do. Typically movements and sequential patterns would start with an individual focus but would build toward interpersonal contact.

A rest period was periodically provided in which the patients sat on the floor holding hands with closed eyes. In this period they were addressed in a soothing voice by the therapist and told they could sleep and dream a little if they liked as they listened to the music. Fantasy material produced during this period might then be danced by the patients when general group movement was again started. The session typically ended in some outgoing, friendly movement such as shaking hands, or linking arms and moving in tandem to the center.

It was our belief that Psychodance could be made more effective through

the adaptation and usage of psychodrama techniques. In the latter phases of the group, after Psychodance had been established, we began to experiment with the extension of Psychodance by introducing psychodramatic techniques. Once again our efforts were guided by the desire to maximize spontaneity and communication. Following is an exposition of some of the techniques used in our combined Psychodance-Psychodrama approach:

Non-verbal Doubling. Some patients are unable or unwilling to perform certain movements. An individual might "freeze" when attempting to execute a movement which to her possessed threatening psychodynamic significance. For example, one patient could not move forward and touch another person's hands. This patient remained rooted to one spot awkwardly moving her hands and feet while the rest of the group members were shaking hands. It was evident from the quality and direction of her movement that she desired to move forward and shake hands but was afraid to do so. A double assigned to this patient imitated the posture and movement of the patient. When the patient swayed forward and reached out slightly, the double did likewise. When the patient moved back, the non-verbal double mirrored her expression of fear. The auxiliary-ego tested moving forward again. Gradually the patient began to accent the reaching out movement and to minimize the inhibiting or retreating movements. When the double took a step forward, the patient was able to follow. At this point the remainder of the group members who were caught up in the protagonist's struggles, began to give her support. One patient cried "You can move your body!"; another said, "Come to me—Come to me!"; a third spontaneously took a double position and said "Just move your feet like this." The protagonist responded to the doubling and support and eventually shook hands with another patient. As she smiled tremulously over her achievement, her double amplified her pleasure with broad smiles and an open armed gesture. In response to this, the protagonist laughed openly and said, "I was afraid, but now I'm happy I did it." Engaging in this simple, everyday activity was a major step, full of effort and threat for this patient. The success experience in moving out toward others encouraged her to try even "more dangerous" activities as therapy progressed.

James Mann, M.D. (9) says that the essential aim of psychotherapy for the "very sick" patient is to establish contact with him. He notes that it is typical of the "very sick" psychotic patient to have a profound fear of having a relationship with anyone else. "His fear of closeness is a fear of getting killed . . . either he will be killed or someone else will." In the incident described above the auxiliary-ego met the patient in her world and guided

her toward a relationship with others in the group, as well as toward a relationship with the therapist. The contact and guidance initially occurred without language on an actional basis; later language acts reinforced and extended the encounter.

Verbal doubling. At times the use of simple verbal messages are extremely effective in provoking the maximum in spontaneity and release. For example, many patients found release for feelings of anger in vigorous air punching and in stamping dances stimulated by war chants and drum music. However, some patients were extremely inhibited and weak in these movements and could do no more than shuffle, or loosely shake their hands. One patient, Fran, could only stand and tremble with her arms rigid at her side. An auxiliary assigned to double for Fran voiced an hypothesis of Fran's fears. The auxiliary-ego verbalized that she might become too vigorous and then she might hurt someone if she joined in the group expression. In reaction to this, Fran began making rather sweeping gestures with her arms. After several tries the auxiliary made the correct verbal double, "Give me room—get back." The therapist accordingly moved the group back giving Fran a comfortable distance between herself and the group. With the encouragement of the group, Fran began wildly gyrating, flailing her arms, and stamping in time to the music. After several minutes, Fran's movements began to quiet, then abruptly changed to a self-protective covering of her face and head with her arms. At this the auxiliary doubled, "Don't punish me, I'm afraid." Several of the patients were moved to answer "Don't be afraid, Fran," and "That was a good dance," and one patient was able to embrace Fran and rock her. At this point the therapist changed the music to suit the group mood and movements or rocking, swaying, began to predominate.

Here we have Moreno's tenet: "Each patient the therapeutic agent of the other" being exercised as the other patients have become aware of Fran's inner fears and feelings. In this instance the verbal double was instrumental in stimulating Fran's catharsis, and helped to make Fran's behavior understandable and acceptable to the group. The verbal communication, while extremely minimal, was a necessary element in the therapeutic action. The non-verbal expression and communication were basic and preliminary to the process. However, the process would have lost much of its effectiveness without the key, verbal, interpretive doubling and which led to the support and encouragement by the group.

Use of dance surrogates for family figures. The Psychodance session provides movement towards other *real* people, but also provides the oppor-

tunity to work with *transference* phantoms. Feelings of affection or hostility towards key persons in the patient's life are worked with by identifying the therapist, or auxiliaries, or patient members of the group, as significant personages in her social atom. The patient had the opportunity in the dance to move towards or away from these persons and to communicate affection or resentment. She has opportunity to work through her feelings to the real, but absent elements of her world. This progress may take place without any overt verbal identification of the figure to whom the patient reacts. For example, one patient would never dance next to, or anywhere in the vicinity of one of the volunteers. This volunteer was a particularly distinguished looking, white-haired lady whom many patients chose to rock them in the dance. During one of the sessions in which the volunteer was rocking another patient to lullaby music, the patient, Susan, ran from the group and turned off the record player. When asked if she would rather dance to some other type of music, Susan responded by choosing the Hawaiian War Chant. With the encouragement of the therapist and the group, Susan began to stamp and pummel the air with her arms. After Susan was warmed up and well involved in this movement, the therapist placed a large rag doll on the floor and said, "This is Tess (the volunteer), dance with her in any way you want." Susan then picked up the doll, dashed it to the floor, and kicked it. She repeated this action several times during an extremely vigorous and extended dance.

In the case cited above, there was no explicit identification of the volunteer or the doll as the mother surrogate. The interaction and the resultant catharsis took place at a sub-verbal level. In other instances, however, the use of dance surrogates for important people in the patient's life involves a more explicit and conscious process. As an example, the Director might ask the patients to pick a partner and to rock this person. (This, of course, was preceded by the usual group warm-up, and accompanied by restful music.) When the movement was well established, the Director asked, "Imagine who you are rocking." While some patients respond with the real name of the patient they are rocking, others would name some individual in their family. A patient, Beth, is receiving a great deal of pleasure from rocking her partner. When asked who she is rocking she responds, "My sister." The Director then encourages her to express her feelings about her sister either in words or dance or both. Beth closes her eyes and says, "I like this very much. I could never hug my sister at home. I always was fighting with her. I was always afraid of her. It's different here."

A final example of the use of family figures in the Psychodance is one which could utilize an even more structured and directed approach. Follow-

ing the warm-up, a patient who has evolved as protagonist might be asked to dance like "a mother," or "a father." The protagonist would be allowed to select the type of music she wanted, and encouraged to dance in any way she wanted. As the protagonist warmed up, the instructions would be changed to "Dance like *your* mother." Here we have role reversal in a dance form. The mother would then be danced by an auxiliary and the patient could reverse and dance her reactions to the mother's dance. The aid of a non-verbal double, and support from the Director and group could be provided. Teams within the group could become "mothers" and "daughters" and could dance their relationships. Materials arising from the projective dances would provide for direction of the rest of the session. This is Psychodrama in dance form.

Role training. As we have stated, many psychotic patients are afraid of, do not trust, and do not attempt interpersonal communication. Frequent failures in communicating with others, and failures in establishing relationships with others leads to isolation and fear. A goal of therapy is to help the psychotic patient use the protected atmosphere of therapy to re-learn to communicate, and to lose his mistrust of interpersonal activity. To help effect this it is necessary to create a generally safe and rewarding group environment, and to engage in role training of the most basic communication skills. We have described how an individual's spontaneous, idiosyncratic movements may be picked up and worked with, but the Director may also select a general problem typical to the patient group to serve as a guide for therapeutic activity and intervention. An example of this may be seen in the movement in which everyone moves to the center of the circle with hands held out to each other. This movement culminates in hand shaking or touching and is accompanied by a simple verbal expression such as "Hi!", or "How are you?" This example demonstrates a core process in which patients, as a group, re-establish communication with one another. There is a clear cut, non-verbal movement that is congruent with the verbal expression which accompanies it; there is a safe environment in which to practice; there is strong support and aid from the group; and a successful result of an outgoing action is almost guaranteed through proper timing by the therapist and by individual aid to the particular patient in need by an auxiliary therapist.

Role training of social roles of a more complex nature involves the use of doubles, suggestion, and group encouragement in the assumption and development of the physical postures, movements and actions that are integral to the role. Practicing the acts integral to a role are particularly useful for the patient who has a limited role repertoire as a result of early constric-

tion of behavior. Practice of acts in the protected environment of therapy may also serve to open roles which in the past required defensive suppression. Role training is a very direct approach as it asks the patient to try out and practice behaviors which are new to him or which have been threatening to him. Role training seeks direct behavioral change, not insight into current behavior.

The senior author reports:

> "I had a very stimulating experience in one of the sessions. I suggested to the group that they make faces. I said 'Let's look like you usually do. Let's make our usual face.' They made faces of their 'usual look.' Some looked sad; some looked silly; some looked angry. Then I said 'Let's look sad.' In one way or another they looked sad. Then we tried a 'proud look,' an 'angry look,' a 'smiling look,' etc. I, then, realized that some of the patients looked the same all the time. When they were supposed to look angry, they did not look a bit different than when they were supposed to look happy. I noticed one girl who looked as though she was almost crying when she was supposed to smile. I decided to go around the circle asking each one of the patients to smile. When this girl's turn came, I said 'Frieda, let's see your smiling face.' She said 'Okay' and 'smiled' but her face looked like a crying face. I asked the group 'How does she look to you?' Immediately somebody asked 'Are you smiling, Frieda?' Frieda angrily said '*I am* smiling.' I asked another patient in the group how Frieda looked to her. She said Frieda looked as though she were crying. Frieda insisted that she was 'smiling.' I said that I agreed with the group. One of the patients said 'That's the way Frieda looks always.' Then Frieda replied with a really crying face, 'Yes, I always feel like smiling. I am always happy.' I asked the group if there was anybody who could imitate Frieda's "smiling" face (non-verbal mirroring). Upon seeing her own expression, imitated by another person, Frieda admitted that it looked like crying but still insisted that it was not her look because 'I look this way when I smile'—then she made that crying look. I said 'Frieda, you may think you are smiling, but you don't look like it. Maybe you are not using your facial muscles in the right way.' Then I said to the group 'Let's show Frieda how we smile.' Then we made big smiling faces, with wide open mouths. One of the patients volunteered to teach Frieda to smile. She instructed 'Put your lips wide.' Another said 'You have to show your teeth.' Being helped and supported by the group, Frieda finally smiled. The group, pleased with the result, agreed that Frieda looked 'much better.' Frieda herself was surprised how she had been smiling differently before than now and admitted that she had always thought she was smiling but 'maybe crying inside.' Frieda still looks as though she is crying sometimes, and whenever

I catch this expression on her face, I ask her, 'Are you smiling or crying?' Then she smiles."

Short verbal psychodrama within the psychodance session. In the later stages of the program we sometimes used a short psychodrama as part of the session. At times a patient, following the stimulation and freedom provided by the Psychodance, demonstrated a readiness to work at a verbal level. It must be made clear that at no time did we impress verbal methods, or attempt to make them the rule. Role playing and verbalization was used very sparingly, and then only when the patient seemed ready. The scenes were always a natural evolvement of the non-verbal processes and were entered gradually to provide natural transition from non-verbal to verbal approaches.

To illustrate: In one of the later sessions a young patient, Clara, did not enter into the warm-up or early developments, but remained aloof. She stood angrily with folded arms at the side of the group. In one of the dance warm-up processes the Director noted that whenever Elaine moved into the vicinity of Clara, Clara would stiffen visibly. A non-verbal double was assigned to Clara and expanded her movements to include a shaking of the fist at Elaine. In response to this, Clara cried out "Why do you always grab the sugar bowl before me? . . . You are supposed to be my friend." At this point comments both verbal and non-verbal came from the group. One patient said "Yes, she is selfish." Others nodded their heads in assent. As the group was involved and ready, the Director set up a short scene in which Clara and other patients, who empathized with her, sat at the dinner table while Elaine hogged the sugar. With the aid of doubling the patients verbally expressed anger with Elaine and Elaine responded (with the aid of her auxiliary-ego) that she was always afraid that she would not get *any* sugar. At this development the patients who had been criticizing Elaine changed in their demeanor and began to sympathize slightly with her. Clara commented, "You don't have to be afraid, I'll leave you some." At this juncture the therapist returned the group to dance forms. In this sequence, the development was from non-verbal to verbal, and when the usefulness of, and tolerance for the verbal was exhausted, back to non-verbal. It was generally found that these patients could not long tolerate verbal communication, and became restless and frightened if it were prolonged. However, it was clear, that meaningful verbal communication could be re-established through the primary action communications practiced and rewarded in the Psychodance. For some patients the move toward relating to others, once given impetus, gains in momentum and leads to rehabilitation

within the community. For other patients the gains from Psychodance leads to involvement in more intensive individual or group therapies.

Training functions of the psychodance group. The bulk of this paper has considered the theory and technique of the psychotherapeutic aspects of the Psychodance program. In the introduction we indicated that the program serves three other purposes: (1) to provide training for staff and students as to the role of non-verbal behavior in communication and in therapy; (2) to provide a means of influencing staff attitudes toward therapeutic rather than custodial patient care; and (3) to help the ward staff to establish better relationships between themselves and the patients.

In our program students learned by being included in the on-going Psychodance program with patients as well as by participating in after-sessions where the occurrences in the group were discussed. As words had relatively little importance and use, the student was forced to focus upon the non-verbal ramification of the behaviors in the group. Attending to non-verbal behaviors led to speculation about their meanings, and, in turn, to increased awareness of their own non-verbal behavior. Marian Chace at St. Elizabeths Hospital conducts Psychodance programs for student groups in which they are their own subjects, and in which they examine their own behavior. She encourages students to examine such simple movements as a person walking across the room. Does the person move from one step to the next with hesitation, or is there an aggressive rush through the space? The student is led to speculate about the meaning of personal style in walking, moving, posturing, and gesturing. In our program the approach to the student was more indirect as the student focused upon patient behavior rather than upon his own behavior. Non-verbal dimensions may be taught through study of the literature, by lecture, and through evaluation of therapy sessions. It seems to us that much more vivid and effective learning is provided when the student experiences both self involvement and patient involvement.

The combination done by Miss Chace at St. Elizabeths of examining patient behavior and examining self behavior is probably the most effective method of helping the student to focus on the non-verbal dimensions of personality assessment and therapeutic intervention. Including the ward staff in the project almost necessarily leads to change in the relationship between the Project Director and the staff and the patients. The ward staff feels that they are a part of things. They feel that they are no longer merely custodians but that they are an active part of the treatment program. They are given opportunity to more fully understand patient behavior through observation of this behavior in the group as well as through discussion in

the after-sessions. Too often the aides and attendants are surprised to find that there is meaning in the peculiar behavior of some patients. They learn that sick behavior also conveys messages, and that when these messages are understood the patient may react in new ways. In this project we were limited to participation by student nurses and some ward staff and so the purpose of changing the milieu of the ward was not as effectively approached as might be. In our other studies such as Ossorio and Fine (12) and an unpublished doctoral dissertation by Dr. Daly entitled, "Psychodrama as a Core Technique in Milieu Therapy," we found that including physicians, nurses, residents, aides and attendants in on-going group projects could considerably influence their relationships to one another and, in turn, could considerably influence the climate of the ward. Open group therapies held on a ward lead to changes even in those who do not directly participate. Active members of the group influence other members on the hall. Having such a project as Psychodance on the ward, and permitting and encouraging ward staff to participate, leads to attitude change which generalize and which effect a good deal more than the one or two hours of assigned therapy.

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THE IMPORTANCE OF IDEOLOGY IN SOCIOMETRIC EVALUATION OF LEADERSHIP*

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To many people the very combination of words "ideology and leadership" denote visions of political structures, of relationships between people and governments, of systems whose leadership—and predominent mode of being—may be tersely described as democratic, totalitarian or laissez-faire. The predominent aim of this paper, however, is to report an aspect of a recent attempt to discover whether the ideologies of leadership and children evidence a relationship within the classroom unit.[1] Thus, this paper is not concerned with an analysis of the implications of national or global political phenomena; rather, its focus is on children and teachers—the human and vital factor in a relatively small structure generally known as the classroom.

IDEOLOGY EXAMINED

The sociologist Karl Mannheim has indicated that there are two separate and distinct interpretations of the term ideology: the "total" and the "particular." The more inclusive "total" conception is used to refer to "the ideology of an age or of a concrete historico-social group,"[2] whereas, the "particular" conception makes its analysis of ideas primarily within the psychology of individual interests. With this differentiation in mind ideology is defined, for the purposes of this paper, in Adorno's terms, namely, "an organization of opinions, attitudes, and values—a way of thinking about man and society"[3] that the individual possesses.

Thus, while recognizing that we may speak of an individual's ideology with respect to his various areas of particular interest—for example, religion, politics and so forth—this study limits its investigation to those ideological patterns which may be indicated on a scale ranging from dominative to

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[1] Hilary A. Gold, "Ideology, Leadership and Isolation in Classroom Situations," Teachers College, Columbia University, 1960.

[2] Karl Mannheim, *Ideology and Utopia* (Trans. L. Wirth and E. Shils—New York: Harvest Books, Harcourt Brace and Company, 1936), p. 56.

[3] T. W. Adorno, *et al., The Authoritarian Personality* (New York: Harper & Brothers, 1950), p. 2.

socially-integrative patterns of thinking. The term dominative ideology is used to denote that pattern of thinking which predominently maintains that the customs, attitudes, and values of one's own in-group are a basis for the evaluation of all other groups. The term socially-integrative ideology is used to denote that pattern of thinking which recognizes the worth and dignity of all individuals and the groups to which they belong. In other words, whereas dominative ideology is characterized by rigidity and inflexibility of thought processes and behavior, socially integrative ideology is characterized by a general receptivity in terms of a total social good.

In summary, this study, while recognizing the component factors of the term ideology, is primarily concerned with Mannheim's "particular" conception of the term, as it operates as a thought system within the individual—thereby influencing the perceiving and conceiving of his world.

Sociometric Concept of Leadership

Leadership has been described as a function of a total group situation —a situation that calls for a certain kind of action. The leader emerges from the situation because, as Jennings has indicated, he "improves from the point of view of the membership, through one method or another, the social milieu."[4]

A general oversimplification relating to the role and function of leadership is, in this writer's opinion, frequently made. Too often we operate on the premise that leadership is good and, by syllogistic reasoning, conclude that a good leader is generally a leader of good things.[5] Similarly, in the typology of leadership developed by Ross and Hendry a distinction between the person "who by designation, for whatever reason, who is *the head of* his group and . . . the person who emerges in a given situation as capable of helping the group determine and achieve its objectives . . . who is *a* head of his group"[6] is made.

Classroom teachers, initially, are assigned leaders delegated with formal authority. They must, therefore, by definition, be placed in the category of headship. Their authority, in a sense, is located in their ability

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[4] Helen Hall Jennings, *Leadership and Isolation* (New York: Longmans, Green and Co., 2nd Edition, 1950), p. 349.

[5] Helen Hall Jennings, Structure of Leadership—Development and Sphere of Influence, *Sociometry,* Vol. I, Nos. 1-2, July-October, 1937.

[6] Murray G. Ross and Charles E. Hendry, *New Understandings of Leadership* (New York: Association Press, 1957), p. 15.

to create a group structure by controlling the power and symbols of their position; inherent in this leadership function is the potential to engender respect for the worth and dignity of the individuals comprising the group, the content to be learned, and the teacher's own being. The teacher, however, is not the only leader to be found in the classroom. Children too have a variety of leadership functions in their daily interactions. Who, for example, is the captain of the baseball team: is it the boy who has reached a superior level of athletic ability and who is *elected* by the group—or is it the boy who, for a variety of reasons, is *selected* by the teacher—or, in an out-of-school situation, is it the child who has the *property-rights* to the bat and ball?

Recognizing that leadership is a relative process, this investigation hereby defines those children who are more often than not selected by their peers for positions of group responsibility, as the children's classroom leaders. The classroom teacher is, in addition, recognized as the assigned leader of each classroom unit.

Area of Sociometric Investigation

The basic data of this investigation was obtained from the responses of a total of 919 fifth grade children and their 30 classroom teachers. This sample population was distributed in the seven, separate, public school buildings of a school district located in a suburban community on the outskirts of New York City.

Instruments

The children participating in this study completed a series of sociometric questions intended to give an indication of their roles in the classroom, and a questionnaire designed to provide a measure of their predominent pattern of thinking along a continuum ranging from socially-integrative to dominative ideologies. The importance of the sociometric approach, in the writer's opinion, is that here children are given an opportunity to express themselves in terms of those values that they (the children) deem desirous for leadership; indirectly, therefore, their social needs may be inferred.

The three children placing at the highest extreme of the combined sociometric rankings in their classroom were selected as the leaders of that particular classroom unit. Thus, an attempt to recognize that leadership is a relative process dependent upon the immediate situation was made.

The instrument used to obtain a measure of the predominent pattern

of thinking of the individual classroom teacher was the F Scale.[7] High scores on this instrument were accepted as indicative of dominative ideology; low scores as indicative of socially-integrative ideology.[8]

Data and Findings

Does the predominent ideology of the classroom teacher evidence a relationship with the thinking patterns of the children in the classroom? Is the teacher's pattern of thinking similar or disimilar to that of the children who are ascribed by their peers with the characteristics of leadership? If there should be a conflict between the predominent pattern of thinking of the teacher and the children's leaders—would this result in a situation which manifests itself into a disruptive classroom?

A positive, statistically significant, relationship between teacher and pupil ideology, as measured by school buildings and by individual classroom units, was evidenced.[9] It is interesting to observe, however, that although a significant relationship was similarly evidenced between the predominent ideology of the children's classroom leaders and the predominent ideology of the fifth grade faculty of individual school buildings,[10] this was not the case with reference to the relationship of teachers and children's leaders at the individual classroom level.

It is possible, therefore, that one of the factors relating to the selection of a child for group leadership in a school situation is that he reflects the overall ideology possessed by his grade teachers. This further suggests that those children selected by their peers for leadership roles in the classroom help the children in their classes to attain the "total" ideological aims of the school in which they are located.[11]

Some kind of ideological "going-togetherness" appeared to exist, however, at the classroom level. For example, when the totality of teachers and children's leaders were divided into ideological "upper, middle, and

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[7] Adorno, *op. cit.*, pp. 255-257.

[8] Responses to the F Scale indicated that the population studied ($N = 30$) scored within a range of 1.53-5.36, with a mean score of 3.23 and standard deviation of .94. This, it is felt, compares favorably to the range of 1.4-3.9, standard deviation of .90 obtained by Adorno and his colleagues when studying a larger group ($N = 449$).

[9] Coefficients of correlation significant at the .01 level were evidenced.

[10] A coefficient of correlation of .82, statistically significant at the .01 level was evidenced.

[11] For related discussion referring to the unique tone or climate that is often recognizable within a school building see Hilary A. Gold, "Ideology and Sociometric Position," *Group Psychotherapy* Vol. XIV, Nos. 1-2, March-June, 1961.

lower" thirds it was rare for those children selected by their peers for leadership roles to be located in either the lower or upper thirds of the ranked leader ideology scores in those classrooms taught by predominently dominative teachers. Thus, a tendency for the children's leaders to possess "middle" i.e., neither dominative nor socially-integrative ideologies, was observed in those classrooms taught by teachers attributed with dominative ideological frames of reference. This pattern of distribution was not evident, however, in classroom groups where teachers possessed relatively integrative or "middle" patterns of thinking. Here, children's leaders tended to reflect the entire range of socially-integrative to dominative patterns of thinking, with a slight tendency to be located in the lower, or relatively socially-integrative, group.

Now let us turn to the group behavioral implications of possible ideological differences between teachers and children's leaders in classroom situations. An indication of the orderliness or disruptiveness of the classroom groups participating in this study was obtained by the completion of a classroom rating form by the appropriate building principal. Scores on this form were then ranked and divided into thirds. Thus, those classroom groups falling into the lower third of the rankings were classified as orderly; those in the middle third of the rankings were classified as "middle"; and those in the upper third of the rankings were classified as disruptive.

In ten of the thirty groups studied a similarity in the ideologies of classroom teacher and children's leaders was observed. In eight of these ten classroom units an orderly situation was indicated. It is interesting to observe that in the two cases where this similarity in thinking by teacher and children's leaders was *not* accompanied by an orderly classroom situation—the ideological pattern involved was dominative. It was previously indicated that a trend was observed whereby children selected by their peers for leadership roles tended to be located in the "middle" ideological group when with teachers possessing relatively dominative ideologies. This trend resulted in seven classroom groups with teachers possessing relatively dominative ideologies and classroom leaders having relatively "middle" patterns of thinking. It is deemed significant that the general group behavior of five of these seven classroom units was evaluated as disruptive; one as "middle," and but one as orderly.

It appears, therefore, that teachers possessing relatively dominative ideologies, when in a situation where the children's leaders possess similar or relatively "middle" ideologies, do not engender a harmonious classroom group. It is possible that the similarities in ideology result in a form of conflict—perhaps a dual-power situation—whereby the children's leaders

are in competition with the classroom teacher. A larger sampling is required, however, before any definitive conclusions can be stated in this area of research.

An interesting phenomenon has been emerging in the preceding analysis of data. Perhaps the single significant ideological factor to be considered in analyzing interpersonal relationships in classroom situations resides, not in the ideological compatability of the leadership in the group, but, in the predominent pattern of thinking held by the formal, assigned, leader—the classroom teacher. With this in mind the relationship between the ideology of the classroom teacher and the general behavior manifested by the classroom group was next examined.

It was readily apparent that those teachers whose relative patterns of thinking had been classified as either socially-integrative or "middle" had the greatest proportion of orderly classrooms. Whereas, 20 per cent of all the classrooms taught by teachers attributed with socially-integrative ideological frames of reference were identified as being generally disorderly, 60 per cent of all classrooms with teachers possessing predominently dominative ideological frames of reference were so evaluated. Computation of the chi square, furthermore, verified this relationship as statistically significant.[12]

The personal observations of the writer during this investigation and in the preliminary Pilot Study bear out the assumption that high scores on the F scale are related to "strict" teachers. This assumption infers that dominative patterns of thinking manifest themselves in dominative patterns of behavior. If this is so, then the data appear to repudiate the myth of the "stricter the teacher, the better the discipline." This would be in agreement with Anderson who has previously noted the circular nature of domination and indicated that "dominative teacher behavior not only provokes conflicts and misunderstandings but stifles spontaneity and social development in the children."[13]

Before summarizing the preceding data it is important to return once again to the pattern of thinking possessed by those children selected by their peers for leadership roles. A comparison of the patterns of thinking possessed by the leaders with the patterns of thinking possessed by the other children in their classroom units, indicated that 73 per cent of the leaders had ideologies that were more socially-integrative than their peers.

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[12] A chi square value of 11.2, which with four degrees of freedom is significant at the .05 level, was obtained.

[13] J. Wayne Wrightsone, Foreword to Harold H. Anderson *et al., Studies of Teachers' Personalities, III* (Applied Psychology Monographs, No. 11, 1946), p. 3.

Thus, the data confirm Jennings finding that: "Leadership appears to reside in the inter-personal contribution of which the individual becomes capable in a specific setting eliciting such contribution from him."[14]

It must not be construed, however, that the leaders differ markedly from the ideological pattern exhibited by the pupils in their classrooms. In none of the thirty classroom groups studied do the children's leaders score more than one standard deviation above the mean pupil score of their classmates. In only three of the thirty classroom groups studied do the children's leaders score more than one standard deviation below the mean pupil score of their classmates. Thus, as the psychological literature on leadership generally states—"the leader is likely to be somewhat above the average of his group in intelligence . . ."[15]—so the data from this investigation indicate that the leader is likely to be somewhat above the average of his group in his predisposition toward socially-integrative thinking.

Summary and Implications

The data collected in this investigation has indicated that the predominent pattern of thinking with which individuals conceive and perceive their world is an additional factor to be considered in interpreting sociometric data in classroom situations.

Specifically the following major categories were indicated: (1) That a significant relationship existed between the ideological pattern possessed by those children selected by their peers for leadership roles in the classroom and the ideology of their (in this case, fifth-grade) school building faculty. (2) The ideological perspective of the classroom teacher was indicated as a significant factor in the general orderliness or disruptiveness of the classroom group. (3) Finally, an additional factor of influence in the sociometric position of children selected for leadership roles was revealed. Leaders were found to generally possess ideological frames of reference that were more socially-integrative than their peers—thereby enabling them to facilitate the achievement of those activities and interpersonal relationships which the classroom membership are desirous of attaining.

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[14] Jennings, *op. cit.*, p. 205.

[15] Arthur T. Jersild, *Child Psychology* (New York: Prentice-Hall, Inc., 4th Edit., 1954), p. 255.

ROLE PLAYING IN NURSING EDUCATION IN THE PSYCHIATRIC FIELD *

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In teaching the art of nursing care of the mentally and emotionally ill, one attempts to help the student to change or modify her patterns of behavior, if necessary, so that her interactions with the patient in the ward milieu, as she (or he) tends, comforts and supports the patient, helping him to acquire new patterns of interaction, will be of a therapeutic nature. The nurse spends long periods of time with her patient. She has a golden opportunity of helping him toward positive relationships, such as he may never have experienced before. In all of this the nurse allows the patient to express his emotions, but tries to help him to avoid behavior which would increase further anxiety. The good nurse explains nursing procedures, observing the patient's behavior and trying to determine why he behaves as he does, while keeping her judgmental attitudes at a minimum. She interacts with other patients and staff in such a way as to make for feelings of security within her patients. All of this calls for an increasing depth of understanding of human behavior within herself as well as within her patient.

I have used role playing in nursing education for some time. Not until last year, however, had I the opportunity of learning more about it in the field of psychiatric nursing. At the Moreno Academy of Psychodrama and Group Psychotherapy in Beacon, N. Y., under the direction of Dr. J. L. Moreno and his wife Zerka, I learned more about the intricacies of this fine art, in the study of human relations.

During a period of one year, one hundred and twenty affiliate student nurses came to us at the New Toronto Ontario Hospital, for a three month experience in this field of nursing. This was part of their three year course leading to the registered nurse certificate. Since that time I have been working with the students at the University of Toronto School of Nursing, and thirty-six students in this course have also gone through the paces of role playing. These students are studying for a bachelor of science degree in nursing, as well as for their registered nurse certificate.

Before stepping into the field of psychiatric nursing, there were many

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* Read at the Annual Academy of Psychodrama and Group Psychotherapy in Toronto, Canada, May 6, 1962.

expressions of feelings of anxiety and fearfulness concerning the reactions of patients, and possible reactions of the student, in turn. Having experienced in the past how role playing techniques could create interest as well as some tension within a learning situation, and yet at the same time ease the concern of the student for the real life situation of patient contact, I decided to try role playing in teaching psychiatric nursing. To date I have found it helpful not only for the undergraduate students in the psychiatric field, but also for the registered nurses in psychiatry, and for the public health nurses whom we had for several days' orientation to the care of the mentally and emotionally disturbed in the community, both before and after discharge from the mental hospital.

What is involved in the use of role playing? With our group, one person was chosen to play the role of a patient. This was someone who had had a great deal of experience in working with patients as a staff member, or another instructor in the field. This made the situation as realistic as possible. The action itself is never started with the audience "cold," but a "warm-up" period is most necessary. We conducted a preliminary discussion with the students, centered around such topics as problems, conflicts and frustrations encountered in working with patients. The withdrawn patient was chosen as the focus of our attention, and thus we narrowed the field for study. With the choice of topic, several students who were working with such patients volunteered to play their own roles. Tension now mounted. The students were given a day or two to think over their roles before the action was to take place. The briefing was short and simple, the staff member was to play the role of a patient the same way for all three students. The students were assigned a task to perform, i.e., "The patient, Mrs. Jones, is quite withdrawn, alone, apart from the other patients, and does not want to be disturbed. She looks at no one, stays with no one, and even becomes a bit hostile to others at times. It is now 9 a.m. and time for her bath. You (the student) enter her room and proceed to persuade her to take a bath." The importance of spontaneity is stressed to each member of the drama.

Each student was given about five minutes acting time to see how she approached the problem and was able to overcome the difficulty, and how she helped the patient to move forward in her behavior generally. The action depended on the student's own personality, her past experiences, the reading she had done, etc.

The staff member played her role in a most realistic fashion. Some of her actions included walking away from the student, silently, with head lowered, as the student tried in vain to have her come for the bath. At one

point "the patient" in desperation turned to the student and said in quite hostile fashion, "But I don't need a bath!" "Oh yes," replied the student, "it will make you feel so good!" "Then take it yourself!" was the patient's angry reply as she stamped across the room to a far distant "safe" corner, with her eyes cast downward, unable to look up. The student was hard upon her heels.

One of the more imaginative students, however, thought to herself (as she explained to the group afterwards) "Now I wouldn't like to be followed all around the room. I'll just wait here for her to return to me. I'll not push and pull too much and we'll see what will happen." This seemed to work as the patient, curious to know what had happened to the student whom she was beginning to like, slowly turned her head and seeing the student sitting quietly where she had left her, hands in lap, looking very composed, returned to a safe talking distance. A sense of trust, just a tiny bit, was beginning to enter the relationship on the part of both student and patient.

We found the action to be most spontaneous. Student nurses seem to be good subjects for psychodrama and role playing. Perhaps their lives are so filled with drama from the real world, or they have always wanted to be actresses, for they seem to be free to abandon themselves in the action. Perhaps the psychodrama is responsible for releasing this spontaneity.

The discussion which followed after the three students had tried their skills, centered around how the patient felt with each of the three different nursing students, how the students felt in the role they had assumed, and what were some of the things that were said and done which promoted or hindered progress. After each of the students had a chance to express their feelings, the discussion was thrown open to the group.

A variation of this method was also used in another session with an anxious patient, by assigning definite roles to each of the students involved in the interaction. Such roles as "the autocratic nurse" and "the nurse who uses logic" and "the warm, accepting nurse" were assigned to the students. In this way students often gained insight into their own behavior by noticing with whom they most closely identified.

What is the value of such a method of education? It would be helpful to student, instructor and patient if we could predict how students will react to patients as they are about to have a continued experience in the ward milieu. This interaction with patients is an important part of the student's learning as well as of the patient's therapy. If the student attempts a push-pull-tug approach to a very withdrawn patient, she may have results that would be so discouraging to both herself and the patient, that a hostile

relationship could develop and future relationships with this patient—as well as with other patients of a similar type—might not be of benefit to either.

Learning takes place when the student is involved. Role playing sets the atmosphere for just such involvement and even those watching the interaction find themselves identifying with either the student or even the patient at times, depending on past experiences with family, teachers, friends, other nurses, etc. The final discussion is usually filled with emotion such as I have never experienced with other methods of teaching.

Motivation is important if learning is to take place. To allow a student to "try her wings" before or while she is receiving her psychiatric experience with patients not only sends her blood pressure up slightly but also stirs within her a creative response. "What would I do in a similar situation? My goodness, I had better do some reading and find out what a nurse should do for such a patient." Without this interest there is no progress, says Alfred North Whitehead, a great educator.

One can tell a student until one is blue in the face about what should be done in patient care, but until the student has a chance to practice and use what she is being taught, learning may not take place. Also, fears, anxieties, feelings of hostility, etc., are expressed by the students during these sessions. These feelings could have a crippling effect on students if they were not brought out in the open and talked about. The discussion following role playing is therefore often much akin to group psychotherapy sessions where insight into their own dynamics is frequently gained by the student. One guest psychiatrist, sitting in on one of the sessions exclaimed afterwards, "My goodness, I see myself there, with my own mother!"

Whitehead wrote in his "Aims of Education," that the education of the student must be "a setting in order of ferment, already stirring in a mind. This cannot be done in vacuo. Then once the ferment has begun, the student must analyse the facts."[1] Role playing does both of these in the learning of the role of the nurse in psychiatric nursing. As the student finds herself interacting with the other person, she very often feels inadequate, searching in the back of her mind for what she has heard her instructors say might be done in such an event. After the session she finds herself driven to the literature and when she meets similar situations on the ward, she searches her own creative mind for answers. Whitehead's third stage in the cycle of learning has now begun, the stage of generalization when facts are

[1] Whitehead, Alfred North; *The Aims of Education,* The Macmillan Co., p. 42.

applied to many life situations. In all of this the stage is set for the instructor to carry the student further in her thinking, helping her to see why the patient may have reacted to her as she did, and what can be done by herself to improve this interaction. New goals are now set by the student in her own learning. The old saying that "teaching is not just telling" is borne out indeed as one sees this method in action. Such exclamations as "Why didn't I think of that?" is heard from students in almost every session.

These role playing experiences were followed by a free discussion period of one and a half hours or so each week. For this the class was divided into groups of not more than fifteen students and Dr. Florence Nichols, one of the psychiatrists on our staff, interested in group dynamics, took part. The students were encouraged to express any feelings they had experienced, either through the role playing or when they went back to the wards. In these groups a lively discussion concerning their own behavior usually ensued, including that behavior which took place in the residence. With Dr. Nichols' help we then assisted them in understanding human behavior generally. It was, however, the role playing which stimulated this kind of discussion. Such sessions led us naturally into the area of mental health and helped the students to surmount one outstanding problem, that of adjusting this new learning environment, the mental hospital. Role playing may create a certain amount of tension that is necessary for learning; in addition, it also develops a group cohesiveness enabling barriers between students to be surmounted. Thus members of the student group find support from their fellow students as communication increases. I might add that the teaching staff, too, tends to work more as a group in this kind of teaching.

ETHNODRAMA AS A RESEARCH METHOD IN ANTHROPOLOGY

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The purpose of this paper is to review some of the literature regarding the use of what can be called the ethnodramatic method in anthropology. As an extension of the psychodrama to the study of culture, it appears pertinent to relate ethnodrama to the technique of sociometry, since both can be utilized in such research; therefore some information regarding sociometry as a tool of investigation by anthropologists has been compiled and included here. The emphasis, however, will be on the methodology and suggested application of ethnodrama to the field of cultural anthropology.

The psychodrama, a contribution of Dr. J. L. Moreno, is used essentially as a therapeutic tool in group psychotherapy. In brief, it consists of the use of "mainly five instruments—the stage, the subject or patient, the director, the staff of therapeutic aides or auxiliary egos, and the audience." (1) A basic element in psychodrama is the "enactment" by a subject, on the stage, of some situation or role, event or idea, problem or perhaps an imagined future situation. The director conducts the session in order to encourage and guide the expression in speech and act by the subject, to help lead the audience to participate in the experience of the subject by some emotional response such that the reaction represents "group functioning," and to use the auxiliary egos. The functions of the auxiliary egos are described as three-fold, consisting of: "the function of the actor, portraying roles required by the patient's world; the function of the therapeutic agent, guiding the subject; and the function of the social investigator." (2) For the subject the most important element, upon which other aspects of his participation depend, is considered to be that of "spontaneity," the freedom of expression necessary for the enactment of the role, problem or situation. Hence there develop the desired emotional involvement of the subject that occurs in psychodrama, created by the ensemble of these factors, and the consequent response of the audience.

Dr. Moreno has described psychodrama as "a deep action method dealing with interpersonal relations and private ideologies," (3) in which attention is on the individual and individual problems. Indeed, the psychodrama is said to be precisely a method to be utilized for the catharsis of the individual subject; ideally the group may share in this as well. Thus this method is devised for use within a particular society, with indi-

vidual personalities as the focus of the situations, and therapy for the individual subject and the group as the principal consequence. The reactions of the group have meaning largely so far as they share the same culture patterns so that one of the desired results may be achieved, namely: "the audience sees itself, that is, one of its collective syndromes portrayed on the stage." (4)

Some anthropologists have a special interest in the individual, in personality, as related to culture and in concepts that may be described as centering in the aspects of personality that are culturally determined, hence differing from culture to culture. The anthropologist who observes psychodramatic sessions can doubtless learn about certain aspects of personality and of the culture of the people participating; however, such observations must be considered derivative and uncontrolled.

The utilization of the psychodrama in the study of culture therefore required some shift of focus from the individual to the culture itself. Dr. J. Bṛam has suggested using this method as "a tool for cross-cultural study of human behavior," and has contributed the useful neologism "ethnodrama." A number of sessions he conducted were centered about certain themes, such as "parent-child relations, food-consuming habits," and so on. Dr. Bram observed that the "happenings on the stage began to fall into significant cultural grooves." (5) That is to say, the object of anthropological research in a culture group was being realized, the observance of regularities in behavior within the group and the abstraction of patterns therefrom by the anthropologist. For example, the expression of conflict in one group may be marked by "verbal parsimony," another by "explosive verbalism," referring to Anglo-American Protestant Americans and Jewish Americans, respectively. In this sense, the ethnodrama can become a valuable source of information about a culture, in respect of speechways, motor habits, attitudes, and the specific content of culture, the customs that are transmitted from generation to generation.

Cases in which conflicts were presented furthermore provided evidence of some of the "reasons and pretexts" supplied for the conflicts and "the culturally significant symbols to which the antagonists resorted." One group considered itself to be struggling for their "rights," while the other expressed the endeavor to "free" itself from what Dr. Bram describes as the "strongly internalized 'duties' towards their families." (6) Such situations may be interpreted as providing insight into the values of the groups involved, possibly to serve as a basis for comparison of the groups in con-

junction with other data, or perhaps some indication of the change in values between generations of a same group.

The same writer has delineated several of the conditions to be met in order for the ethnodrama to have the optimum results for anthropological research. Of course, it must be kept in mind that the ultimate purpose of such investigations is to obtain material that can be used in cross-cultural comparisons. Therefore, it is essential that the group consist of members of the same socio-cultural background; thus the actor, the auxiliary egos and the audience have a realm of common understandings which make their interaction meaningful. Dr. Bram has referred to this consequence of ethnodrama as constituting a "dynamic group interview," since the anthropologist can then infer "the system of shared meanings" involved.

There may be a special purpose on the part of the anthropologist to suggest special themes to deal with, but at such times that the participants present other subjects they should always have priority in the interests of spontaneity. By permitting the sessions to develop along the lines evolved by the participants, the interests of perhaps major consequence within the culture at a given time may find expression and this may help the anthropologist to direct his research. Of course, the director can always guide the group to certain themes if others are not presented spontaneously. Hence it is, for this and other obvious reasons, essential that the director shall have undergone the necessary training to fulfill his role in the ethnodrama.

The re-enactment technique in the form of the ethnodrama can have considerable validity and usefulness as a method for the study of culture; the enactment and the associated spontaneity and involvement of the group contribute to a level of reality rarely attained by other techniques, to the authenticity of the expressions and the range of situations presented by the group.

We should like to draw attention to the article by Harmeling concerning the observance of what corresponds to psychodrama among the Alaska Eskimo. (7) The writer reports that the Eskimo of Cape Prince of Wales concentrate in their communal igloo (kosgee) during the winter months, and to the accompaniment of music dramatize a number of situations.

The scenes may relate to a hunt, enacted in great detail, such as stalking the prey, making the kill, preparing the meat and skins, and returning home; the women's chorus may protray a legendary mating story, dramatize personal troubles, or engage in a bit of description regarding white men. The writer indicates that the five instruments are present: the stage, the protagonists, the director (chief), therapeutic aides who sing and beat drums,

and spectators. This complex is considered to represent "a primitive psychodramatic theatre," in that the participants enact emotional experiences or ideas or legends that have emotional effects. The director is said to achieve a certain spontaneity; hence the writer finds they have the "wisdom of mental catharsis."

The "theatre" itself is traditional in the culture; the performances, the nature of each one's participation and the roles available are equally patterned by the culture. In this sense, to the anthropologist such behavior is a rich source of material concerning the culture involved. Considering it to be a form of ethnodrama may perhaps enable the researcher to obtain some insights that might be otherwise overlooked. Harmeling has pointed out that the subjects comprising the dramas in this "theatre" apparently fall into three categories: religious, dealing with the enactment of myths; historical, relating to events attributed to ancestors, etc.; personal, consisting of episodes from the lives of the participants.

It seems to us that it might be well to make a distinction between the ethnodrama that is introduced and guided by a director for the purpose of anthropological research, and that which occurs traditionally within a particular culture and is interpreted by the observer to be an ethnodrama, and analyzed accordingly. Such traditional ethnodramas may take the form of dramatic theatre, dance drama, puppet or marionette shows, including the shadow plays, and perhaps others. Therefore, it might be useful to distinguish between these two forms of enactment by using, for example, terms such as "induced" or "formal" and "traditional" ethnodramas.

We should like now to draw attention to another aspect of the ethnodrama which seems to be particularly useful, that related to roles and role-playing. There is no doubt that "every individual is characterized by a certain range of roles," of which his behavior consists, and that every culture is characterized "by a certain set of roles" which individuals are taught to play. (8) The social aspect of culture is considered here to consist of the roles provided for various individuals by the culture and of their interaction (the roles); of course, individuals fulfill only some of the roles provided by the culture. Hence it is indeed a problem for the anthropologist so inclined to discover what the roles are, what their behavior content is, and how they interact in the society being investigated.

Dr. Moreno was referring to the sociodrama when he stated that its contribution has been "the recognition that man is a role-player." (9) Surely the significant concept of man as a "role-player" can be extended to the

psychodrama as providing an opportunity to study roles. From this, then, the ethnodrama, with perhaps greater emphasis on the group, can provide a means to ascertain at least some of the roles available in a society and their behavior content, depending upon the segments of society represented by the participants. In this connection, based on data derived from the ethnodramatic sessions he conducted, Dr. Bram has pointed out that the central protagonist and the auxiliary egos are "acting their roles"; they and the egos "combine with the audience in reproducing a dynamic picture of inter-actional roles as they prevail in that culture" (10).

It has been specified that the ethnodramatic method should be checked by other techniques, such as individual interviews and "other relevant materials," that is, the usual methods of anthropologists.

We have discussed only some of the aspects concerning the ethnodrama and its use in anthropological research; we should like now to discuss its possible coordination with another type of research, the application of which has had considerable appreciation by some anthropologists.

Sociometric methods have attracted the attention of a number of anthropologists, among them, for example, Montagu who has stated: "Sociometric methods will become an indispensable part of every field worker in anthropology." (11) It is perhaps relevant to summarize his views somewhat. He considers that sociometry will become the fundamental method of investigation, as a basic instrument for the primary organization of the conditions confronting the ethnographer into an efficient system. (12) The approach, again not to be "exclusively" sociometric, is "relatively feasible," he says, to map the interactive relationships which exist between all persons in the group to one another and provide more accurate information about the culture as a whole. Montagu viewed the sociometric method as particularly useful in connection with the functional approach, so far as it can be described as pertaining to a microscopic approach to the study of human groups. Sociometry is also considered as pertinent, even basic, to those studies representing an interaction between the social, psychological, and relevant biological sciences.

It is therefore significant that the sociometric method has been applied in a study of the Jibaro Indians of Western Amazonas by Danielson. (13) The Jibaro are a "tropical forest" group with typical, relatively simple technology—hunting, fishing, horticulture—who live in isolated homesteads consisting of long houses of extended families of more or less fifty individuals, a few of which constitute a group or segment of the whole.

Using the technique of the sociogram, Danielson carefully charted the

interaction between members of several groups and among members of the same group, checking the reliability of verbal response by observing non-verbal behavior, consisting, for example, of visits. He found among one group (population: 162) that the ceremonial man was chosen by everyone while the sorcerer was repelled by all and he in turn was indifferent to others. Danielson also found a very high correlation of interaction between people related by birth and living within one family house, except precisely in one case representing special circumstances; there was a positive correlation between the degree of hostility and the geographical space separating the groups. Hence Danielson concludes that "the material suggests certain problems of universal scope: (1) The laws for different types of groupings, centripetal, centrifugal, etc.; (2) The operational definition of 'key persons'; (3) The correlation between verbal and non-verbal behavior; (4) The correlation between attraction and blood relationship; (5) The relationship between repulsion and geographical space." (14)

The method thus provided accurate information regarding the social organization within the groups, relations between the groups, and even has drawn attention to special situations where some breach of custom or disagreement has taken place that disrupted the regular pattern of interaction among close kin and neighbors, investigation of which would no doubt lead to further knowledge of certain aspects of the culture.

The previous example of research in a relatively smiple society represents the anthropologist's traditional source of material. However, in recent years anthropologists have turned with greater interest to the so-called community study, applying their approach to villages or towns. In such communities usually groups of different ethnic or cultural origins reside or communicate: often the groups manifest different characteristics of what has been called the continuum between a folk or peasant or indigenous culture and "modern" or "modernized" culture, referring the Western technology.

In this connection, we should like to mention briefly one of the several articles contributed by Loomis on the basis of community studies using the sociometric methods. Loomis' study of social stratification in Peru (15) relates to Indians, Whites, and Mestizos. He concludes, on the basis of sociogram studies, that it is dubious to call Indian and Mestizo groups "classes" from the operational point of view, since the study has indicated there is too much visiting across race lines. Furthermore, he states that: "income alone is insufficient basis for indicating class lines on all levels in the Spanish-American village." (16) Nevertheless, he says, "it cannot

be ignored." A further finding (based on chi square tests) shows a considerable cleavage between Whites and Mestizos, and slight cleavage between Indians and Whites of German origin.

Here, clearly, are several provocative conclusions of considerable significance. It appears that some support conclusions of anthropologists who have studied similar communities in the area, and others deviate. These are subjects for further investigation and Loomis has indicated valuable channels for research. In any case, his conclusions, on the basis of sociograms, point out the utility of such research along the lines of interest being pursued by anthropologists.

It is suggested that consideration of cultural factors would help to clarify the situation, for example, regarding the culture traits of the groups involved. The application of the method of ethnodrama would throw light on the question of the respective roles of Indians, Whites and Mestizos in interaction situations, thereby contributing to a determination of the problem of "cleavage" between the groups. It is perhaps the ethnodrama that, apart from prolonged observation, might indicate the attitudes of the groups, and depict which roles are subordinate and superordinate in relation to the other groups.

Thus, ethnodrama used in conjunction with sociometric techniques may present another valuable dimension for discovering the relations among the various groups in a community, the roles played by members of the groups, and the delineation of the groups in the society. In addition, of course, as already mentioned, ethnodrama can contribute knowledge of the content of the cultures being studied.

Finally, we should like to draw attention to a comment by Mead regarding the relationship between sociometry and anthropology. She underlines the necessity of "systematically including cross-culturally valid considerations" in the sociometric theory. She states: "The comparability of situations within which sociometric data on the capacity or performance of any individual, will vary for every culture studied, and the knowledge of such comparability is a necessary pre-condition for effective generalization within the culture." (17)

In determining the application of anthropological knowledge to such data as can be acquired through sociometric techniques, the ethnodrama may play a useful role. Dr. Moreno is clearly aware of the necessity of including cultural considerations in the conclusions drawn from sociometric techniques. It seems that the use of the ethnodrama might well be a useful instrument in systematizing such knowledge. For the anthropologist, socio-

metry and ethnodrama represent methods that can facilitate his research, while the ethnodrama offers dramatic prospects for acquiring insights into a culture, material for comparative studies, and leads for conducting research in depth along with other methods for verifying the findings. Dr. Bram has already indicated progress in a research-project "regarding the value-system and the personality" of an ethnic group in New York City; work in such crucial areas, such as value-systems, can thus be applied by beginning with ethnic groups in a large city and making comparisons on the findings based on the ethnodrama.

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PSYCHODRAMA AND CREATIVE COUNSELING IN THE ELEMENTARY SCHOOL*

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Detroit elementary schools have no specially designated counselors, that role being given to teachers, assistant principals and principals. Several years' experience with sociometric devices** as sociograms, role playing, sociodrama and some psychodrama have given the writer a background and feeling for the uses and values of these techniques in her counseling, one of several administrative responsibilities. In using these techniques the author was ever mindful of her role of assistant principal, and not that of therapist. With such an orientation, psychodramatic techniques were used as often as possible. Administrative limitations made it necessary to vary to some degree the traditional procedures of role playing, sociodrama and psychodrama. For us there could be no stage and seldom even a classroom. A crowded office, the hallway, the clinic, and even the stairway have been the loci of our role playing counseling. Such limitations, far from proving a handicap, served to stimulate more creative effort on the part of the counselor.

The problems of normal children included: quarrels over possessions, rivalry for position in a game or line, tripping or hitting each other—especially on the playground, interference with each other's classroom activities, classroom behavior unacceptable for the learning situation, and academic inadequacies. There was considerable range in degree of severity among these children from the first through the eighth grade. There were occasions when role playing had to be postponed for another hour, or even days later, partly due to time and situation necessities, and sometimes because the writer was unaware of the psychodramatic possibilities until later.

Varying aspects of the psychodramatic process appeared, or were deliberately planned for use to tease out behavioral responses. The warm-up was included in the act which had caused the child to seek help, or to be

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brought to my attention. The warm-up continued in the re-playing of their own roles for clarification of the director and themselves. This preliminary action was also a readiness for the assumption of roles of others, or for new roles for themselves.

One noted how frequently the child mirrored the behavior of another. Occasionally the director was the "mirror," the scene sometimes ending in chuckles and giggles at the unprecedented behavior of the assistant principal exaggerating or even assuming the normal role of a child.

It was decidedly useful, and often fun, to be able to create an imaginary "Agg" or "Doe" for the occasion when it might have proved embarrassing or difficult to have the real child present. Not even the auxiliary chair is needed as such, although it was used when the situation might be improved by its use. Young children love to pretend and even twelve and thirteen year olds are not averse to use of the imaginary figure to address, or on which to vent anger.

Role reversal, double ego, soliloquy and conscience—all have been used, as well as a form of ego-building technique (although every form of role playing or sociodrama can contribute to ego-building).

The children and the writer have served in a variety of roles: directors, auxiliary egos, double egos, and protagonists interchangeably. The children are usually unaware of the designation and may be unaware that they are role playing.

The examples which follow represent only a single contact and in no respect indicate the follow-up which was in many instances a necessary part of the counseling at a later date.

Psychodrama In Situ

For the child whose role has been constantly that of attention-getting in the classroom in undesirable ways, it may be ego-building to place him in a new role, one in which he is sent to the office for commendable reasons. Michael's story is of interest here. He is a seven year old boy in the second grade, whose frequent rule infractions had nearly depleted the stock of "better behavior tricks." One afternoon, in front of his class and teacher, the director asked that Michael be sent to the office every day—but for a new reason—that he was to bring one piece of acceptable quality work, or because he had been observed in one thoughtful act. He grinned at the assignment, his teacher cooperated beautifully, and Michael has brought at least fair work daily, except once; this he explained, was because his regular teacher being absent, there had been no written work to show. "But I did open the

door for you, didn't I?" Last week he brought a treasured photograph of himself to show. Yesterday, though, he was guilty of very rough playground behavior and consequently must stay off the playground for a while. Perhaps the noon hour can be used for a different form of role playing, to help him in this other area.

For the boy or girl whose too rough playground behavior causes physical hurt to another, the role of attendant and nurse's aide helps toward a realization of the consequences of the act, and substitutes a role of service for an act of harm.

The untidy child at the table may one day be placed in the role of a "Service" boy or girl, helping to prepare the tables for the next group of children to use. Once or twice in that role is usually sufficient, although I have occasionally discovered a child intentionally being untidy, so as to be given that special attention that a lonely child may seek from an adult. One must be careful that the fun of role playing problems does not become so attractive as to cause the children to remain indoors seeking the company of adults instead of the company of their peers.

The younger ones frequently seek the director in the hall at noon, complaining of one kind of mistreatment or another on the playground, and expecting me to "settle" the argument or quarrel, and punish the other child. "Show me what *you* did" often forces him into quick recognition of his own shortcomings, and with a slight grin of embarrassment, he may make a hasty exit.

"*Show me how*" are magic words, unlocking many a situation, and dispensing with the need for adult pronouncements and punitive measures because of the added dimension of insight resulting from psychodramatic devices.

Psychodrama "On the Spot"

As the director entered her office at noontime, she saw a mother and two six year old boys waiting on an office bench. Tommy and his mother had come because Ray had been involved *again* in a "fight" with her son. Mrs. M. disgustedly held up a pair of torn and very muddy trousers. "The third time this week," she explained. She added that she knew her son was no angel, "but. . . ." The boys were almost too ready to tell what happened, each talking so rapidly, and interrupting each other so constantly that the tale was incoherent. "Show me what happened, boys." They didn't understand, and began to talk again. "*Show me* just what each of you did." A few more efforts, and they began to act out the drama, without words.

But the action was incomplete, and still a mystery to the mother and director. They were asked to reverse roles, and the director noted a little more of the story. Then the counseler assumed the role of Ray. He was asked to assume the role of the assistant principal trying to decide what to do about this situation. The director's role as Ray was one of pretended aggressiveness, even to seeming to push Tommy down. Surprisingly enough, it was not Ray who protested, but Tommy, who called out, "But he didn't push me down, Mrs. W. We were playing mud boats and we both fell in the mud, and I tore my pants on a tree stump." Tommy's mother was a silent but intrigued witness to this drama. At the conclusion of her son's statement, she nodded understandingly and said, "I'm satisfied. I don't feel so badly now. The trousers can be repaired and washed." For the director there was no need for the usual assignment of blame or punishment. The children were still friends, and the mother pleased at her son's role of truth teller.

More obvious sessions of role playing have been utilized by the writer for other counseling purposes: seeing individuals in their relationships within the group; facilitating deeper understanding of the dynamics of individual and group behavior; freeing a group or individuals from tensions; assessing the spontaneity-creativity potential.

Psychodramatic Future Enactment

A class of thirty-five sixth grade boys and girls—eleven year olds—recently was introduced to role playing as such for the first time, and with delightful results. The children were asked to imagine themselves acting in a career role they might be assuming some twenty years hence. They were instructed to show only bodily action, exclusive of speech, unless imagining a partner or auxiliary ego to whom they wished to talk. One by one they enthusiastically came forward.

Rex set a fine example, eagerly and unmistakably becoming an auto mechanic, entering so completely into the spirit of the occasion that he lay on his back on the floor, repairing the car suspended above him. His spontaneity made it easier for others to participate freely.

Sandra, without hesitation, let us know of her love for horses, and proceeded to use the mare as guide for training the young colt in its routine.

Carol had a similar interest, but wanted to raise horses, not train them. She gave the colts tender care, patting them freely as she fed them, and showing her pleasure at the act.

Serious Sammy, with more restricted, tense body, conducted an orchestra

at rehearsal, mimicing a "No" to an erring group of violinists. One wondered at his satisfactions.

In the role of artist, pale Lorraine came alive. She seemed happy and relaxed as she examined her oil painting and found it to her satisfaction.

We were a little less sure of Pat's role—perhaps because she was unsure. Was she a mother wheeling a baby carriage, as many thought? Urging her to enlarge on her action, we learned that she wanted to be a nurse, and watched her get mixed up in her handling of the instruments to the doctor. Pat then volunteered, "My mother always wanted to be a nurse, and I guess that's why I want to be." What a responsive note that struck with the director, who had become a teacher for a similar reason, and was able to empathize with the child.

Nancy also wanted to be a nurse, explaining her desire as an outgrowth of an experience caring for an older sister during an acute illness. We did not feel enthusiasm in her role.

What dreams Sue has of being a pianist! This tense little girl pretended to play, quite aloof from the group—her customary relationship. Her fingers stiffly manipulated the keys. Perhaps this revelation of herself could be of some importance in understanding and working with this tired-looking child.

As another Michael competently moved at his workbench with test tubes and chemicals, one felt sure of him—that he would be capable in whatever career he chose, whether developing new chemical formulae for a space age, or medicines for a hospital—as he indicated.

Perhaps the action of Dennis was most enjoyed and most revealing in this group. He almost literally threw himself into the role of baseball batter. Surely he had made a home run after that resounding whack at the ball. This was not pretend! Here was a boy who had difficulty selecting from among three sports to demonstrate, and hoped to be a baseball player and football team member so as to be employed all year round in sports. "Frankie does that," he indicated forcefully. Here was a boy constantly in trouble for shoving and pushing and knocking down other children at noon. What tremendous energy, and definiteness of purpose, needing to be channeled. He gave significant clues for his guidance.

Psychodrama in the "Here and Now"

As the class was leaving, two boys began to pummel each other quite angrily. In raising their hands to answer a question, they had bumped

arms, and became angry over the supposed intent to hurt on the part of each. They remained in the room while a new class came in. The boys were asked to re-play the situation, for each blamed the other for striking first. How quickly this had happened! How ready they were to fight. Each was then asked to take the role of the other. This they did less well. On being asked how they felt, Marshall said, "Sad." "Worried," Bob answered. They really were worried, lest in the role of assistant principal the director punish them for fighting, by calling their parents. This was not the first time these two had clashed. Bob was asked to be the assistant principal—to the accompaniment of much giggling by the new pupils now in the room. The director took Bob's role, and soliloquized the worries over the form of punishment, hoping that the assistant would let them make up and be friends instead of calling in their parents to help. Marshall uneasily joined the director in conversation—and understandingly so. The boys, in their own roles again, were able to shake hands, weakly at first, then more vigorously. They seemed to have patched up their differences, the original incident and anger dispelled by the novelty of a new way of settling a fight.

For the director, there were special insights from this occurrence. The boys saw the assistant only as one who punishes, and who calls their parents. How often had the mother and father been placed in a threat role, unintentionally! In her future dealings with children there will be more careful evaluation of the role into which parents are cast.

The twisted face of Marshall in anger will not easily be forgotten. Much more counseling is going to be needed by that boy.

This had been a revealing and worthwhile forty minutes, to the director and to the pupils. The class was unified by their interest in performing, and in seeing the performances of their classmates. When could they finish, and do this again? The director was aware of their personalities, not only through their role playing, but through the observations some had made of the action, noting smiles and other facial expressions, as well as bodily postures of the performers. The director felt the contagious quality of both the sure, competent acting person, as well as the negative quality of the unsure child. The tone of this group seemed of a positive nature, judging from the spontaneity exhibited.

The eight-year-old children had watched the role playing of the two angry boys with fascination. Their music teacher had not arrived, so the activity could be continued with them. Here was a perfect opportunity to share with them a new kind of experience.

Psychodramatic Role Perception and Enactment

This time four children from a row were asked to show some actions of a policeman. The audience was to watch for the actions that told them the performers were really in role. Each of the four responded with different degrees of enthusiasm and accuracy. One gave a motorist a ticket and a stern lecture, another blew his whistle vigorously to stop traffic, and signalled with his arms for the traffic to cross in the other direction. One waited and watched, as a policeman might, while the fourth imitated another. Grant gave the most convincing performance, putting himself happily and energetically into role. The director noted with care the child who imitated.

A second group of four were clowns. Such spontaneity in this group! Russell's performance gave most evidence of pleasure as he tumbled, turned somersaults, pretended to trip, and gave himself completely to the act. Here was Russell in as happy a mood as the director had ever seen—a little boy whose home conditions were certainly conducive to strain and tension. The two little girls were true to themselves, as they tried at first to take part, and gradually stood by to watch. After all, this was not for girls—this tumbling about on the floor with pretty dresses.

Individuals were then called upon, to enact any role they chose. We learned that Jimmy would love to be a fireman, and his face was smiling as he slid down the pole at the engine house.

Ellen seriously tap danced for us, displaying the carefully measured actions of the professional dancing school. The director hoped for an opportunity to see her improving. She didn't seem at all happy in her chosen role.

Peter chose to be a rifleman, getting more and more vigorous as he managed his machine gun, and obvious pleasure in "mowing 'em down."

Debbie was the last to show herself in role. She too is from a "broken" family, a noisy, aggressive, very talkative child—frequently the despair of her teachers. The director was stunned by her portrayal. She quietly pretended to lift a baby from its bed, lovingly and tenderly rocked it, eyes closed, head bowed, and humming a soft tune. She wanted to be a mother! This was complete role reversal for Debbie. Could this be the expression of her own great need to be tenderly cuddled and mothered? At lunch time she explained that it was hard for her to do what she did, but as she spoke, her eyes were shining! Her action had seemed so relaxed and spontaneous, that it was difficult to believe the action had not been easy. Her teachers are going to learn about the Debbie the director saw and began at that moment to love.

What magic keys these children had given, today and previously—keys for unlocking doors to their own futures, if need be. One must guard against reading into the actions one sees, however. Keys were best used by the counseler to *open* doors, not close them.

For the children role playing creates a new means for dealing with some of their day-to-day and face-to-face situations. Insight seems to follow action and feeling. For the writer, the abovementioned psychodramatic techniques have facilitated the counseling process. They have caused her to invent new words, places and ways to meet unexpected situations. Her own role of an administrator has changed from one of decision-making for the children to one of guidance in formulating their own decisions, making their own choices and taking greater responsibility for their own actions than heretofore.

The writer is aware of her own growth in ability to understand and use these psychodramatic tools creatively. Earliest experiences were all of the more obvious nature, with emphasis on the dramatic, role acting, as a device to help one teach less routinely. As understanding develops through practice and interpretation the subtleties and nuances of the method become apparent, particularly in a sensing of the personal roles that we are constantly assuming. One learns to utilize knowledge of these roles for more effective personal relationships without a stage or even role casting as such. "Among the things in his own world which man creates is his self—his personality."[1]

The word creative as used by this writer is synonymous with spontaneity, as she understands the terms. Even though a child's responses to a situation may seem stilted, clichéd, and of the conforming variety, there is in every action something of the unique quality of that individual which can be noted and utilized; something new and unrehearsed which can lead to self-acceptance and self-fulfillment.

Listening is creative when there is reached a point of awareness of the time to interpose a question, to repeat a word or phrase, or to continue listening. No less artistry is required for role playing than is required in combining pigments for a special color on the palette, or the precise numbers and colors of strands for the beautifully woven fabric.

Continued use of psychodramatic techniques gives to this counseler a

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[1] Haas, Robert B. *Psychodrama and Sociodrama in American Education.* New York: Beacon House, 1949.

heightened awareness of human roles and their significance for education. She has learned to sense and utilize to greater degree the possibilities of these tools. She has learned to use clues arising from the spontaneous and creative behavior of the children to help them grow in power to give point and direction to their own lives, improving the quality of their inter-personal relationships, and enriching their moments with more creative experiences.

THE "UNITED ROLE THEORY" AND THE DRAMA

J. L. MORENO, M.D.

Moreno Institute, Beacon, N.Y.

The inspiration of modern role theory has come from the drama and the theater. The profound dependence of the conceptualization of the role process upon the dynamics of the theater has been forgotten or suppressed. I have proposed three dimensions of role development—the psychosomatic, psychodramatic and social roles; all have their origin in the theater and the drama.

Within the framework of every theatrical production we can discern first the personalization of social roles; father, mother, doctor, judge, representing the customary sociological dimensions of the role processes. But we notice in theatrical productions another set of roles; God, the devil, angels, fairies, ghosts, hallucinations, the innumerable dramatic figures from the mythologies of all cultures. It is obvious that these roles cannot be put into the category of social roles since they emerge outside of the social context as cultural or psycho-pathological phenomena. They are fantasy roles, depicted within the theatrical setting thanks to the poetic imagination, and portrayed with all the nuances necessary to establish their profiles as "dramatis personae." In the dramatic context the role of Hamlet's ghost, the role of the gremlin, are just as real as the social roles of the doctor or the judge. I have conceptualized these roles as fantasy or psychodramatic roles to differentiate them from the social roles. The sociologist, being concerned with the social world, limited his classification of roles to the social roles; in the concrete world of reality this is what he saw, experienced, and lived out. Hamlet's ghost and gremlins have no tangible existence outside the psychological and cultural panorama of the theater, and so their importance for role theory has not been sufficiently pointed out. But separating the psychodramatic roles from the social roles is useful in assessing the psychology of the infant and the psychotic individual. The infant and the young child are full of psychodramatic roles long before social roles have a concise meaning for them. These fantasy roles do not cease to operate in them when the social roles begin to flood the psyche. Indeed, they are continuing throughout every individual's lifetime. Similarly, the division of fantasy roles from social roles is important for insight into the development of psychoses. Just as in the case of the infant, the psychotic operates in fantasy roles rather than in the social roles. From the point of view of a

psychiatric role concept, the distinction of psychodramatic and social roles is very significant.[1]

Within the theatrical setting one can notice another constellation of roles which deserve to be distinguished from both the social roles and the fantasy roles. The actor has often to portray a sleeper, and he has to approach this problem like every other role. He has to rehearse the position and the gestures of the sleeper as he does for any other role constellation such as the role of the doctor, or the fantasy role of a ghost. An actor may have to portray the role of an eater, acting convincingly all the nuances of reaching or chewing, including all the physiological characteristics implied by that role constellation. Another psycho-physiological role of importance is the sexual role. The efforts of an actor to portray the sexual behavior of a "Don Juan," or the clinging affection of an infant towards its mother fall into this third category which I have summarized as psychosomatic roles.

In the evolution of the role process, psychosomatic and fantasy roles are highly active in early childhood and infancy, whereas the social roles begin to operate in the psyche at a later stage when language symbols and other forms of social communication begin to emerge.

Within the theatrical framework these three categories of roles; social, fantasy, and psychosomatic, have always been presented as a matter of course, and they were spelled out in concrete terms, not abstractly. Psychodrama, coming from the theater had the privilege, therefore, to carry them over into scientific thinking and language, and to formulate them into a complete role theory. The sociologists had the disadvantage of being unaware of the great importance of the theater and the drama for the role concept he uses. The theater, one of the greatest cultural instruments reaching into the vestiges of the preliterate and prescientific societies, embraced in its entirety the role theory which the scientific observer has been forced to develop piecemeal.

Summing up: it is of heuristic value for the clinician concerned with the study of behavior to differentiate social from psychodramatic and psychosomatic roles. Of course, the final justification will come from long range experiments further broadening and validating this hypothesis. Nevertheless, it is practically indispensable for the practicing clinician in psychodramatic work.[2]

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[1] The Role Concept, Am. J. of Psychiatry, Vol. 118, No. 6, Dec. 1961.

[2] The author is indebted to Henry C. Tappen for assistance in the preparation of the manuscript.

BOOK REVIEW

THE VIOLENT GANG, by Lewis Yablonsky, New York, The Macmillan Company, 1962. xiii, 264 pp.

For four years Yablonsky was director of a crime prevention program in an area of New York City in which approximately seventy-five gangs were believed to be active. He lived and worked in the area and was involved in a continuing relationship with the gang boys he was studying. Since Yablonsky, a sociologist, is also highly skilled in group psychotherapy and psychodrama, one would expect the report of his research to be significant. The reader of this book, whether sociologist or therapist will not be disappointed.

Of particular interest to the applied sociologist is his description of the structure and functions of the contemporary violent gang. This represents a considerable advance from the writings of those who base their theoretical positions on data accumulated two or three decades ago, under substantially different social conditions. His presentation of the natural history of a gang from its inception to its dissolution provides graphic illustrative material in support of his analysis.

His discussion of the violent gang as a "near group" should be of interest to those concerned with sociological theory, both pure and applied. The "near group" is placed on a continuum between mob and group, differing from the former in that it consistently maintains a partial state of organization (largely through the activities of a small core of sociopathic individuals) and from the latter in that it lacks consensus around important norms and reciprocal expectations. The "near group" concept may aid us in understanding events in Little Rock, Arkansas, Oxford, Mississippi and other places where a corps of instigators is always available to turn a crowd into a mob. Yablonsky's description of a rumble (battle) between two gangs indicates that, except for the partial organization provided by the corps members, we have something resembling mob action. Research might reveal the presence of "corps members" in Little Rock, Oxford, etc.

Of particular interest to social workers and criminologists are the author's suggestions for coping with the problem of violent gangs. Some of the questions he raises are: Does working through the violent gang leader solidify the violent gang structure? Does it give status to sociopathic leaders? Does it reinforce delinquent behavior? Does the detached worker become a "social director" for the gang, aiding the violent gang

leader in his nefarious activities by providing attractive activities; dances, athletic events and so on for marginal members? Should an official community program work with violent gangs as legitimate social structures? Should the activities of the detached worker be focused on redirecting the activities of the violent gang or on dismembering and eliminating it? Yablonsky does more than raise provocative questions. He offers tentative solutions. The detached worker, he suggests, should involve marginal members of violent gangs in constructive enterprises including recreational, occupational, and community centered activities.

His recommendations for treatment of violent gang members should be of interest to psychotherapists and those organizing therapeutic programs. He suggests that after careful diagnosis, marginal members of gangs who can be permitted to remain in the community be treated by group therapy. The extremely sociopathic corps members, he believes, must be removed from the community. These he suggests might be treated in centers like Synanon where a combination of milieu therapy and group therapy is applied in the treatment of drug addicts.

The Violent Gang is written in a clear and concise manner and is easy to understand. Professionals and interested non-professionals will enjoy reading it. It is particularly recommended to sociologists and social workers active in the field of juvenile delinquency and therapists who treat adolescents with behavior problems.

Reviewed by Martin R. Haskell

AMERICAN SOCIETY OF GROUP PSYCHOTHERAPY AND PSYCHODRAMA

Officers of the Society

President, J. L. Moreno; *Vice-President,* Abraham Knepler; *Vice-President,* Hannah B. Weiner; *Secretary,* Mary M. Angas; *Treasurer,* Zerka T. Moreno.

Meeting of the Council, April 7, 1962

The Meeting of the Council was called to order by Dr. Martin Haskell. Present were Mary Angas, Zerka Moreno, J. L. Moreno, James Enneis, Jack Ward, Hannah Weiner, Abraham Knepler, Max Ackerman, Leon Fine, James Sacks, and Cecila Wells.

The minutes of the previous meeting were accepted as read. The treasurer's report stated there was a balance of $637.97 as of 2 February 1962. The report was accepted as read.

A discussion of old business ensued with comments made regarding 1961s American Psychological Association meetings in which the ASGP & P had participated as a group organization. Mr. Enneis who had chaired the presentation of the ASGP & P said he thought the presentation of the ASGP & P was well received. He noted that the demand on the part of the persons attending the ASGP & P presentation at the APA meetings was for demonstrations of psychodrama and/or psychodrama techniques rather than for individual papers on related subjects.

New business was then taken up.

Leon Fine suggested that Council Members receive copies of the minutes of each Council Meeting, inasmuch as many Council Members are not in attendance at the Meetings. The Secretary said that she would do this.

Dr. J. L. Moreno said that the members of the American Board of GP & P were:

Dr. Robert Drews, Mr. James Enneis, Dr. Martin Haskell,
Dr. Jack Ward, Dr. J. L. Moreno, Dr. L. Yablonsky,
Mrs. Zerka Moreno.

Dr. Moreno further stated that one of the functions of the Board is to give increased status to group psychotherapy, psychodrama, and the Society. In this connection it was suggested that the ASGP & P be approached with the proposition that the ASGP & P again be given time as a group for the coming annual meeting of the American Psychological

Association. Dr. James Sacks was appointed to correspond with the APA on this matter and a committee to assist him on the formulation of a program was appointed. The committee is composed of Mrs. Sylvia Ackerman, Leon Fine, and Alex Bassin. Dr. Sacks is chairman of the committee.

Leon Fine and Dr. Moreno discussed the nucleus but growing group of group psychotherapists and psychodramatists which exists in the St. Louis area. Dr. Moreno stated that he did not think it was wise for persons in St. Louis to try to straddle the fence of belonging to both (or attempting to affiliate with both), the ASGP & P and the American Society of Group Psychotherapy. Dr. Moreno and Dr. Haskell both stated that they thought the people in St. Louis should definitely commit themselves to one group or another. The problem in St. Louis is how to orient the people toward the ASGP & P. Dr. Sacks suggested that Leon Fine try to organize a Chapter of the ASGP & P in St. Louis. Mr. Fine said he would explore the possibility.

Dr. Moreno stated that Dr. Yablonsky was exploring the possibility of organizing a chapter in the Los Angeles area of the ASGP & P. If organization of a chapter was not possible, it was possible that perhaps affiliation of a local group in that area with the ASGP & P was possible.

Nominations were opened for candidates for President-Elect of the ASGP & P. One nomination was received and seconded. It was for Dr. Calvert Stein.

Nominations for First and Second Vice-Presidents were made and seconded for J. L. Ward, M.D., and Abel G. Ossario, Ph.D., respectively.

Nominations were opened for *four* new Council Members to replace four outgoing members of the Council. Nominations were received and seconded for:

Dr. Rolf KROJANKER
Richard KORN
Dr. Abraham KNEPLER
Miss Hanna WEINER
Dr. Doris TWITCHELL-ALLEN
Mrs. Sylvia ACKERMAN

Nominations for Fellowship Status were made for Dr. Gustav Machol. Dr. Machol was passed on as a Fellow.

Leon Fine suggested that a Directory of Members of the ASGP & P be published and made available to all Council Members and Members of the Society. It was decided that the question of the Membership Directory

be postponed another year and that, until a complete directory is published, confidential lists of members in specific geographic areas be made available to Council members in special cases.

There being no more business, the Meeting was adjourned.

Respectfully submitted,
MARY M. ANGAS
Secretary

Committee on Accreditation and Standards

Trainees entering the field during or after 1961 must serve a minimum of one year's internship or residency. The examining board may, in hardship cases when such training is not available, evaluate other experience to determine eligibility status as (1) psychodramatist or group psychotherapist or (2) diplomate in group psychotherapy or psychodrama.

JAMES ENNEIS, *Psychodramatist*
St. Elizabeths Hospital
Washington, D. C.

INTERNATIONAL
GROUP PSYCHOTHERAPY

A Global Review

VOLUME I, NO. 2 NOVEMBER 1962

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

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COMMON GROUND FOR ALL GROUP PSYCHOTHERAPISTS
WHAT IS A GROUP PSYCHOTHERAPIST?

Group therapy and group psychotherapy have become the all-encompassing key phrases representing our entire field. Strangely enough it is the combination of *group* and *therapy* which survived. The combination of group with analysis, psychology, treatment or guidance did not catch on the global level. It was the emphasis on therapy rather than on research or analysis which made history.

Group psychotherapy is an interdisciplinary process. It can provide the individual with a miniature society in which he can move more freely than in life itself, he can act out. It is related to several disciplines as psychiatry, psychology, sociology, anthropology and education, to mention a few. But it has become a scientific and therapeutic discipline in its own right based on a growing science of the group. It is not an adjunct to any other discipline, as to psychoanalysis or social psychology. "I am a group psychotherapist" sounds today as respectable as "I am a psychoanalyst." Group psychotherapy means simply to treat people in groups.

With the term its definition was born: "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." (1932)

While the emphasis is on therapy, its measurable progress requires diagnostic and research foundations. Towards this goal sociometric and group analytic procedures have become indispensable for the scientific analysis of change. (1931)

Among the most popular concepts in recent years is "acting out," a term of American coinage. Originally not a psychoanalytic term—there is no adequate German translation of it—but widely used by psychoanalysts as well as other psychotherapists, individual and group, to indicate pathology of behavior. We owe this term and concept to psychodrama in which it is used as an intrinsic regular part of the method. It is given a double meaning, for some it diagnoses pathological behavior, for others it is a useful therapeutic instrument. (1928)

Group psychotherapy as an organized movement originated in the USA. It has become here a profession recognized by Civil Service Commissions and integrated into postgraduate departments of psychiatry, psychology and sociology, in many universities. This development is likely to take place in other countries.

Two great problems are waiting for a solution: (1) the definition of

professional standards of performance and skill; and (2) a code of professional ethics.* It is expected that the constitution of the International Society now being prepared will deal effectively with these problems.

WHAT IS A PSYCHODRAMATIST?

Psychodrama in its group version is a subform of group psychotherapy, but there is a form of psychodrama in which there is no group present. The patient is alone with his therapist; it is then a form of individual psychotherapy. Combined with mass media of communication like television, it becomes a form of mass psychiatry, an instrument for prevention.

Psychodrama developed a science of therapeutic action. It is usually associated with the following terms and concepts: here and now, act hunger, acting out, action catharsis, role playing and role reversal. An early definition was: "Our approach has been that of *direct* experiment: man in action: man thrown into action, the moment not part of history but history part of the moment—sub species momenti." (*Applic. of the Group Method to Classification,* 1932, pg. 21, Natl. Comm. on Prisons).

Psychodrama—similar to group psychotherapy—has become in the USA a profession recognized by the Civil Service Commissions and integrated into postgraduate departments of psychiatry, psychology and sociology in many universities.

J. L. MORENO, M.D.

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* J. L. Moreno, M.D. "Code of Ethics of Group Psychotherapy and Psychodrama," Psychodrama and Group Psychotherapy Monograph No. 31, Beacon House, Inc., Beacon, N.Y.

INTERNATIONAL COUNCIL OF GROUP PSYCHOTHERAPY

Proposals of the Executive Committee to the International Committee of Group Psychotherapy (Recorded by Dr. Wellman J. Warner)

From Proceedings of the Second International Congress of Group Psychotherapy, August 31, 1957, Zurich, published by S. Karger, Basel, Switzerland, December 30, 1959, p. 593-95.

(1) It is proposed that the International Committee take the necessary steps to form an International Society of Group Psychotherapy.

(2) The first step is that the present International Committee will be constituted the provisional Council of such a future International Society. It will immediately proceed to enlarge its membership in order to make it representative of all professional interests in all the different countries of the world.

(3) The enlarged Council will then proceed to elect its officers and executive committee by mail ballot.

(4) The Officers and the Council will then set up the appropriate machinery to perform the following three functions (in addition to others that may be needed):

(a) to prepare a constitution of the projected International Society.

(b) to define the qualifications for membership of organizations in the various countries and the qualifications for the membership of individuals.

(c) to stimulate the development of organizations concerned with group psychotherapy in the national areas throughout the world.

(5) The Council will decide the time when this preparatory work has reached the stage when the International Society of Group Psychotherapy will come into operation as an organization. At that time, the Council will set up the machinery for carrying out the provisions of the constitution as approved by the Council.

(6) All matters of not purely administrative nature must be submitted to the Council by mail and approval will require 2/3 of the votes received.

It should be noted that these proposals provide for a simple series of steps as follows:

(a) The first step is to enlarge the membership of the International Committee (now the International Council) so as to make it more

representative of the various professional groups, such as psychiatry, psychology, sociology, social work, and others concerned with the study or practice of Group Psychotherapy, as well as of the different national areas. No limited number of new members was set, but it is assumed that such an expansion of the membership of the Council will possibly range from 25 to 40 additional members.

(b) The second step will take place as soon as the first step has been completed. An election will be held by mail ballot to name a new Executive Committee and a new set of officers.

(c) The third step consists of setting up machinery by the Council and its newly elected officers to perform 3 tasks: (1) To write a constitution for the organization; (2) to decide upon the qualifications of membership for (a) individuals; (b) organizations in the national areas; (3) to encourage the growth of Group Therapy and its organization in the various areas of the world.

(d) The fourth and final step is for the International Council and its officers to decide upon the date that the new organization will go into operation.

These proposals were approved without a dissenting vote by the International Committee which thereupon became the International Council. They were then presented to the Congress for unlimited discussion. The result was their approval by a unanimous vote of the business session of the Congress.

(7) By action of the International Council the approval of the proposals listed above was held to carry with it the following provisions:

(a) All members of the former International Committee automatically become members of the International Council which will in turn be a part of the new International organization when it comes into existence.

(b) The Officers and Executive Committee of the former International Committee continue during the first stage of the procedure outlined above to hold office in the International Council. A new set of officers will be elected when that Council has been expanded.

Final financial statement prepared by Dr. Wellman J. Warner

October 1, 1962

A.	Balance on hand, June 1, 1961		$185.67
B.	Period of joint account from 6/1/61 to 6/1/62:		
	I. Income:	None	
	II. Expenditures:		
	a. Services	$3.48	
	b. Misc.	3.70	
	c. P.O. Box rent	18.00	
	d. Obit. notice of Hulse	24.75	
	Total	$49.93	
	III. Balance at close of joint account:		$135.74
	IV. Balance distributed to:		
	a. A.S.G.P.P.	$67.87	
	b. A.G.P.A.	67.87	
	Total		$135.74
	BALANCE		0.00
C.	Period from 6/1/62 to 10/1/62:		
	I. Income:		
	a. Loan from A.S.G.P.P.	$67.87	
	b. Loan from J. L. Moreno	100.00	
	c. Loan from A.G.P.A.	67.87	
	Total	$235.74	$235.74
	II. Expenditures:		
	a. Clerical and secretarial	$120.79	
	b. Printing	81.75	
	c. Supplies and misc.	6.20	
	d. Telephone and telegraph	32.79	
	e. Postage	58.46	
	Total	$299.99	
	III. Deficit—amount due W. J. Warner		$64.25
	Paid to Dr. Warner, loan from Moreno Institute		64.25
	BALANCE		0.00

Change of Address of Council Members

Please note changes of address of the following members of the Council:

Dr. L. S. Gillis
Head of the Department of Psychiatry
Groote Schuur Hospital
Observatory, Cape Town, South Africa

Dr. H. Teirich
Mozartstrasse 48
Freiburg i.Br., Germany

Dr. Wallace Ironside
Professor of Psychological Medicine
University of Otago Medical School
Dunedin, New Zealand

New Developments in the Group Psychotherapy Movement

Forty-six countries are represented in the Council. Thirty-one additional countries have shown interest in and plan to be represented in the forthcoming Congress: Mauritius, Rhodesia, Nyasa, Finland, Hong Kong, Costa Rica, Lebanon, Sudan, Nigeria, Panama, Burma, Colombia, Pakistan, Aruba, Uruguay, Virgin Islands, Republic of South Africa, Iceland, Ecuador, Formosa, Ghana, Haiti, Jamaica, Jordan, Korea, Congo, Usumbura, Legon, Manga, Kumesi and Senegal.

The Prospective International Society of Group Psychotherapy

In accordance with the directives given by the Council, the elected officers are preparing a constitution for the planned International Society of Group Psychotherapy.

The Constitution

Three Directors of the Council have undertaken to draft a constitution of the International Society of Group Psychotherapy: Drs. A. Friedemann, J. L. Moreno and B. Stokvis. Their draft will be submitted to the Directors for amendation, suggestions and comments; the final draft will be presented to the entire International Council for ratification. All decisions will be made by mail ballot.

Finances

The Treasurer of the International Council, Dr. A. Friedemann, has opened an account with the Swiss Bank Corporation of Biel-Bienne. His American assistant, Z. T. Moreno, has opened an account at the Matteawan National Bank, Beacon, N.Y.

THE THIRD INTERNATIONAL CONGRESS OF GROUP PSYCHOTHERAPY

The *place* of the Congress is Milano-Stresa, Italy. The *date* is Sunday, July 21st through Wednesday, July 24th, 1963. (Participants may plan on arriving on Saturday, July 20th and participate in informal gathering.)

Registration and fees: Registration of participants from USA, Canada and all other non-European countries should send their registration blanks and checks to: Zerka T. Moreno, P.O. Box 311, Beacon, N.Y., USA. European participants are requested to forward their registration blanks with checks to: Prof. A. Friedemann, Treasurer, ICGP, Psychohygienisches Institut, Fischerweg 6, Biel-Bienne, Switzerland. Participants from the USA and Canada pay $30.00 (US); accompanying persons pay $20.00 (US). The fee for all other participants is 100 Swiss Francs, for accompanying persons 50 Swiss Francs. Non-European participants except from the USA and Canada should also remit their fees in Swiss Francs.

Group travel arrangements for plane transportation are being made to enable participants to take advantage of the large saving thus gained. Plans are being organized for several charters, one to leave several weeks prior to the Milano-Stresa Congress to allow for sightseeing and tours elsewhere; another to leave just before the Congress, returning later in August, to allow for post-Congress tours. The travel agency will be able to arrange tours for interested parties at greatly reduced fees. Further details on this and all other travel arrangements will shortly be forwarded.

Organization of the Third International Congress of Group Psychotherapy

Local Arrangements Committee

The Associazione Italiana di Psicoterapia de Gruppo (President, Prof. Enzo Spaltro, Milano), is in charge of the local organization of the Congress in Milano-Stresa. Professor Spaltro will act as the Chairman of the Arrangements Committee. The Committee has secured sponsorship and rooming facilities from the universities. Many of the organizations and industries in the area are being contacted for contributions. The government of the province of Milano will sponsor the Third International Congress. If possible, the proceedings of the Congress will be carried on in several languages.

Aim of the Congress and Range of Participation

The aim of this Congress is to bring together representatives from all countries and regions in which group psychotherapy and group methods

are used so as to enable a productive exchange of experiences and appreciation of the cultural differences in the countries in which they are applied.

The widest possible participation will be encouraged, confrontation with the largest variety of methods used by workers in inter-disciplinary fields to stimulate the organization of new group psychotherapy societies.

Program

The Program Chairman is the President of the International Council of Group Psychotherapy, Dr. J. L. Moreno. The final program will be prepared in collaboration with the Directors of the Council. Program Committees are being organized in every country, to assist in the selection and screening of papers. Participants in the program should send a 400 word summary of their proposed paper to: P.O. Box 311, Beacon, N.Y., USA. *Deadline for sending in the summaries is March 1, 1963.* It is planned to circulate the summaries prior to the Congress so that intensive discussions of the papers can be prepared. A preliminary program will be released by March 15, 1963.

Additional Conferences

It is planned to extend the program of the Third International Congress of Group Psychotherapy at Milano by organizing groups of participants to take part in symposia on group psychotherapy in *Czechoslovakia, Turkey* and *Israel* upon completion of the Milano Congress, July 21-24, 1963. Interested participants should let us know at once by writing to P.O. Box 311, Beacon, N.Y. as we are planning charter planes for groups of twenty-five to reduce travel expenses. The local group psychotherapy societies or members of the Council in these countries will take care of the arrangements.

At present the plan consists of two-day scientific programs in Prague, Istanbul and Israel with time in between for sightseeing and entertainment.

National and Regional Conferences on Group Psychotherapy

From the Fall of 1962 through 1963 the following meetings will take place:

November 16-18, 1962

New York Chapter of the American Society of Group Psychotherapy and Psychodrama, New York City

January 23-26, 1963

American Group Psychotherapy Association, Washington, D.C.

April 12-14, 1963
American Society of Group Psychotherapy and Psychodrama, New York City

April 29-May 11, 1963
Lindauer Psychotherapiewoche, Dr. Helmuth Stolze, Director Section on Group Psychotherapy

May 5, 1963
Academy of Psychodrama and Group Psychotherapy, St. Louis, Missouri

May 7, 1963
Roundtable on Group Psychotherapy in the USA and Abroad, sponsored by the International Council of Group Psychotherapy, American Psychiatric Association Annual Meeting, St. Louis, Mo.

May 8, 1963
Luncheon Conference—American Board of Group Psychotherapy and Psychodrama, American Psychiatric Association Annual Meeting, St. Louis, Mo.

May 9, 1963
Roundtable Conference, Demonstration of Psychodrama, no dinner, American Psychiatric Association Annual Meeting, St. Louis, Mo.

May, 1963
French-English Group Psychotherapy Symposium, Paris, France

Group Psychotherapy Societies in Various Countries

Argentina: Sociedad Argentina de Psicologia y Psicoterapie de Groupe, Dr. J. J. Morgan, Buenos Aires. *Brazil*: Sociedad Brassiliera de Psicoterapie de Groupe, Dr. Walderado Ismael Oliveira, Rio de Janiero. *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*: Group-Analytic Society, 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 Psychotherapy and Psychodrama, Dr. Jose A. Bustamante, Havana. *Israel*: Association for the Advancement of Group Therapy, Dr. J. Schossberger, Jerusalem; *Italy*: Associazione Italiana Di Psicoterapia Di Gruppo, Dr. Enzo Spaltro, Milano.

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.; Group Psychotherapy Association of So. Cal., Dr. Meyer Elkin, 4310 Finley Ave., Los Angeles 27, Cal. (Section on World Academy of Psychodrama and Group Psychotherapy); Moreno Institute, Beacon, N.Y. and New York, N. Y.; Association of Group Psychoanalysis and Process, Dr. Cornelius Beukenkamp and Dr. Max Rosenbaum, New York, N.Y.

World Academy of Psychodrama and Group Psychotherapy

Officers: J. L. Moreno, M.D., President, J. Favez-Boutonnier, M.D., Vice-President, Secretary for USA, Zerka T. Moreno; for France, Anne Ancelin Schutzenberger. Consultants: Drs. W. Overholser, G. Stevenson and M. Mead, for USA; Drs. L. Michaux and J. Favez Boutonnier, for France.

Representatives from USA and European Training Centers will participate in the Congress program with demonstrations.

DIRECTORS OF INTERNATIONAL COUNCIL OF GROUP PSYCHOTHERAPY

Dr. J. L. Moreno, President and Founder of ICGP; author "First Book of Group Psychotherapy" ("Group Method"), 1932; Life Fellow, American Psychiatric Association. *Dr. S. H. Foulkes,* First Vice President; founded Group Analytic Society, London, 1952; author "Introduction to Group Analytic Psychotherapy", Heinemann, 1948, and co-author "Group Psychotherapy", Penguin, 1957. *Dr. S. Lebovici,* Second Vice President; Director, French Society of Group Psychotherapy; author "A propos de la psychanalyse de groupe", 1953, and "Bilan de dix ans de therapeutique par le psychodrama", Presses Universitaire de France, 1957. *Dr. B. Stokvis,* Secretary; Editor, "Acta Psychotherapeutica", Karger, Basel. *Dr. A. Friedemann,* Treasurer; Director, Psychohygienisches Institut, Biel-Bienne, Switzerland. *Dr. J. Bierer,* Director, Marlborough Day Hospital, London; author "Therapeutic Social Clubs", London, H. Lewis, 1948; Exponent of the "Day Hospital". *Dr. J. Favez-Boutonnier,* Professor of Psychology, Sorbonne, Paris; introduced psychodrama in France, 1946. *Zerka T. Moreno,* Director, Moreno Institute, New York; author, "Psychodrama of Young Mothers". *Dr. E. E. Krapf,* Consultant, Mental Health Section, World Health Organization, Geneva.

PROGRESS REPORTS

This section is reserved for reports from institutions from various countries showing their activities in group psychotherapy.

Veterans Administration

Regional Office, New York (Dr. Julius Barasch and Dr. H. R. Weiss). This institution organizes and administers a training program in group psychotherapy at the Halloran and Brooklyn Veteran Administration Hospitals, especially on the general medical and surgical wards which include paraplegic and tuberculosis patients.

Northampton, Mass. (Dr. Henry Tanner). Group psychotherapy is applied to chronic regressed patients, patients undergoing insulin and drug treatments, accutely psychotic and newly admitted patients, resocialization of chronic, long-term schizophrenics, paralyzed patients, patients with mixed diagnoses, group counseling for vocational rehabilitation, groups of patients sleeping at the hospital and working outside of it and dealing with their on-the-job difficulties, geriatric patients, experimental groups of mixed ages, patients being considered for family care, patients with mixed diagnoses, alcoholic patients, patients being prepared for discharge from the hospital, etc.

Palo Alto, California (Dr. George Krieger). This hospital offers on thirty-two ward units some type of group psychotherapy, emphasis being on the development of a therapeutic community.

Roseburg, Oregon (Dr. Frank F. Merker). Extensive group psychotherapy is being carried out and a continuous seminar in group psychotherapy is maintained for nursing staff.

Coatesville, Pa. (Dr. Kurt Wolff). Work in group psychotherapy is being done with geriatric patients.

Gulfport Division, Biloxi, Miss. (Dr. W. B. Hawkins). Group Psychotherapy has been conducted there for a number of years, ranging from supportive to psychodynamic, interpretative, to insight-seeking; role playing techniques have been used also. Group psychotherapy is being practiced by members of the psychiatric, psychology and social work service staffs in all treatment buildings and deals with both patients on station and off-station. An essentially supportive approach is being used in helping patients with problems of employment, dependency, etc. Group psychotherapy also deals with foster home sponsors and family members to assist them in better understanding of patients residing with them or about to be returning from the hospital.

St. Louis State Hospital

Mr. Leon Fine, M.A. (Director of Pychodrama and Group Psychotherapy) reports on the growth of activities in his city: St. Louis has been showing a growing interest in the group process area. An informal organization called the St. Louis Forum for the Study of Group Processes has been meeting for a year and a half and has attracted as many as one hundred and fifty members at its monthly meetings. Interest in group psychotherapy, psychodrama, and group processes is evidenced by psychiatrists, psychologists, social workers, pastoral counsellors, social scientists and educators.

St. Louis State Hospital is an accredited training center for psychodrama and group psychotherapy. Extensive treatment programs are carried out with hospitalized adult and juvenile patients, as well as with clients of an out-patient clinic. Abel G. Ossorio, Ph.D., and Leon Fine, M.A., are Co-Directors of the St. Louis State Hospital Training Institute of Psychotherapy.

St. Louis, Missouri

Child Guidance Clinic, Washington University (Roy Mendelsohn, M.D., E. James Anthony, M.D. and Melvin Muroff, Ph.D.). A program of therapy and instruction in psychoanalytically oriented group therapy is being carried out.

Washington University (Donald Zytowski, M.A.) guides a program of group counseling and is instrumental in educating educators in the group process area.

(Eugene Johnson, Doctor of Education and John Glidewell, Ph.D.) represent the group dynamics emphasis for human relations training and community group work. (Ruth Downing, M.S.W.) is initiating group therapy programs at the *Family and Children's Service of St. Louis.* (Gerald Holden, M.S.W.) guides a psychodrama and group psychotherapy program for the *Child Guidance Clinics* of *The Institute of Juvenile Research in East St. Louis, Illinois.* Group therapy is a generally accepted mode of treatment in the Veterans Administration Hospitals of that area. Dr. Alvin Frank of the *Jewish Hospital* directs a very active program which focuses on the milieu therapies.

Switzerland

Psychohygienisches Institut, Biel-Bienne (Dr. A. Friedemann). Group psychotherapy of groups of physicians has been conducted for several years, one being a German group, one a Swiss group, and three groups consisting

of physicians from Switzerland, Germany, Austria, and Italy, a total of eighty participants who report good success. One group meets regularly at Lindau in Germany, having just had a splendid meeting in Dortmund, Germany. Another group has been conducted steadily for one and a half years in Biel and the other three groups have just completed a very productive one week's training in group psychotherapy for physicians at Sils-Maria in the Engadine. The participants were so pleased with the success of this meeting that they decided to continue the work next year.

France

Groupe Francais d'Etudes de Sociometrie-Dynamique des Groupes et Psychodrame (Anne Ancelin Schutzenberger, Secretary). This group has been conducting regular training courses for psychodrama and group work since 1955 in Paris, under the direction of Mrs. Schutzenberger, Director of Psychodrama of the International Academy of Psychodrama in France. The full three years' course covers theory and practice of psychodrama, sociometry, observation and training of group workers, group trainers, psychodramatists and group psychotherapists. Besides training in practicum sessions, theoretic courses cover also sociometry, psychodrama, group dynamics, non-directive techniques, communication and information, action methods, observation techniques, analytical, anthropological and existential approaches, symbolical and mythological approaches. They are given by French and visiting specialists: J. L. Moreno, Zerka T. Moreno, James Enneis, Anthony Brunse, Alvin Zander, Leon Festinger, from the USA; Bernard Mailhot, Michele Roussin from Montreal; Lily Herbert, London; M. Lussier, Montreal; and S. Gounod, R. Amiel, R. Meignez, G. Lapassade, F. Gantheret, M. Pages, A. de Peretti, Mireille Monod, A. Ancelin Schutzenberger, Dr. Tosquelles, etc. from Paris.

The contents of the courses of the past three years are being prepared for publication.

For the year 1962-63, eleven training academies are planned in Paris, once each month, lasting from three to ten days, seven in Bruxelles, three in Montpelier and three weekly training seminars are commencing in November. Special training courses for psychiatric social workers have been set up.

Japan

Dr. Miyeko Kamiya, Professor of Psychiatry, Department of Sociology, Kobe College, Nishinomiya, Japan, reports to us that a young social scien-

tist, Miss Nishiyama, lecturer in group work, has been doing intensive research in sociometry since her stay at Kyushu University as a graduate student in the Department of Sociology. A written report on this will soon be in our hands.

Rhodesia and Nyasaland

Mr. D. A. W. Rittey, Acting Secretary for Health of the Ministry of Health, writes that group psychotherapy is not employed in that country to any great extent, but that if an increase in the work were to come about, reports will be sent to us.

Israel

Dr. J. Schossberger has been elected President of the Israel Association for the Advancement of Group Therapy. The work of this organization concentrates on laying a sound professional basis for further activities. There are beginnings of didactic groups in the three main districts and an assessment is being made of the trained people available of a local basis.

New Zealand

Dr. W. Ironside of the Department of Psychological Medicine, University of Otago Medical School informs us that group psychotherapy is used rather sporadically in his country. As there is growing interest in group psychotherapy, it is hoped group psychotherapy will become part and parcel of the activities at the newly established Department of Psychological Medicine and included in the residency training program.

Czechoslovakia

Dr. F. Knobloch established a therapeutic community of neurotic patients at the Psychiatric University Hospital in Prague in 1949. He organized a Psychiatric Out-patients Department at the University Polyclinics in Prague with facilities for systematic individual and group psychotherapy, and a Neurosis Center was formed at Lobec that same year. In 1959 Dr. Moreno visited this Neurosis Center and after his visit the use of psychodramatic techniques increased significantly. Group psychotherapy of marital couples has been introduced by Dr. J. Knoblochova. Group methods have been used in Dr. J. Skala's department for the treatment of alcoholics. In a large Prague psychiatric hospital, Dr. J. Rubes has started an interesting project with criminal alcoholics. Dr. H. Buxbaum and Dr. H. Siroky have been practicing psychodrama with psychotics in the Psychiatric Hospital in Opava.

REGIONAL REPRESENTATIVES

Functions of Regional Representatives

1. Solicit registrations
2. Spread news of activities
3. List of Sections to be compiled on topics for Congress
4. List of persons to be contacted

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AMERICAN BOARD OF GROUP PSYCHOTHERAPY AND PSYCHODRAMA

The greatest problem facing group psychotherapists is the problem of Standards. An American Board of Group Psychotherapy and Psychodrama is in the making which would have similar authority as national Boards in other disciplines which are set up to determine the professional status of group psychotherapists and psychodramatists and to issue Diplomas. A conference took place during the annual meeting of the American Psychiatric Association in Toronto on Wednesday, May 9th, 1962, at the Hotel Royal York, from 12:00-2:00 p.m., in the Nova Scotia Room; Chairman, J. L. Moreno, M.D., guest speaker, Austin Davies, Executive Assistant, American Psychiatric Association. Twenty-six representatives of the American Psychiatric Association, American Psychological Association and the American Sociological Association were present who are also members of a group psychotherapy society in the USA. A committee was formed for further study of the established Boards in other disciplines. The next conference is to take place in St. Louis, Missouri, May 9, 1963.

REGISTRATION FOR THE THIRD INTERNATIONAL CONGRESS OF GROUP PSYCHOTHERAPY

Milan, July 21-25, 1963

You are urged to register immediately for the Congress as well as for the group flights. The number of persons who are definitely going will determine to a large extent the type of travel service and reductions available. It is predicted that travel to Europe will reach an all-time high in 1963. It cannot be too frequently stated that early registration is essential if we are to be enabled to give you the attention and facilities necessary to make your trip a success. The organization of this Congress is an added responsibility for persons already heavily committed to their work tasks. Your cooperation and consideration will, therefore, lighten their load immeasurably.

Remember, *register now,* send in your application and check to avoid disappointment later. Mail them ($30.00 for participants, $20.00 for accompanying persons) to: P.O. Box 311, Beacon, N.Y.

Subscription Reminder

The IGP Bulletin appears four times yearly. Issue No. 3 will appear in March 1963; No. 4 at the time of the Third International Congress of Group Psychotherapy. If you wish to receive the IGP Bulletin regularly kindly send your subscription fee now. Annual subscription costs $2.00. Payment should be made to IGP Bulletin, P.O. Box 311, Beacon, N.Y. Reports about your organization should also be sent to this address.

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