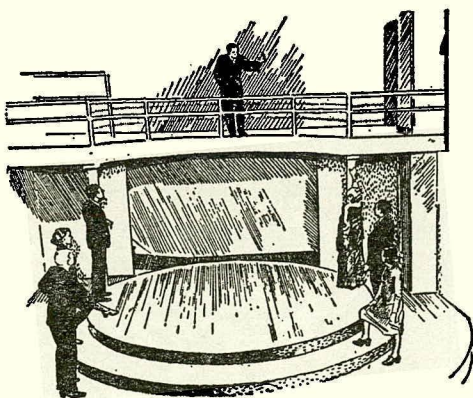


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GROUP PSYCHOTHERAPY

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PSYCHODRAMA OF ENURESIS NOCTURNA IN BOYS*

JENNY STOKVIS-WARNAAR** AND BERTHOLD STOKVIS, M.D.***

Leyden, Netherlands

Upon enquiry of the Director of the institution it is found that Han has been "wet" once; he has evidently not said a word about this to anyone, out of fear that he might not be maintained in the "big boys" group. His inhibitory tendency is the strongest of all the boys. Thus it was he who insisted that Henk, as youngest, should start to play the lead in the psychodrama, so that he, the eldest might get his turn last of all.

In the next session (16-10-'50) it is decided than Han—who was the second boy to tell of his psychotraumatic experience—is now to get his turn. The following is a summary description of the auto- and allo-anamnestic data and of the results of a structure-analytical examination of Han.

HAN (b. 9-2-1935) Anamnestic data (23-6-'52)

Han is an only child. The real father of this boy is unknown; three years after Han's birth he was "legitimized" by his mother's marriage to another man. The parents often quarrelled in the presence of the boy who then took his mother's side. The stepfather did not bother much with Han, but his mother was very fond of him. The father was a ladies' hairdresser with his own business; mother occasionally assisted in the salon.

The parents separated at the beginning of the war. For two years Han lived with strangers, having regular contact only with his mother. He did not get along well at school, but never failed being promoted.

In 1943 all Jews had to move to the eastern district of Amsterdam. Han's mother was carried off that year; he later heard that his stepfather, too, had been taken away. The people with whom he was living "were rotters." He often wetted his bed. He was then either given a cold shower, or a beating on his bottom with a strap. When these people—who also were Jewish—went into hiding, Han was given an "underground" address in the Euterpestraat, Amsterdam—where the Head Office of the German Security Police was also established. At Han's "underground" address there lived about 20 persons, all hiding from the Nazis with a married, childless couple. (The husband had previously had

* This is the second installment; the first part of this report appeared in *GROUP PSYCHOTHERAPY*, Vol. XV, No. 3, September 1962.

** d. March 29, 1959.

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intimate relations with Han's mother. During the war this man signed a notarial deed to the effect that he was Han's real father, in order thereby to pass off Han as a half-Jew and so to save him from the Nazis.) Han came there in 1943; until the end of the war he was not once in the street. He was the only child there, apart from a girl of 17 or 18. The people did not bother much with him and there was nothing for him to do. Those in hiding lived on the ground floor; the married couple upstairs. Towards the end, those in hiding all had to sleep under the floor, for safety's sake. They all "got through it." After the war, each went his or her own way; only Han stayed another two years with the couple, who had meanwhile moved elsewhere. He then went to school, where he got on quite well. Sometimes the children would shout "Yid" at him, but he did not think that very important. The teachers were "nothing special, not very cordial, just ordinary, cool."

One day Han was met at school by two men, put into a car, and taken to a children's home ("Zandbergen") in Amersfoort; "probably they were children's police." His foster-parents had already been told that morning that this was to happen. Han remained at "Zandbergen" for 6 weeks, after which he was taken to the *Bergstichting*. The foster-parents would have liked to have kept Han with them, and Han, on his part, would have preferred to stay with them, too. (These people are Lutherans; Han hated the idea of being Jewish.) Because the couple's reputation with the police was none too good—the husband had had several convictions for fraud, one for receiving stolen property, and one for a moral offence—the *Bergstichting* was appointed Han's guardian.

Han's only remaining relatives are an uncle by marriage who is co-guardian and a young male cousin. Everything considered, Han is quite pleased to be in the *Bergstichting*. He does not know yet what he wants to be. He has some friends but not an intimate one. He gets along well with the teachers. He has had various hobbies but has dropped one after another. He is thinking of leaving school after completing third grade and going on to secondary technical school. He can not remember ever having been ill.

Structure-analytical examination (Nov. '50)

This boy's average intelligence level is above normal; with an I.Q. of 120 he is just within the "superior" group according to Wechsler. This I.Q. of 120 is obtained by a verbal I.Q. of 116, and a performance I.Q. of 120; verbally, therefore, Han's achievement is slightly less. What is striking is his good anticipation; adaptation to life's situations is adequate, as is his memory; his general knowledge, too, is satisfactory. His verbal I.Q. is lowered by deficient attention, probably as a result of inner anxiety. This poor attention is masked by an almost convulsive concentration of attention,

both auditorily and visually. This causes the boy's intellectual performance to rise to a higher level than that which, in fact, corresponds to his innate gifts. In essence, he finds it difficult to differentiate between matters of primary and of secondary importance, so that he tends to be irresolute.

In view of the fact that this boy's attention is directed towards details, and he may, in fact, be called "finicky," it is permissible to speak here of an anal fixation; he has a compulsive personality structure. He is rigid; inflexible; does not easily alter his opinion. At the moment this boy is in a state of depression and anxiety. One might speak here of a form of "anxious adaptation," i.e., adaptation out of fear of getting hurt. As a result of this attitude he is a little too polite and servile. In spite of the fact that he lives in fear, there is no inner tension in him on this score. In his conscious subjective experience this thin-skinned, touchy boy evidently accepts that passive attitude to life which he adopts in order to avoid being offended. But there is no question of any critical consideration of his own attitude. This boy is predominantly introvert; his contact with other people is poor, which is not to say that he is badly adapted socially. In his manner of expressing himself he gives one an emotionally poor impression—probably a result of the fact that he suffers from a temporary depression. The Rorschach test further shows a disturbance in the resolution of the Oedipus situation, with a tendency to castration anxiety. The Szondi picture is interesting, and of further assistance in understanding the boy's enuresis. He strongly represses his aggressive tendencies (cf. the group discussion in first installment and may be called extremely inhibited. Added to all this there is a strong urge for self-assertion which, however, is as convulsively repressed. In a structure of the instinctive life of this type, the eventuality of a psychosomatic affection cannot be precluded.

The ego-picture is that of a jealous, revengeful, deserted person, who feels he has been left in the lurch (cf. the significance of enuresis as an expression of revenge). The boy is disheartened; feels a victim of unfaithfulness on the part of the loved object (mother), and directs his aggression partly against her and partly against himself. But on the other hand he still hopes to find an object for his love, to whom he may become attached. In daydreams he indulges in these wishful images. In accordance with the instinct class to which he belongs, this boy is extremely reserved, says little, will not or cannot answer questions at school, and lives more or less in an unreal dream-world; he is shy, a stranger to the real world, who tries in vain to find a place in life. He shrinks into himself, hoping to be able to attach himself to anyone who is concerned about him. He is obviously depressed, but lives in a world of illusions, in which all his needs are satisfied autistically. He occasionally leaves this world for a short time, and

tries to adapt himself. Compulsive-neurotic traits are probably present; sexuality may possibly remain fixed in the infantile, incestuous phase.

When Han is told that it is now his turn, he first resists, but the others force him to comply by exclamations such as: "come on, no diversions, please," or "false shame."

DORUS: "I say, Han, what was your trouble again, that time?"

HAN (hesitantly): "Mother was standing in the corner, and father was going to beat her. I was standing behind him, and pricked him in the fattest part of his back. Father then wanted to beat me, and I ran away. In Henk's case, he only wanted to beat his father, but I really did stick a fork into him. So what's the use of doing it all over again, that won't help me."

GROUP LEADER: "What really matters, after all, is that you are presently going to do what you wanted to do at the time, but couldn't because you were too small."

HAN: "Oh, let's stop it now, I haven't got any more feelings of revenge."

(Some weeks before this, he had already denied cherishing feelings of revenge towards his father; there is strong inhibition, "suppression" and "control" in the sense of the Anglo-American literature.)

DORUS: "Perhaps it will be better if Han now really brings his mother to safety, as he wanted to do, after all, when he was a little boy. Perhaps he will then feel like the strong man, who can protect his mother from his father."

HAN (brightly): "Yes, I think so too."

This time there is some difficulty in the fact that the boys are rather noisy and boisterous. Han again starts objecting to playing his part: "What's the use of acting the goat." But at the insistence of the others he decides to join in seriously. In this, Henk and Dorus show themselves the group leader's strongest supporters.

Description of Psychodrama No. 3

Dramatis personae (at first):

Han	<i>ditto</i>
Father	Sammy
Mother	Henk

At Han's request, the scene is first played the way it hapened in reality. Han, as the little boy, is sitting at table with father and mother. They are eating spinach, which has been cooked by his father's niece, but

which had too much salt in it. Han didn't like the vegetable, neither did his mother. A violent quarrel arose between the parents. The mother fled into a corner; father pursues her with a shampoo bottle in his hand, to beat her. Han, in his turn, ran after his father, and stuck a fork into his buttock. The father then boxed his ears, and Han fled to his own little room.

This scene has to be repeated several times. Han maintained that he was not satisfied with the performance—it is probable that the repetition of his aggressive action against his father was for him a form of self-gratification. As Sammy had a giggling fit, Dorus pushed him aside and spontaneously took over the part of father. Although both Dorus and Henk tried seriously to acquit themselves of their tasks, Han was still not satisfied, and now wanted to have the scene acted in such a way that he himself impersonate the father's role (fulfillment of the Oedipus desire). Understandably, he also wanted to re-play this scene several times.

In view of the late hour, playing of the scene of the mother's abduction is postponed until the next session (23-10-'50). Han is again the last arrival, having been tracked down with considerable trouble (resistance). His attitude is at first shy, but he eventually unbends.

Description of Psychodrama No. 4

Dramatis personae:

Han	ditto
Father	Sammy
Mother	Henk

The same scene is enacted as that described in psychodrama No. 3. Sammy is giggling again and acting the fool. Dorus pushes him aside and takes over the father's role. Sammy is dumbfounded and sulks. This time Han, after pricking his father, gets hold of his mother, frees her from the father's grip, and carries her off (fulfillment of the Oedipus desire). Han is visibly gratified, smiles contentedly, and wants to re-play this scene, too, a few times. Now Dorus and Henk change parts; Han is getting more communicative.

HAN: "Such a lot has happened after those quarrels; for instance when we were in hiding. I was living next door to the "Zentralstelle für Jüdische Auswanderung" (the German central office for Jewish "emigration"), in the Euterpestraat at Amsterdam. For three years I was not allowed outside the house. There were razzias every now and then. I had to sleep under the floor; at night you had to creep along the stone floor and loosen the latches

under the floor, before you could go to the w.c. (enuresis). During the day I sat reading books for older people all day long—three-penny novelettes. I had to sit on a small chair all day long because they were afraid that I, as the only child, would give the game away if I was walking up and down. There were 21 people in hiding at that address, in that space under the floor. One of them had been detailed to watch over me; that gentleman was very nervous, and he often beat me. He could see in a mirror whether I was really sitting in my place. I should have loved to chuck that mirror at his nut. . . . I once threw that mirror in pieces . . . or rather (softly), no, I wanted to do it, but I didn't have the pluck, so I only kicked it away. I should have liked to run away, but I didn't dare to; I didn't know where to go."

HENK: "A splendid scene to enact."

HAN: "But still, I haven't any more feelings of revenge against that man." (repression)

Description of Psychodrama (Sociodrama) No. 5

Dramatis personae:

Han	ditto
The gentleman	Henk

Henk is the gentleman who keeps looking into the mirror; Han is sitting on his little chair, rises now and then, but is sent back to his place each time. In the end, Han gets so angry that he gets hold of the mirror and smashes it to smithereens. The gentleman smacks him, but Han gives him a good hiding in return, which Henk good-naturedly puts up with. Han does not play his part with much abandon; he does not get into a collapse-like state, although he seems somewhat relieved when it's over. (As this psychodrama concerns the problems besetting the Jews in hiding, it may be better to speak of sociodrama in this case.)

Next time (30-10-'50) it appears that Sammy has been "wet" four times.

HAN: "How's that?"

SAMMY: "Perhaps I was angry because I wasn't allowed to join in last time. I was cross with the doctor, and I knew that I would hurt him that way."

HENK: "I've also been wet twice, all of a sudden. Last week we played the quarrel between Han's parents, and that made me think again about the quarrel between my father and mother; I got into a rage again with my father, and I did it in bed again; but I also had a dream one night, that was the other time when I was wet. It was such a cold night, and I dreamt that I was in

Paris again, and I slept with father in one bed and that, as happened so often, father took all the blankets for himself, and then I felt cold and got furious, and did it in bed. . . ."

SAMMY: "So that was your protest against your father."

Now Sammy puts forward the idea that there may be children who find it pleasant to wet their beds. The group leader takes this opportunity to point out the significance of micturition as an accomplishment. Sammy understands this quite well, and says that he used to be so jealous, as a little boy, of his friend who could urinate a longer time than he himself could. Han, for all his diffidence, follows the general talk with keen attention.

At the session of 6-11-'50, Sammy informs us: "This week, Han, Henk, and I wetted our beds that very Monday night after you had left us. Perhaps we think it's so fine for us to come here that we keep on doing it because we're afraid it will be all over otherwise?" This explanation is further elaborated by the group leader, and accepted by the others in the group.

HAN: "I say, Sammy, will you ever be able to stop doing it in bed? Then you won't have anything left to annoy auntie Selma with, will you?"

Here, Han's sacrastic attitude towards Sammy is conspicuously evident. This remark, moreover, gives the group leader occasion to elucidate the significance of the symptom of enuresis as a narcissistic advantage ("sickness-profit").

It is now Dorus's (b. 17-10-'35) turn to suggest the subject for a psychodrama. Before giving an account of this, let us first describe the anamnesis and the structure-analytical examination of this boy.

Anamnestic data (7-7-'52)

Dorus is the elder of two children; his sister is 3½ years younger. The father was a furrier in Amsterdam. The parents got on very well together. Dorus has forgotten whether he was pleased when he got a little sister, but he got on quite well with her. Both children were spoiled by the parents. Dorus cannot say whether he was more fond of his father than of his mother. He never saw his sister during the entire period of the war. (The foster-parents are now the sister's guardians.) Dorus was at first together with his parents at Bergen in North Holland; later on he was taken to Friesland again, where he lived at various addresses. Shortly after this the parents were discovered by the Nazis to be in Bergen, and carried off. Dorus heard about that while he was

in Friesland. Not until 1946 did he learn that his sister was still alive.

The reason why Dorus had so many different addresses was because he was "a cheeky boy." He was too young to understand the seriousness of the situation. He can remember one address where he was pleased to be; he was there the longest time (about 2½ years), and it was his last address. There were only a grown-up son and a daughter. He was allowed to go out, but did not go to school. He helped with the work on the farm.

After the war he had to go to the Children's Home "The Three Princesses." He thought it was awful to have to leave his foster-parents, and the foster-family, too, were very sad about it. Once in "The Three Princesses" home, he thought it "terrible"; he stayed there about six months, after which he came to the *Bergstichting*. He soon got on very well there. The *Bergstichting* was later appointed his guardian. Dorus attended the elementary school at Laren, where he had a regular friend (who is now living in South Africa). He also got on well with the teachers; he occasionally visits one of them at the latter's home.

Dorus now attends the arts and crafts school. He is being trained to become a plumber, but he says that this trade does not suit him. He wants to become an electrician, and afterwards continue his training to become a radio-telegraphist. When he has reached that goal he wants to go to sea, in order "to see something of the world."

Dorus is now about to pass his final plumber's exam; he is firmly convinced that he will fail for it, because he started training 1½ months after the course had begun; in addition he has been ill a long time, and never goes to the school on Saturdays. If he does pass the final exam, he is afraid that he will get stuck in the plumber's trade. He would like to be an apprentice with an electrician, and attend evening classes in addition. He wants to talk to the Director about this plan.

Structure-analytical examination (Nov. '50)

As regards his intellectual aptitude, this boy is in the upper average range; his potential I.Q., determined according to Wechsler, is 112; his verbal I.Q., in fact, is only 90, due to insufficient attention (lack of interest), and an extremely poor concentration of attention. The performance I.Q., on the other hand, is 107, so that he can still reach a total I.Q. of 98, which classes him with the averagely gifted children. His way of thinking is somewhat stereotyped, but well adapted to the collectivity.

This boy's interest is chiefly directed towards the practical side of life, to everyday things. In this, he does not lose sight of secondary matters, and is capable of directing his attention also to very small details. His volition functions weakly and because

of his lack of ambition in life, this boy is potentially capable of a great deal more than his present achievements. In conformity with his youthful age, Dorus still reacts in a childish fashion; he is not yet affectively adapted to the realities of life. His emotional life is still uninhibited, so that his reactions are often impulsive and determined by emotional, rather than by intellectual factors. Because of a certain compensatory function exercised by his conscious thinking, Dorus, at first sight, probably makes the impression of being well adjusted, but the affects at once disperse; the boy lacks any insight into his mental structure. As regards the structure of his instinctive life, there has already been some degree of sublimation; certain instincts have assumed a form acceptable to the ideal Ego; some instincts tend to demand direct satisfaction, which explains the slight tension in which this boy lives. These instincts are the sexual ones, which are beginning to come to the fore in Dorus; for the present, however, this is still a matter of sexual immaturity.

Dorus's contact with his fellows is quite good; there is no inhibition or "contact-anxiety" in him. There is hardly a sign of any problems that concern him deeply; even the fact that he sometimes clashes with the outside world—on account of his readiness to act resolutely, of which his milieu cannot always approve—does not present him with a serious problem.

Summarizing, we may conclude, also on the ground of the Rorschach picture, that this boy's mental attitude is predominantly extrovert; there is no question whatever of a neurotic attitude to life; at most, there are indications of a slight disturbance in the resolution of the Oedipus situation.

The Szondi picture also shows a lack of integration in the sexual field; under-developed sexuality, a still passive disposition, with a strong need for dependence and tenderness, which is partly frustrated. The boy's relationship with the outside world is in conformity with the phase of puberty through which he is still passing: on the one hand the need to become attached to some object of love, and on the other hand a restless searching for new objects. Oral appetite here finds continuous gratification. Dorus is a boy who lives at a simple, concrete level, with little or no inclination to introspection or a conscious appreciation of his own problems; he represses them, and rids himself of any conflicts that may hinder him by resorting to projection. Possibilities of sublimation are limited. The boy is often irritable, uninhibited, and occasionally discharges his aggressive tendencies in unexpected fits of anger. Coupled with this there is, in him, a deficiency in regulating and inhibiting functions, and a weak influence of ideal-ego factors; ethical norms, too, are weak. The latent intuitional danger for this boy is in his urge to assert himself and to be held in respect.

DORUS: "I shall never forget the way that lady from the O.P.K. (Wartime Foster-Children Committee) came to see my foster-parents in Friesland, and started to tell them that I was not to stay with my foster-parents, but had to go to 'The Three Princesses.'"

HAN: "Did you cry then?"

HENK: "No, he wetted his bed, instead of crying."

DORUS: "May we act this now as well? I shall give out the parts; I'd better play my own role."

SAMMY: "But what *are* we to play?"

DORUS: "We were sitting at table saying prayers. There's the farmer, and his wife, and the brother and I, sitting at the table and eating; they are talking in the language of the farmers about cattle, and then the farmer tells them that the lady, who has just been, had come to say that 'Little Joe'—that's what they called me—was to go to Amsterdam."

Description of Psychodrama (Sociodrama) No. 6

Dramatis personae:

Dorus ('Joe')	Dorus
The farmer	Henk
Farmer's wife	Sammy
The brother	Han

To make things easier for the players, the electric light is switched off for the performance of this sociodrama, the table being illuminated by a pocket torch. Now Dorus needs only to listen to the voices. All the boys pay serious attention, notably Sammy. Henk does his best to talk like a farmer, but without success, which makes the others laugh. Henk and Dorus then change parts, and the latter talks like a yokel, the way he learned it while in hiding, and presents extensive information about cattle. The others join in the conversation. They are sitting around the table at dinner; they all act as if they are eating. When the farmer then tells the news, the others wince. The same scene is re-enacted, with Sammy as the farmer, while Dorus takes the part of 'Joe'—as he was then called. Dorus afterwards tells that he had a feeling similar to what he felt at the time when he received the message that he was to leave the family; all he could say then was "how awful"!

The second scene now follows. The farmer and his wife are sitting in conversation with "the lady from O.P.K." Then Dorus enters and hears that he will have to go.

DORUS: "I said nothing at the time, but I should have liked

to curse that woman, or—better still, I'd have loved to slap her face a few times."

Description of Psychodrama (Sociodrama) No. 7

Dramatis personae:

Dorus ('Joey')	Dorus
The farmer	Sammy
Farmer's wife	Han
Lady from O.P.K.	Henk

Now Dorus leaves the room. The room is darkened again and weakly lighted by a pocket torch. The farmer and his wife are talking to the lady from O.P.K. She says that Joey is to go away "because he is a Jew boy." Now Dorus comes in; he is already aware of what the lady wants. The farmer and his wife leave the room and leave Dorus alone with the lady representative of O.P.K. (Henk and Sammy have meanwhile changed parts.)

LADY FROM O.P.K. (Sammy): "You will have to leave here, because you are a Jew boy."

DORUS (suddenly furious): "You blasted bit of skirt, here, take this," dealing Sammy a couple of straight lefts.

(Sammy and Dorus are on very good terms; Sammy regards Dorus as his friend. But Sammy is easily irritated; for this reason the light is at once switched on after this scene has been enacted—to prevent Sammy from returning the blows. He had, in fact, been getting ready to do so.)

After the psychodrama its different aspects are epicritically discussed; it is explained to the group that Dorus, while "The Three Princesses," began to wet his bed out of protest; he has now had an opportunity to abreact his feelings of rancour, cherished during all those years, with respect to the O.P.K. lady, so that these feelings of rancour "need no longer speak the language of the bladder." This is well understood by the group. It is gratifying to note that Dorus, who usually makes a rather rough, unmannered impression, now enters wholeheartedly into everything; he tells with satisfaction about the way his complex has been resolved. Sammy does not behave in a troublesome way, probably because his narcissism is flattered by the knowledge that the group leader appreciates him. Henk remains full of active interest, while Han continues in his ambivalent attitude; on the one hand he thinks it is all "quite interesting," but on the other hand he resists some of the explanations offered by the group leader.

During the following week (20-11-'50) all the children, with the exception of Henk, have been dry. As Sammy has not, so far, come up for discussion, we shall first give a report of the anamnestic data and the structure-analytical examination of this testee.

SAMMY (b. 13-9-'36) Anamnestic data (auto- and allo-anamnesis; 30-6-'52)

Sammy is the elder of two children; his brother is $3\frac{1}{2}$ years his junior. His father was a butcher. The family was not poor. Sammy felt quite pleased when he knew he was going to have a little brother. According to him, his parents got on well together, and Sammy, too, got along quite well, both with them and with his little brother. He cannot remember whether he has ever been ill. He got on very well at school, and was promoted regularly. One of his schoolmates was his close friend. At the elementary school Sammy—so he says—did not often fight with other boys, and his relations with the teachers were quite satisfactory.

Until the war his parents, his small brother and Sammy formed a normal family. (What Sammy does not know or at any rate does not tell, is that his mother, before her marriage, was treated in a psychiatric institution, "*Het Apeldoornse Bos*." After the liberation she was admitted to the Valerius Clinic, Amsterdam, and in January 1946 she became a patient in the "*Zon en Schild*" mental hospital, Amersfoort. In 1948 she was placed with a family to be looked after, under the supervision of the Mental Department of the Amsterdam Municipal Health Service. There had been more insanity in her family: mother and grandmother.)

In 1942 a *razzia* was held in the district where Sammy and his family were living; they all managed to escape. But the father had forgotten his papers, ration book, etc. When he went back to fetch the things he was arrested, taken to a concentration camp, and killed. The mother, Sammy, and his brother then went into hiding at various addresses. Sammy first lived in Amsterdam, and later in Zaandam, Maastricht, Oldenbroek, and Zwagerveen. Sammy has no longer any contact with any of the people at his various hiding-addresses.

At the time of liberation the mother was ill and had to be admitted for treatment to a sanatorium in Amersfoort. Sammy was then taken to the *Bergstichting*. (Sammy does not tell us that he was left on the doorstep of the *Bergstichting* by his foster-parents. He behaved strangely right from the beginning. During the day he was rebellious and upset the other children in the group; in the evening he would creep into the woman leader's lap. Now and then he stayed out all night and was found the next morning in a hen-house by the inhabitants of Laren.)

His brother was also in the *Bergstichting* at first, but was later transferred to a Jewish institution for mental defectives at

Apeldoorn. (Daniel could not be kept in the *Berstichting*, because of his destructive tendencies and his inability to adapt himself to the group. He was a disturber of the peace, irritable and ungovernable. His intense feelings of loneliness caused this poorly endowed boy to start stealing things.)

Sammy later got on quite well at school. He is now attending a horticultural school, but does not want to finish his training there. (From a letter sent by the Headmaster of the horticultural school, dated April '52, it is clear that Sammy does not like the trade of market-gardener. This also explains the fact that he has bad marks for conduct at school. He has been sent away from school because of bad behavior.)

According to his own report, Sammy gets along quite well with the boys, but he has no special friends. With the "aunties" (women leaders) "things are not too bad." He has no plans for the future as yet; every day he wants to be something different: professional boxer, glider pilot, storekeeper, delivery-boy on a carrier tricycle.

Behavior pattern within the children's community (Jan. '50)

As the "auntie" in question informs us, Sammy and the other children are on bad terms. He often teases the others; this leads to fights, and Sammy cannot stand the idea of losing. He then attacks another boy who has nothing whatever to do with the quarrel and, maybe, is ill in bed; Sammy pinches the other boy's throat and bites him in the belly until it bleeds. Another time he may bite that boy in the loins, or take away one of the younger children's toy scooter. This makes the others furious with him, because he "is plucky so long as nobody is looking." Whatever he takes away he smashes to bits; whenever he can, he teases. He is dishonest, thieves and sneaks sweets. The woman leader fears he will have an outburst of rage one day.

Structure-analytical examination (July '50)

With an intelligence quotient of 97, Sammy, according to the Wechsler scale, belongs to the average group. His verbal I.Q. is 97; his performance I.Q., 93. Actually, his intellectual aptitude is slightly below the lower limit of the average; his accomplishments are at about the same level, or a little above it. The intelligence quotient is lowered by poor attention and bad concentration of attention; also as a result of inward anxiety; his aptitude for abstract thinking is strikingly good, and raises the I.Q. His visual-motorial coordination, which is far below the normal value for a boy of his age, is an unfavorable factor.

This boy's defective attention is also evident from the results of the Rorschach test. His interest is completely monopolized by his everyday impressions; primary and secondary matters

demand the same attention. He does not exert himself in any way. He has no wish to make any effort; for that matter, his capabilities to achieve something are not very great. The psycho-diagnostic picture thus produces a negative aspect; thinking, feeling and will power are deficient; and this poor capacity is further lowered in its potential possibilities by depression and contact-anxiety. The boy's strong tendency to opposition and aggression should be seen as being bound up with this anxiety, and as a psychic urge to hide the anxiety which he experiences on coming into contact with his fellows. There is no active inhibiting factor; his aggression comes undisguisedly into the open. A certain tendency to control himself, but which is not strong enough, may be called a favorable factor in this emotionally deprived boy.

He hardly ever gets as far as consciously experiencing these inward anxieties; he rids himself of them by projecting them on to the outside world. Whenever possible, he straightaway indulges his rising temper. There are no tensions here; he merely reacts rapidly to emotive happenings. Any affective stimuli are, for Sammy, a reason to react at once. There is no question whatsoever of any insight into his own personality; he is quite unaware that he might perhaps be able to perform certain actions on his own initiative, but thinks that his incentive to action should always come to him from outside. There is hardly anything resembling social adaptation; his occasional convulsive attempts to adapt himself somewhat, invariably fail.

Summarizing, the Rorschach picture shows a weakly integrated personality, intensely dominated by instinctive, aggressive behavior. This attitude may be explained as being an effort to camouflage his weak feelings of individuality. A psychotic development is possible.

The weak consolidation of the boy's ego is also evident from the Szondi test. To quote from the extensive report, the ego-picture of this boy is unfavorable. He displays the frequently occurring prepubertal juvenile ego. On the one hand this boy becomes aware of his instinctive urges; on the other hand he represses them again, because he does not tolerate them in his consciousness, since they threaten his ego. Sammy's conflict is inherent in an all-predominating need for love and childlike dependence, which has been partly frustrated. He has an intense desire to be attached to his mother, but on the other hand he was compelled to let her go, with the result that he feels unhappy in his relationship to his mother (cf. anamnesis). The inward anxiety which is present in him is partly expressed in violent aggressive outbursts, and partly strongly repressed. This causes his convulsive attempts at adaptation to the demands of the world outside, which are also evident from the Rorschach picture.

Now Dorus reports that Sammy has been biting his nails lately.

SAMMY: "They're only bits of skin that I pull off. A girl taught me that biting trick."

HAN: "It's because he's angry; when he loses in a fight, he starts biting his nails."

HENK: "Sammy is always doing those silly backward things; sometimes he bites other boys in the belly, but we gave him a sound wallop for that. Since then he pulls the boys' hair, and then he calls them names, and bites his nails."

SAMMY: "Oh, well, if they call a fellow mad, for no reason at all, I just start biting."

HAN: "Why?"

SAMMY: "Out of instinct. Sometimes I suddenly get so furious, and then I can't stop myself."

GROUP LEADER: "Perhaps we shall understand a bit more about your anger when we know something about your history. Just tell us what you've been through."

SAMMY: "Well, my father was caught by the Germans, I was then about 6 or 7 years old. And I was in hiding in such a rotten place. I've been everywhere. The worst was in Friesland. I had a foster-brother there; he was 12, when I was 8. He was allowed everything; he was their own son; if he'd jumped into a ditch, he was given clean clothes; if I did it, my foster-mother shouted: "I'll whip you." And then she'd start beating me. And Gerrit could go to church in fine black shoes; I had to go wearing clogs."

DORUS (he and Sammy are friends): "So they treated you badly there, that's mean of them. Perhaps that's why you're always so furious, first with your foster-mother, and later on with everybody. Perhaps. . . ."

SAMMY: "Perhaps that's why I do it in bed. If they do me dirt, then I do it to them. They've always treated me worse, and Aunt Selma too, she also treats me worse than the others."

HENK: "So you wet your bed to take revenge?" (To the group leader, on leaving): "I think it's so fine for Sammy, that we've found that out!"

Next time (27-11-'50) Sammy tells us that he hasn't been fighting all that week, and has also been dry, except on one occasion. The evening before there had been a fight in the dormitory, because one of the boys had put a comb in Sammy's bed. He had been compelled to strip his bed, had tucked in the blankets badly, and been cold in the night. He had been furious again.

SAMMY: "I quite understand now."

DORUS: "You were angry again, that's why you wetted the bed."

THE OTHERS: "Yes, we can see that all right."

On December 4 Han, who seeks contact with Sammy, reminds the group again that no play has been performed yet for Sammy.

HAN: "Wasn't Sammy so jealous of the farmer's son?"

SAMMY: "I'd just love to give him a couple of straight lefts."

HAN: "Better give Sammy a pair of new shoes!"

SAMMY: "Never mind about new shoes now! I like walking on clogs now!"

GROUP LEADER: "We shall just start playing, and we'll see how things pan out. First, the scene between your foster-mother and you."

SAMMY: "Oh yes; let's do that time when she was so terribly angry with me, when I had been asked to dinner with the neighbors. She thought I had told them what a rotten time I had with her."

Description of Psychodrama (Sociodrama) No. 8 (4-12-'50)

Dramatis personae:

Foster-mother (Aunt Betty)	Henk
Sammy (called 'Joe')	Sammy
The neighbor	Dorus

Joe asks Aunt Betty whether he may have dinner with the neighbor; Aunt Betty refuses, because she thinks that Joe has been complaining about his present home. Now the neighbor enters, puts the same question, and this time Aunt Betty gives permission. But when Joe comes back from the neighbor and says that he had a much nicer dinner with the neighbor than is usually the case in Aunt Betty's house, she gets cross again, and smacks Joe's face.

It proved difficult this time to get some spirit into either Sammy or the others. As usual, Henk was the one most readily prepared to enter into the fictitious situation; Sammy also tried his best, but found it difficult to imagine himself in his former position, and did not really know what to say (inhibition from anxiety, to re-experience the affectively charged, partly suppressed, mental contents). After a time he hit his stride, but was put off by Han, who made him laugh. Han, for that matter, participated attentively in the whole performance. Dorus, as usual, remained somewhat aloof; but he seriously played the role he had taken upon himself. When Henk, in Dorus's opinion, did not play the foster-mother's role viciously enough, the latter took over Henk's part, who then took his turn in playing the role of the neighbor. The scene was repeated a few times with a

changing cast, until Sammy plucked up enough courage to go for his foster-mother and hit her back.

In subsequent sessions different dreams of the members of the group are jointly discussed, and interpreted by the group leader with the aid of ideas occurring spontaneously to the group members concerned (free association). These dreams are found to confirm the conditions already discussed earlier. Each time one of the group members has wetted his bed again it is endeavored to trace the cause—sometimes in connection with recent happenings—and, if possible, to discuss the matter within the group. On one or two occasions an additional psychodrama is performed, e.g., when Dorus has again wetted his bed. It appears that he had been furious with the “auntie” who had smacked him the morning before because he did not want to get up. Dorus would have loved to hit her back. This scene is played in the dark: Dorus starts grumbling, then calling the woman names, and ends up by roaring with rage and hitting out in all directions, until he falls down exhausted. The incident is discussed epically, and Dorus is noticeably relieved.

Bed-wetting by the boys now occurs ever more sporadically. On March 5, 1951, i.e., about six months after it commenced, the experiment is terminated. The children are now free of the symptoms; inquiries are made weekly, to know whether they have, or have not, been “dry”; there have been very occasional relapses, but a control-investigation on June 23, 1952 (fifteen months later shows that the children are now dry. Only Sammy, on rare occasions, still gets nocturnal enuresis.

It is striking that the bonds of friendship and solidarity, which had developed among the members of the group during the six-months experiment, soon became weakened after the cessation of the meetings; psychologically speaking, the group had ceased to exist.

DISCUSSION

Of academic importance is the question, on what factors the improvement in the symptom in the group members was based. The following factors play a part in this: (1) the interrelationship among the group as such; (2) the relations among the group as representing the family pattern; (3) psychocatharsis; and (4) the suggestive element.

The influences which, as a rule, are therapeutically active in every form of group therapy are accentuated in this particular case by the fact that the family pattern as a therapeutic element has been intentionally taken into account in the formation of this group, in the case of these

children, all four of whom lost their parents when still quite young. This enabled these young patients to express themselves freely, as it were, towards their "new parents," and in the midst of their "brothers," all of whom showed the same phenomenon. It will be clear that, in this way, rivalry relations (Sammy) are also of importance in the actualization of the therapy.

With regard to the psychocathartic element as a means to self-liberation, a distinction should be made between abreaction through an intuitive and an instinctive mechanism. The latter modus of catharsis is, psychotherapeutically speaking, worthless (anyone smashing something in a rage does not keep calm for long). Henk's abreaction was an intuitive act; this boy often saw connections intuitively, and was therefore very suitable for this form of psychotherapy. Sammy was more inclined to abreact instinctively.

The suggestive element, in which the relation towards the group leader's authority is of predominant importance, is a highly significant factor. In the last resort, too, the acceptance of an explanation by the psychotherapist rests, both individually and collectively, on suggestion; maybe it is precisely suggestion which can lead to the intuitive experience: "that's how it is."¹

It is, of course, impossible to decide which of these four factors was of the greatest significance in the case of each group-member separately; that could only be discovered by psychoanalytic examination.

What we have described above was—be it repeated—set up by way of experiment. We believe it is wrong to form a group unless its members have been selected with the aid of a structure-analytical examination. (Preferably the group should not be formed until its members have been individually treated psychotherapeutically for some time, which will also give one a better insight into their typological nature. Not until then does the experiment acquire scientific value.) A group composed with the diagnosis of the affection from which the group-members are suffering, as criterion, may be studied purely psychotherapeutically as a practical proposition; but the insight into the manner in which the various personalities have acted upon one another completely eludes objective determination unless—as was done in the above cases—a structure-analytical examination is first instituted. But this insight into the inter-individual relations within

¹ See B. Stokvis and M. Pflanz, *Suggestion*. Karger, Basel, Switzerland, and New York, 1961.

the group is possible only so long as the group is kept small; in a group of, say, eight persons one will have to content oneself with the psychotherapeutic results. What has meanwhile become evident from the experiment here described is that the impersonating form of psychotherapy, together with group discussion is a useful means, also in the case of children, to understand and treat certain psychosomatic phenomena.

SUMMARY

The authors give a description of the treatment of a number of children as a group, all of whom suffered with enuresis nocturna of an obstinate character. The treatment bore an experimental character. The testees were selected from a children's home, where about a hundred Jewish wartime foster-children were reared. Their milieu was fairly simple, their intellectual faculties quite tolerable. The children's structure analysis is described (psychodiagnostic investigations). The age of the four boys varied between twelve and fifteen.

The group leader and his wife formed with the four boys together the group pattern of a family. The group met weekly. The various group relationships during the whole experiment (six months) have been deeply studied; especially the transference and counter-transference relations. The authors used the group discussion method and the psycho- and sociodramatic action method.

The course of the experiment is extensively described. Parts of the conversation are communicated verbatim. By means of group discussion, psychodrama, and interpretation of dreams it is endeavored to trace the conditions—sometimes in connection with recent happenings—of the enuresis nocturna. Rancour, revenge, rivalry, helplessness, lonesomeness, rage, protest, feelings of inferiority and guilt play an important role. After the treatment bed-wetting by the boys occurred sporadically. The factors, which have determined the improvement in the symptom are: (1) the interrelationship of the group as such; (2) the relations among the group as representing the family pattern; (3) psychocatharsis; and (4) the suggestive element. All these factors are discussed.

The authors come to the conclusion, that the impersonating form of psychotherapy together with group discussion is a useful means, also in the case of children, to understand and treat certain psychosomatic phenomena.

PSYCHODRAMA IN A PSYCHIATRIC HOSPITAL IN FRANCE

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I was encouraged to experiment with psychodrama by Dr. Moreno at the international conferences in Barcelona in 1958 and in Vienna in 1961.

It is difficult to give an account of psychodrama experience in rational terms. Indeed, the original and essential elements of the experience must be "lived" to be really appreciated. Thus the only way to become properly initiated is to practice it oneself. Therefore I started a psychodramatic experiment in the psychiatric hospital where I am superintendent.

The setting of the sessions required nothing more than a medium-sized room with no stage and several entrances. This was sufficient for a group of about 20 persons who got together once a week in a quiet ward.

The patients preferred to get away from their usual hospital climate. There were usually fourteen to sixteen patients with four or five psychotherapists, of whom one was the leader. The members of the nursing staff had to be well informed of the liberty allowed to the patients during the course of the experiment—especially that they were allowed to supply themselves with all sorts of objects. They also had to know that the patients were allowed to supply themselves with all sorts of objects and that the patients were expected to show strong emotional reactions in the course of the session and afterwards toward them. In the same way it goes without saying that everything that happened during the session, even impertinence or breakage and not meet the least disapproval of the chief psychiatrist who had to cover the entire therapeutic operation.

In order for the hour and a half session to make a break in the often terribly monotonous days of hospitalization, several things are necessary. It is not enough that the physicians or the psychologists should remove their uniforms and that the patients should feel absolutely free to participate or to leave as they desire at any time, but each participant and especially the leader must accept the disregard of all social conventions and really put himself into the dramatic situation. He must act spontaneously and really feel himself a part of the group, and the equal of each other person present.

The choice of patients in the beginning was very eclectic. One can say that with the exception of the schizophrenics, the seniles, and patients in a very acute state, the sessions were open to all types of patients.

On the whole, the group included from a diagnostic point of view, a

majority of neurotics (anxiety neurosis, masochistic, phobic, obsessional, or neuropathic patients) with character disturbances sometimes with epilepsy, some toxicomanics, and finally convalescents from acute psychoses (with persecution complexes, erotomanics, even paranoid tendencies). A group of schizophrenics was set up separately for psychodramatic treatment.

Indeed, one could differentiate very quickly between three principal types: the one very forward and aggressive having to exert an effort to control themselves. The second, very inhibited and withdrawn needing external aid to help them out and the third a mixture of the two cases. Keeping count of the discharges a regular rotation was established. Before adding someone new, the group consulted. Only once was a patient rejected (who showed impulsive reactions and very little coherence).

EVALUATION MEETINGS

To have constant control over this form of psychotherapy a meeting was held weekly with the members of the team of psychotherapists (physicians and psychologists). This meeting not only analyzed the reactions of the patients (following the evolution of each one, interpreting the symbolic meaning or the unconscious motivations for gestures or retorts), but also the reactions of the psychotherapists themselves, especially those involved in counter-transference.

THE SESSIONS THEMSELVES

Great flexibility was the rule during *the warming-up period*. This warming-up time, which Moreno puts at the beginning of each session, was equally valuable in getting the whole process started.

Thus, in the course of the first year, the theatrical side of the psychodrama was used very much. The patients asked to get disguised or to prepare for the session several weeks in advance. ("Mine accident," "the circus," "the seasons," etc.). Sometimes the theme was suggested by one of the psychotherapists. Several times, in view of the shock effect, some young children were introduced into the group. For some patients who did not succeed in speaking during the sessions, the use of "psychomime" (gestures on a chosen theme: "the gift," "the four elements," and "surprise in the street" were the only means of expression) proved of great value in encouraging verbal exchange.

Soon, the whole *group met in a circle* at the beginning of a session. This arrangement spontaneously adopted by the group, was symbolized one day when they chose "hula-hoop" as a theme. The hoop was put in the

middle and, after being used correctly, became "the circle," then "the ring" and then it served as a point of departure for the theme "the engagement."

(a) Little by little, the birth of the theme came only from the patients themselves. Sometimes, it was chosen in advance and came through in great mystery (oral or written) at the beginning of the session, but was not always retained by the group. Other times, the theme took a long time to come through. During certain sessions it appeared for only a few minutes before the end.

Some impressive silences (sometimes lasting for as long as a quarter of an hour) were very revealing as to the tension felt in the group—one could see a patient burst into tears and leave the room temporarily not being able to stand it. The tension was broken in two cases only when the theme "silence" was chosen.

According to *the theme chosen* and retained by the majority of the members present (voting by raised hand) with no opposition. If there was opposition, the theme was discarded and it was explained why. The group became either completely involved in the acting: there were some themes with a collective character (like "the class," "the language of the flowers," "the orchestra," "the swallows," "the tribunal," "free designs"), or more often, the group was divided into two parts: on one side the actors—the patient who had proposed the theme and who was helped by the leader to convert it into a concrete situation and to choose her partners and the roles assigned to them (which the latter could reject or accept)—on the other side the audience, more or less participating and capable of adding something new into the session.

When the acting continued until the end of the session, it was analyzed at the evaluation meeting. Sometimes, a brief analysis was possible at the end of the acting. In general, a session filled with great emotional intensity was followed by a lighter one with perhaps a note of humor and relaxation.

Besides, it was impossible to foresee from one session to another, which patient would free herself from the group in favor of the theme. Generally, she was never the same. For certain patients who found it very difficult to participate, Moreno's techniques were resorted to, that of role-reversing, mirror technique and support given by an auxiliary ego.

(b) Strangers to the group were sometimes accepted and even spontaneously invited by the patients to participate in a particular session.

Sometimes *surrounding objects with symbolic value* were introduced

into the dramatic play to add something to or sustain the chosen theme. Thus "an egg fallen from its nest," "keys," "an African sorcerer's mask," "mistletoe" (this last one serving to depict a parasite analogous to some chronically ill members of the group, who were participating very little), all helped in their turn to reveal or to provoke something, while "the fire" (which was meant to burn the papers on which were stated what each member of the group was secretly wishing to get rid of at that very moment), "a helium balloon," "a boat made of newspaper," and "a tooth" facilitated controlled abreaction to certain unconscious aggressive reactions.

Twice, a large mirror was used to support the theme (each of the participants reacting in his fashion in front of his own image, or talking with it). This allowed, among other things, for one patient who was suffering from severe neurosis, anxiety with neuropathic manifestations to be able to become aware of her refusal to accept herself as she was, and to conquer the difficulty she felt in making a synthesis of her body and in perceiving the unity of her body image.

(c) All in all, one is struck—and here is where the vitality and validity of the method becomes evident—by *the wealth and variability of the themes* observed in the course of 184 recorded sessions.

Certain preferred subjects were returned to often as those which had family relations for a basis ("the home," "the family scene" (or "the dispute"), "the marriage," "the husband," "the wife and the lover," "the pregnant fiancée," "paternal love," etc. . .), or themes about travelling which signified a desire to go somewhere else ("at Chateau d'If," "at Saigon," "on a pilgrimage,"¹ "Robinson Crusoe," "the battle in the sea," "auto-stop," "the Santa-Maria," "the swallows") or those intending to reverse the physician-patient relationship—the team members being cared for and kept in by the patients (as in "the operation," "arbitrary confinement," "the escape," "Department of welfare," "the truth serum," "a day at the hospital," "discharge")—this last theme was repeated four times but only once without complications, after leaving the hospital.

Most of the themes taken from recent emotionally charged experiences were unforeseeable, as was the manner in which they were to be interpreted. We shall only cite a few of them, among the most pungent,

¹ A clear distinction had been made during the experiment that religious themes never be grappled with in a religious way as far as the psychodrama was concerned, but be strictly limited to the psychological level. If they were insisted upon by a certain patient they were not to be disallowed, but treated in an exclusively psychological manner. The psychotherapist permits no value judgments whatsoever on this subject.

being: "at the ball, a jealousy scene"; "the photograph," "how to stop biting your nails," Iphigenie," "thought transmission," "coronation of the queen of United Europe," "the creation," "the sole of the foot," "the Carmel," "the atomic bomb," "Chateaubriand and the tree," "Shooting for the moon," "to be or not to be," "the tears," "the minute of truth."

Sometimes also, after particularly intense emotions, or in painful situations, rather than use human roles, the patients preferred to *identify with the elements* (for example the dream of one was represented by dances or successive pantomimes—"water," "air," "earth," and "fire" in front of a Chinese temple) or with *animals* (in the themes "the farm," "the mother cow," "the cat and the parakeet," "the birds") or even *plants* (in "the language of the flowers," "the forest," "the bouquet of daisies") or angels (with the theme of the "Angel Raphael") or *things* (as in the "toy merchant").

Furthermore, certain voluntarily adopted themes covered a particular significance: those involving a need of metamorphosis or rebirth, passing eventually through death ("the burial," "ereitemic" (an anagram of the word "cimetière" i.e. cemetery backwards) "separathion of the past and present," "the living dead," "the rebirth," "the delivery,"² "making-up") which powerfully embodied all the tragedy of being despoiled implied by the situation of confinement.

(d) *The problem of the leader.* The definitely inconvenient situation of being Chief of the service and leader at the same time (as was our case) should not be minimized.

Thus is explained the inevitable beginning to certain sessions where, before choosing the theme, a great number of questions were asked; for instance, a delayed discharge, permission for something or more often the troubles of everyday living such as mail, food, guards, or incidences having to do with a neighbor, a nurse, etc. . . . questions to which the physician, as a physician, has no right to ignore, but which should be carried to after the session.

On the other hand, how can the group avoid remaining passive in regard to him who has the power of decision over each of them? Is it not paradoxical to speak of spontaneity and to pretend to give liberty in acting under these conditions? In order to make it clearer, let us take for example

² The patient, delirious and persecuted (who actually had been delivered of an illegitimate child all alone and abandoned), after having relived, so to speak (under the eyes of attentive witnesses) the delivery scene, appeared astonishingly comforted, while another expressed with conviction her joy at "having uttered the cry of the baby."

the case of this same Chief of service deprived of the outlet of the psychodrama and whose decisions can eventually be felt as being arbitrary by the patients or the personnel. Does there, exist a more valuable means of probing than this plunged (it has to be more than make-believe, for the unconscious wouldn't pardon that) to the source of the emotional springs of the patients with whom he enters freely into rapport as equal to equal, of established conventions and outside of the hospital rules?

Besides, the reactions of the group arising from the collective unconscious, sometimes goes very much further. The leader is obliged to accept willingly a situation for a reversed role, whether it is as a servant, as a child, as a patient (obliged to take his pills in front of witnesses), or attacked as the accused (as in "In the promised land, they die of hunger" or "the minute of truth" or in front of "the tribunal"), or if he is indirectly rejected by the intermediary of an assistant therapist ("revolution against the dictator"), or he is purely and simply ejected as in "the ditch", or liquidated, decapitated and "buried" with the theme of "the burial." Once these abreactions are lived through and analyzed, everybody finds his own true place.

This supposes that the leader is necessarily familiar with clinical psychiatry. Besides his personal development should include a true analytical experience in the realm of the unconscious. This helps prevent deception by his own reactions and enables him to orient without danger the reactions he provokes in his patients. Finally, he must be qualified to give a technical formation to the members of the psychotherapeutic team.

The ability of the members of the team to enter into "the act" is variable. It is necessary for each one in order to disencumber himself to clear a large border to be able to reach the level where are the emotional springs he should accept, "to go down one stage" (as if he were in a submarine: theme of a session found by the group according to a delirious patient's statement). To do this he must leave his "Cartesianism" in the hallway and succeed in really "being himself" (and without a mask) in the act no matter what the role or situation is. In that way a common denominator is found and he becomes for the patients a free partner.

Using this method, some of them will become at ease from the start, and most will achieve this only with resolute patience.

All in all, it is from session to session that the members of the team really form themselves, each receiving aid from all the others, learning to control his own unconscious reactions a little bit at a time, keeping as an objective the full disposition of the group. Then, in the course of the

evaluation sessions, members of the team exchange their points of view with a maximum of clearness and freedom and gain with time, penetration and efficacy.

(e) *Psychodrama with confirmed schizophrenics*. Simultaneously more depressing, but no less dramatic, the name psychodrama is hardly fitting. It imposes on the therapist a unique goal. He must actually desert himself if he wants to join the patients in their inertia. That is why instead of having the patients choose a theme (they wouldn't be capable of doing this) and instead of introducing a leader who would soon have become defenseless we preferred grouping them around something tangible which they could more easily accept the contact, then we let them speak and react. Before getting together a small group of twelve patients, we made our selection in the following way: from a large group of forty-three patients (all schizophrenics in a catatonic or delirious state) we had placed a case full of potter's *clay* freshly taken, a pail of *water*, a helium balloon (to represent *air*), and the flame of an alcohol lamp (representing *fire*). Each of the patients was then asked to state his preference for one of the four elements represented and to move towards this side. Only two patients made no choice; those who wouldn't or couldn't speak allowed themselves to be attracted into groups already formed according to their desire.

"The earth" received a majority of the votes and the first group was thus formed around it; the only introduction we had given them was: "It's yours now, do what you want with it." To our delightful surprise, after a slow beginning, each of the patients spoke kneading and molding their lumps, projecting their delirious fantasies on the fabricated object, i.e., the chosen element. This solid point of departure assured us a contact to be exploited. In another group, mostly catatonics, the four elements were placed opposite the patients who were divided according to their desires and who made the elements react one on the other, as a slow introduction to talking.

The results of this experiment will be the subject of a separate paper. From here on, we owe much to Mme. Secheyay who knew how to determine the approach to these very particular patients.

CONCLUSIONS

Among the different methods of group psychotherapy the psychodramatic method appears to be an outstanding contribution. It has been applied for five years in our psychiatric hospital.

The patients responded to this type of treatment because they could

express themselves in action, overcoming their inability to express themselves in words.

Failures in their past, unsuccessful attempts to resolve them, were reenacted in a psychodramatic setting. Under these conditions the patients were free to confront and work out their problems with greater success than in actual life.

Lasting results were obtained by this type of therapy for the patients. In addition, the doctor had at his disposal a method of observation of incomparable value.

He could study both individual and group reactions of the patients and through this method discover clues reaching into the deeper dimensions of the psyche.

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GROUP THERAPY WITH INMATES IN A CANADIAN PRISON

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Rosow's² excellent article regarding his group therapy experiences with prison inmates suggested many of the problems involved in this type of treatment within a prison situation. He stressed the necessity of analytic approaches, "since most inmates belong to a borderline group, neither neurotic nor psychotic, who use criminal acting out as a defense. . . ." He further suggested that within the psychoanalytic framework, one must be flexible enough to modify the techniques to the occasion. Corsini³ outlined a novel "behind your back" technique which he felt was an attempt to do group therapy that was not "forced," "artificial" or "unreal." Despite his attempts to "draw on natural forces," his "gossip" circle seemed quite artificial and yet appeared effective in producing desired changes in the patient-prisoners. In another article, Corsini⁴ created an even more artificial situation by forcing hostile prisoners into group therapy, again with positive results.

The present paper is an attempt to share with the readers some experiences of the author in some novel approaches to prison group psychotherapy. In this work, spontaneity was perhaps the keynote of any success which may have been achieved. The group, like "Topsy," just grew; the growth, of necessity, was spontaneous.

Members of the group were eight white males serving sentences of from two to twenty-four months (the average sentence was approximately twelve months), recidivists between 21 and 25 years of age, with a Full Scale Wechsler-Bellevue IQ higher than 110. Personality features of the members varied from that of hysteria to acting out types of sociopaths. The group met twice a week for approximately eight months.

To initiate group discussion, films were presented and followed by

¹ This study was conducted while the author was on staff at the Regina Jail for Men, Regina, Saskatchewan, Canada.

² Rosow, H. M. Some observations on group therapy with prison inmates. *Arch. crim. Psychodynamics*, 1955, 1, 866-897.

³ Corsini, R. J. The "behind your back" technique in psychodrama and group psychotherapy. *Group Psychother.*, 1953, 6, 102-109.

⁴ Corsini, R. J. Group psychotherapy with a hostile group. *Group Psychother.*, 1954, 6, 168-173.

informal talks. These talks seldom pertained strictly to the film, but often centered around other features of life within the prison. Since the group structure was always informal and unrestrained, the discussions often served as cathartic techniques, allowing the members to "air" some feelings of hostility towards the prison, personnel, and even themselves. There were times when the author sensed he was no more than a functioning member of the group, i.e., members became so absorbed in their heated discussions that a "leader" was ignored—he apparently was not needed at this time.

After a few sessions, it was suggested to the group that we carry out a "project" wherein one could describe a hypothetical crime, and let the other members apprehend him on the weak points of his planning. In the first "job" presented to the group, the author was rapidly apprehended by the "panel of experts." He then proceeded to write on a blackboard a description of the person committing the crime and asked the group if other questions might be asked in order to better understand the criminal and his actions. A few hesitant questions were asked. Following this, we attempted to understand what personality dynamics in such a person may have resulted in his committing the crime. In short, this hypothetical individual was considered a person rather than a criminal.

In the following three sessions, other members became involved in the "game" of trying to perfect a crime and in all cases, were apprehended. The ease of apprehension led the author to speculate that it almost seemed as if the person wished to be caught. This "aside" was rejected as foolishness; "no one wanted to be caught."

After three members had presented cases, another member made the remark, "Okay, we know this and that about the guy and why he may have gotten into trouble; but so what!" Treatment had become a crucial part of the group's growth! Talk now centered around a course of action that could help such a person. At this point, one member (a sociopath) asked if he might present his own case at the next meeting. This was an important step in the development of the group, and from that time, no hypothetical persons were needed to instigate group discussion. All members were eager to present *themselves*.

In their own case presentations, it became increasingly evident that they were talking less about their crimes and more about themselves. Questions asked the presenting member became more focalized upon his particular problem. Here, the members became extremely astute in asking questions that "hurt," yet these questions were important in understanding that person. Initial defensiveness on the part of the questioned member

became diluted in intensity because he in turn was able to question other members. The focus appeared to be on the "idioverse"^{5,6,7} of the individual rather than on comparing his actions with those of other people. The members were seeing themselves now as unique individuals, not merely portions of other populations.

With the progression of time and number of presentations (with each member presenting his own case several times), the level of questioning became more integrated and dynamic. It was also evident that each member was asking questions related to his own specific difficulties. To indicate this, the author listed on the blackboard the questions and the initials of the person who asked them. After this period, we looked at the questions and initials and noted the similarity between these and the problems of the individuals. It was noted that we often have trouble seeing the other person's difficulties since we tend to look at them from our own personal perspective.

Treatment aspects, presented earlier as a problem, became increasingly pressing. The members appeared to understand reasons for their crimes, and now were greatly concerned about a better understanding of the presenting member, and consequently helping him. They did, in fact, actually begin applying this activity outside the group session. For example, when one member became quite anxious ("shaking rough time") he talked it over with another member of the group who he felt knew what he was going through. This interest in helping each other also became manifest in their desire to help prisoners who were not group members.

In view of the expansiveness of the group's interests, the author decided to ask if they would be interested in trying to handle semi-practical situations by reading about them and answering in writing. That is, a person would be described in terms of the crime committed and a social history would be given. They would be asked questions regarding the type of person they felt him to be, why he got into trouble, and what might be the best way to help him.

In attempting a task of this nature, some members were able to express themselves quite well while others were not. Among those finding it difficult to write out their thoughts was one who might best be described as an

⁵ Rosenzweig, S. Idiodynamics in personality theory with special reference to projective methods. *Psychol. Rev.*, 1951, **58**, 213-223.

⁶ Rosenzweig, S. Idiodynamics and tradition. *Psychol. Rev.*, 1953, **60**, 209-210.

⁷ Rosenzweig, S. The place of the individual and of idiodynamics in psychology; a dialogue. *J. Indiv. Psychol.*, 1958, **14**, 3-20.

impulse-ridden psychopath. His answers were stilted, laborious and certainly lacking the dynamic qualities of his verbal expression during group discussions. The converse of this was noted in the hysterical-type member who, although exhibiting minimal interaction during group sessions, was able to express himself very clearly in writing.

The second case presented to the group dealt with more dynamic material than did the first, and subsequently is being presented as an example of the stimulus offered to the group, followed by some of their responses to it:

"A male subject, 22 years of age, has committed a first offense of armed robbery with assault. He held up a man who offered no resistance. The subject seemed to try to get the victim to fight back but was unsuccessful. Then the subject beat him up and left, taking only \$2 from a wallet containing \$100. The subject went home and slept. He was apprehended by the police while sleeping. He confessed without any expression of fear or remorse over the crime. At the trial there was a great fuss made by the public over his "outrageous" criminal act. He was convicted and given a sentence of two years less one day. You see this fellow at the jail."

The answers given by various members of the group to the following questions portray a good deal of the dynamic interchange existing among the members at this time.

1. How might you approach him and what would you look for in him?

Answer. "I would approach him in the yard and strike up a friendship, or try to. I don't think the subject should be approached immediately but it should be given time, possibly letting the man bring up the subject himself. I would look for a tense, nervous, and frustrated person; one who feels let down and lost within himself."

2. What might his attitude be, and why?

Answer. "He might resent my 'butting in' as he would call it because he has been hurt by someone before and he doesn't want it to happen again. It could be his parents have let him down a couple of times and his friends the same, if he has any, which I doubt very much. That is, true friends, not fair-weather friends. He might tell me to mind my own business but I doubt it because he might feel I might be able to help him in different ways."

3. Tell what your attitude might be toward him, and why?

Answer. "My attitude toward him wouldn't be sympathy nor would I condemn him for his actions, because I know there would be a good

reason for it. I might resent some of the things he might say to me, but I would try not to show it. My true attitude towards him would be the same as the next guy. There would be no feelings towards him at all, not sympathy, mad, glad, or disrespect feeling for the guy because I figure he wasn't to blame for the thing he did."

4. Tell what you feel his homelife and background were like?

Answer. "I think his homelife would be all mixed up. His mother and father always fighting and favoring his brothers and sisters more than him. His father might have licked him quite often and his brothers might too, so he would naturally look for some way to get even or to take his resentment out on somebody else. He tried to get the guy he robbed to fight back so it wouldn't bother him so much, but the guy wouldn't so it made him all the more mad so he beat him up anyway. I think his homelife must have been more on the rough side than anything else."

5. What seems to have been his trouble?

Answer. "His homelife I think was a very good one. He didn't need money. They could have given him everything he wanted. It looks like he wanted to go to jail, to get away from his home. I don't think he could do anything he wanted to do for himself. There was someone all the time telling how to do everything."

6. How might he be helped?

Answer. "Definitely put him in group activity. Find out more where his interests lie and try to overcome these things he feels he has to fight to get."

Several other cases were presented to the group, each being answered successively with seemingly more insight into the problems of the prisoners.

By the end of eight months, some members had been released from prison and the group dwindled to three of the original eight members. Rather than bring new members into the group at this time, this small number was retained until the author's departure from the prison. However, when two others groups were started, another opportunity arose to investigate the potentials of the prisoners in actually treating themselves. One of the original group members was asked to take over a new group on the pretext that the leader had to attend a staff meeting at the time scheduled for the new group meeting. The member was introduced, and the new group was informed that he would act as leader until the author returned. About thirty minutes later the group was found vigorously involved in a discussion of what an individual might seek and find in

group work. The members and the new leader were talking their own language. Establishing rapport was no problem because the leader had been immediately accepted as "one of them," and there was no evidence of the usual initial period of resistance. Rather, in their first meeting they were discussing problems and how the prisoners might best be handled and understood. This phase of the work had only begun when the author left, and since no other personnel were available, group therapy using the above techniques was discontinued.

DYNAMICS

In retrospect, one is often more able to note growth within a group structure than he could during the actual group interactions. Members of the previously described group began to relate to one another during the film discussions. In this activity, they groped for hypothesized limits (e.g., discussion might be considered acceptable only if negative statements about the staff, prison, etc., were not mentioned). Further freedom of expression evolved when these limits were not substantiated. The initiation of discussion of criminal activities allowed further freedom, since the topic (an area in which they felt quite 'sophisticated') enabled members to gain prestige (narcissistic value). By encouraging this interaction, it was possible to explore the potency of dealing with a "loaded topic" within a prison milieu. An interesting aspect of this technique was that the prisoners very soon became more interested in discussing and seeking help in their own personal problems than in any behavior which might be construed as some type of "finishing school for crime." That is, the symptom (criminal behavior) assumed a minor role, being replaced by a need to understand the basis or cause of the symptom.

Narcissism, often attributed to psychopathic personalities, was used in this group as an aid to self-understanding. In their offers to answer any questions about themselves, the members were gaining in satisfaction of narcissistic, exhibitionistic needs, and, at the same time, were giving of themselves to others. At least in one instance, this arrangement of face-to-face descriptions of themselves and discussions appeared superior to the "behind your back" technique used by Corsini.³ In our group, the investigated member was questioned by his peers and friends, and his defenses became an integral part of the interaction. These defenses were spontaneous while questions and answers were being offered, and consequently were perhaps more useful than having the members "psychologically" outside the room as in Corsini's approach. As the defenses of the questioned member

became manifest, they were often brought into the focus of attention by other group members and were accepted by the person under scrutiny. Such interactions denoted two things: (1) the members trusted each other; and (2) they did not fear each other. As a consequence of these two features, there was a reduction of resistance and other defenses, with subsequent openings and more available energies for further avenues of insight.

Techniques of demonstrating defenses such as projection, denial, repression, etc., were easily introduced into the group activities and were often given added meaning by becoming a concrete portion of the interactions. They were not interpreted by one person (therapist) to one individual (patient), but were the combined products of several closely knit people functioning as a group.

As the members became aware of possible bases for their own behavior and difficulties, they became aware of a push from within to aid others in similar straits. In this phase of the work, the insights gained were put to practical use, and the surprising feature of it all was that the prisoners (some classed as "psychopaths") were actually seeking to **HELP OTHERS!** In their attempts to understand and help others, it was often obvious that the prisoners were more astute at understanding and communicating certain aspects of behavior to fellow prisoners than was the author. This was particularly true in their expression of feelings of anxiety when they were locked up, or prior to committing a crime. For example, one member mentioned to the group that he became very "nervous" just prior to breaking into a house, but the moment he was inside he felt quite calm. Other members were able to comment on this feeling, and, using their own cases as examples, were able to relate the alleviation of anxiety upon performing some criminal act. Here, the prisoners were putting into their own words much of the dynamics involved in the acting out of their anxiety.

There were differences in ability exhibited by the various members when undertaking the task of writing some of their feelings. The very impulsive psychopath, who could express himself very well verbally, encountered a great deal of difficulty in describing his feelings on paper. The hysteric, on the other hand, became quite expressive when writing but could not communicate with such ease on a verbal level. In the case of the psychopath, it is possible that this type of person feels constrained and inhibited and because these features occur in writing, frustration could result, actually hindering his expressive attempts. This was often noticeable on the part of the psychopath in his sporadic outbursts of swearing and

complaining that he could not think too well this way. The hysteric, however, might have been better able to overcome much of the need to repress and inhibit expression since he "found safety" perhaps in the "unreality" of writing his thoughts (i.e., he would not have to cope with immediate acceptance or rejection by a listening audience).

The possibility of establishing groups using prisoners as leaders within a prison seemed very promising. A problem inherent in such an approach is the possible threat to administration within a correctional institute by seeming to give some authority to the prisoner (i.e., he is now running his own group). Here, the problem of educating administration to the dynamics of group work is of extreme importance if such treatment efforts are to be fruitful.

VALUE OF THIS GROUP THERAPY APPROACH

Assessment of the value of any therapeutic endeavor is tenuous and difficult. With particular reference to prison group therapy, several questions may be asked. Is the prisoner a happier, better adjusted person since his group experience? Is he now able to cope more successfully with society and consequently remain out of prison? Is he a more productive member of society than he was before his work in the group? Have his character disorder traits disappeared? Is he a more "model" prisoner than he was before the group therapy?

The above criteria constitute some aspects in which, hopefully, a change can be effected through therapy. However, one must question whether effective therapy is exhibited in a complete casting off of maladaptive personality constructs, or in merely changing certain areas to limited degrees within these constructs. The viewpoint of the person assessing the change is important. For example, administrative viewpoints may look for the changing of the rebellious prisoner into a meek, submissive, "model" prisoner. On the other hand, it may be imperative that certain types (hysteric, for example) be allowed freedom of expression which may eventually reach the point of challenging excessive demands placed upon him, demands which formerly he may have accepted without question.

All members of this group exhibited personality change and showed insight to varying degrees into their problems. Not all prisoners remained out of the hands of the law after release from prison. One member, at least, did make a successful adjustment after his release. He had been labeled a psychopath and had never remained outside of reform school, jail, or a penitentiary for more than six weeks at a time from the age of 14 years.

After his release, he married, obtained steady employment, and is now raising a family which he feels proud to support. In correspondence from him, he has expressed an interest in writing some of his ideas about the possible etiology of his own difficulties and those of others like him. Such an individual exhibited changes in his character structure and in his ability to cope more successfully with society. Other group members who have returned to prison or the penitentiary have not benefited, in this respect at least, from the group therapy. It is difficult to assess whether other aspects of benefit have been produced since this would require follow-up studies which have been impossible to carry out at this time.

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"ROLE REVERSAL" IN A GROUP PSYCHOTHERAPY SESSION

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One gray evening, December 6, 1962, the writer and four adolescents met at the Youth Counsel Bureau for a group psychotherapy session.

The counselees were single, ranging in age from 17 through 19, with a similar difficulty in common: they had stolen cars and were subsequently arrested. These four youths did not know one another, and had gotten involved at different times, dates and places. They were paroled to our Agency by Adolescent Court for guidance and supervision for a period of three to six months. None were active with the Agency during the project; their cases having been dismissed subsequent to our having submitted favorable reports on the four respective cases to the court.

Writer was interested in learning (1) the rationale for their involvement; (2) their feelings in the vehicle immediately subsequent to their having stolen it; (3) what lesson, if any, did they learn as a result of their involvement; (4) and finally, (thanks to Mrs. Moreno's suggestion) how would they feel if they were the respective owners of the vehicles involved (role reversal).

The following is the hypothesis: writer wished to prove that although the rationale for their involvement might be different in each case, that underlying this rationale, there would be a psycho-social rationale; that it would be pertinent in each case, and furthermore, acceptable.

Writer, of necessity, was both director and recorder of the project. Writer took notes in shorthand, a tape recorder not being available.

The surnames of the four subjects will not be revealed both for ethical and confidential reasons. Suffice to say, their first names are: John (17), David (18), William (17), and James (19). Of the four youths, only James is articulate and intelligent, and to a lesser extent, John. The other two communicate poorly. William is almost non-verbal, and usually responds in monosyllables. David is a powerfully built and gruff speaking youth. He speaks like one reared in a sub-culture all his life.

Writer explained the project in terms of the criteria established. He did not mention the hypothesis. He added that their verbalizations and feelings would be useful to our agency in dealing with youths who commit similar crimes, so that we could plan with them more realistically in terms of casework approach and rehabilitation. Finally, it was quite conceivable

that this project would be printed in a journal for other agencies to peruse; to guide them in their tasks of rehabilitation. This latter statement was made with tongue in cheek; writer cognizant that this would hardly be possible of realization.

Writer sat at the front of a large table, with two of the youths to his right, and two on his left. The session then began.

Writer turned to John (17) and inquired why he had stolen a car. John: "I can't say." After thinking a moment, "I thought it would be fun." "How about you James?" James: "When I see others driving, they seem to be free of problems." "What else?" "They appear to be relaxed and free." "Free of what?" "Free of cares and worries." "Is that the reason you stole a car?" "Yes, I too wanted to have this feeling of freedom from care." "You must have been very troubled at the time." "I was." "Tell us about it." "No job; Pop and Mom arguing about money; my brothers and sisters reacting to the family difficulties." "And you believed that a car was an answer to your problems." "Not a complete answer, or really an answer, but an escape for a period of time." "In other words, you realize that the vehicle was used as an escape?" "Yes."

"How about you, David?" "I donno; I just did it." "Tell us why." "I thought I could get away with it." "How about you William?" "I just saw the car and took it." "Why?" "I wanted a ride." "You could have taken a train ride, or a bus ride; why a car ride?" "Is it perhaps because you wanted to do the driving?" "That's it!" Writer then discussed the matter of impulse, and explained this concept. No response came from them.

"Now we shall discuss how you individually felt when you were in the car, behind the wheel."

"Do you want to start James?" "It is difficult to explain; but I know I felt good." "Is it possible you felt good because you were in the driver's seat?" "Perhaps." "That you yourself were in control of this large vehicle?" "Yes, it is possible." "Does this make you think of something?" A look of perplexity. "Is it perhaps that you felt you were in control of your own destiny, or of your own fate?" "I never thought of it that way; but in thinking about it now, it is a possibility." "How about you John?" "I felt a little excited; that is about all." "Why excited?" "I don't know." "Was it the strangeness of the situation?" "Yes, it was strange and different." "That's good; what else? Did it perhaps give you a feeling of confidence?" "Yes, it did." "Anything else?" No response. "How about a sense of power?" "Maybe, but I didn't feel it." "Remember, you are behind the wheel of a large vehicle. You are in control of that vehicle. Doesn't this give a sense of

power?" This last remark was addressed to the four youths. John, James and David felt it did; William was unable to say.

"How about you William?" "I felt the same way." "What way; tell us about your feelings." He shrugged his shoulders, but did not answer. "Did you feel happy, sad, indifferent, excited—what way?" He would not respond. "How about you David?" "I felt good." "Tell us about it." "I can't explain it." "Try." "I felt I was getting away with something." "Do you usually feel good when you are getting away with something?" "Yes." "Why?" "I don't know." "Think about it." No response. "Do you think this might have something to do with your father?" "What do you mean?" "How did your father treat you when you were a kid?" Still no response. "Was he tough on you?" This knowledge was available to writer from counseling sessions in the past. "Yes, he was kind of tough on me." "Tell us about it." Initially, he hesitated, then very falteringly, he began: "He wouldn't let me stay out late like other kids; he would hit me for any reason; he wouldn't let me go places or do things I wanted to do." "Like what?" "Well, if the other kids went to Coney Island, he wouldn't let me go." "How about in the house?" "He wouldn't let me make noise, or speak loud." It is to be noted that this was quite a lengthy soliloquy for David. In past counselling sessions he was non-communicative. This can probably be explained by the fact that he now felt he was not in an authoritative setting, and thus felt freer and less restrained. "Do you feel there is some connection between the treatment you received at home, and the fact that you feel good when you get away with things?" He stared at writer blankly. Writer provided explanation, and he responded that he comprehended, although this is questionable.

Writer now inquired what each learned about the experience.

"Let's start with you James." "I learned that the experience was not worth all the trouble. Although it may have been an exciting experience, it didn't pay to get involved. I was placed in an embarrassing situation; had my fingerprints taken; had to go to court, and finally to your agency for a period of six months." "How about you John?" "I feel like James." "Anything else?" James left out something; he was arrested. "It isn't worth getting into trouble with the law. I know that now. I feel like a criminal." "Is it because of your record?" "Yes." "Remember, you paid your debt, and your record (finger-prints, photo) were returned to you." This is one of the services our agency renders to youths whose cases are dismissed. "I still feel I have to answer "Yes" on an application asking whether or not I was arrested." That is true; but you don't have to say convicted. This is

what is important. After all, anyone can be arrested; but it is the conviction or non-conviction that counts."

"How about you William?" He did not respond, and writer had to repeat the question. "I learned you can't get away with anything." Again, a surprising response from one usually very inarticulate. "Anything else?" No response. "How about you David?" "The same with me." "What do you mean?" "I felt like the others." He actually said "odders." "Do you mean, you realize it isn't worth getting into trouble with the law, because you can't get away with it, and that you have a record?" "Yes."

Finally, the fourth point—role reversal. This concept was explained to them. "Well James?" "If I put myself in his (the man whose car was stolen) place, I probably would be upset." "Why?" "My car was stolen, and I probably had to use it. I would feel frustrated and perhaps angry. I would probably have cursed under my breath." "You John." "I would have been upset, but in a way, relieved." "What do you mean?" "If I had an old car, I would have been happy someone stole it." "Why?" "I probably wouldn't be able to get rid of it. In addition, I would be paid for it." "Did you steal an old car?" "No, I stole a rather new car." "So you see it would not have helped you any. In addition, you would have gotten no more than the car was worth, and as you probably have all learned, discovery is made rather quickly, and very few cars remain lost for any length of time." "How about you William?" "I would be angry." "Why?" "I like to drive, and would want the car." "You are only seventeen; you have plenty of time." "I know, but I like driving a car." "Can't you wait for one more year?" "I will have to." "How about you David?" "If anyone took my car, I'd punch him on the jaw." "That is an interesting attitude. Remember, you stole a car too." "That's different." "Why?" "You would want to punish another if he stole your car. What about your punishment?" "Didn't I get punished?" "Yes, you did, but the court punished you. You want to take the law into your own hands. I am concerned about your unforgiving attitude." "Aw I'd forgive him with this," and incited a clenched fist. "In other words, the important thing to you is, who is caught. If you are caught, you want law and order to prevail. But if you catch someone, you want to take the law into your own hand. Remember, as I said before, we have courts for punishing people." No comment.

"Now gentlemen, let's see what we learned from this session. "First, you stole cars for different reasons: one, impulsively; one, because you thought you could get away with it; one, because you felt you would feel free of cares and responsibilities; and finally, one, because it would be fun.

But no matter what the reason, we all learned that it does not pay to get involved. Why is this so? You probably know the obvious reasons, but there are others. In a Felony conviction (this was explained) we can lose some of our civil liberties, such as the right to vote, drive a car, obtain a Federal or Civil Service job, etc. Although a misdemeanor is not as serious, it can still deprive us of certain job opportunities, such as Policeman, Fireman, and any Federal or Civil Service job. Thus, you can be stigmatized for life.

In addition to the obvious reasons for stealing cars, I tried to bring to your attention the psychological or unconscious reasons for doing so. I mentioned the sense of power, the confidence, the desire the control our own destinies, etc. None of you mentioned the desire for status. Obviously, this is a more hidden and unconscious reason. The desire for status in our country is very great. All of us having access to T.V. want to share in the abundance which American technology is able to produce. Although it is something we all strive for, it is not always very wise to pursue; especially if we cannot afford to pay for the things we want or try to keep up with the Joneses. There are also times when we must delay immediate gratifications, (this was explained in simpler terms) until we can handle them in an adult and constructive fashion. Finally, the four of you stated in your reversal of roles that you felt badly when your cars were stolen by others. What does this teach us? To think before we leap; to put ourselves in the place of the person or persons we are thinking of hurting. Let us try to imagine in our minds how they feel, and how we would feel in similar circumstances. Any questions? There were none. Good evening, gentlemen.

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MICKI'S 'WORLD

A Continuing Experiment in Psychodrama

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Micki is a sociometric "star," the kind of being whose inner dynamics seem to produce a magnetic charm. She is the most popular child in her class. She is usually a captain in games, and always the first to be chosen. Other children vie for her company and her favor. She is invited to every birthday party in her school and neighborhood age groups. Popularity has not overwhelmed her; she has not become a tyrant. Instead, she seeks always to include the "loners," the isolates, in games and other activities. She ever seeks out the unsought. Perhaps that is because she has, for a long time in terms of her short life span, known what it is to feel lonely and unloved

Micki lives in the chameleon emotional world of childhood. Sometimes it is bright and sharp, with clear and vibrant colors. Again, it is surrealistic, its forms blurred, its colors shimmering and merging, as if seen through a window streaming with rivulets of rain. Sometimes it is stark and bare, bleakly black and white.

Micki's actual world is small, bounded by family and school and neighborhood. Yet, from her standpoint, it is immense; sometimes it is frightening and full of threats

I am Micki's therapist and friend. I have been admitted into her world, explored it with her, re-learned the thought processes and emotions of six-going-on-seven. Micki has re-evoked for me the world of childhood. She is my guide over dimly-remembered terrain. This paper covers briefly the course of psychodramatic therapy upon which Micki and I embarked some months ago.

BACKGROUND

Micki is the oldest of three children, all girls, each of whom was expected to be a boy, and whose parents gave them all boy's names. Both parents were themselves lonely children whose parents failed to give them the necessary love and understanding. Micki's father was bitterly disappointed each time a girl child was born and gradually immersed himself more and more into his own business. Micki's mother attempted desperately to make

her children's lives the complete opposite of her own, but her unhappiness at her husband's withdrawal and her inability to live up to her idealized image of motherhood have taken their toll. She is excessively attentive to and demonstrative with her children. "Attention" is equated with showing them how proud she is of them. She constantly shows them off. Love is translated into swooping embraces and vehement protestations. But affection alternates with sharp querulousness which can quickly change to screaming and slapping. These lapses, painful as they are to her, appear to be beyond her control. The "bad spells" are followed by remorse and extravagant expressions of love. The relationship of the parents is similarly volatile, with frequent violent arguments and equally emotional reconciliations.

I had noticed a change in Micki over the past year. She had been a sunny child; the emotional storms within the household had swept her onto a strange shore. Now she started to become moody; hectic gaiety could turn to brooding withdrawal. She mercilessly teased her younger siblings and was suspected of covertly hitting and pinching them.

Micki, her mother and two sisters sat in my garden with me one day when an incident precipitated the initiation of therapy. Sudden shrieks from Ronny, sobbing accusations and Micki's too casual air pointed to one obvious conclusion. Her mother turned to me with a desperate place for advice or help; thus began my first attempt at psychodramatic play therapy with Micki.

THE FIRST ENCOUNTER

Asking Micki to bring an old doll for us to play with, I began to talk about anger. Anger, I told Micki, was not "bad"; it is possible to love people and still feel anger towards them. In the following dialogue, *T* stands for the therapist, *M* for Micki.

M: I don't believe it.

T: But it *is* true, Micki. I don't suppose you will want to play with me if you don't think I'm telling the truth.

M: Tommy doesn't tell the truth and I play with him.

T: It's nice to play with a friend. Do you ever get angry at him?

M: Yes. I tell him he is bad and I make him go home.

T: Does that mean you will never play with him again?

M: Sure I play with him after. I like Tommy.

T: Do you like him when you are angry at him?

M: No! . . . Yes! . . . I like him *anyway*.

T: Well, that's what I mean, Micki. You get angry at him but you

like him *anyway*. When you get angry at Ronny or Bobby or Mommy or Daddy, you really love them *anyway*. Right?

M: (tentatively) Yes

T: I imagine Ronny made you angry before, and so you hit her. Now, let's start to play. This doll's name is Ronny. She has made you very angry. You cannot hit the real Ronny; she is smaller than you. But you can hit this Ronny because she is just a doll. You are very, very angry at this Ronny. You have never been so angry! Tell her just what you think of her. Say anything you want to. It is perfectly all right.

M: Ronny, you are a bad girl. Nasty girl! You are no good! I HATE YOU! (These words were followed by a sudden stricken look at me.)

T: (calmly) Ronny, Micki is certainly angry at you. She must feel that you were mean to her. She hates you when you are bad to her, but she loves you anyway.

Micki, I can understand feeling that way. And you can do more than tell Ronny how you feel. Do you want to hit her? She is a doll Ronny, so you can go ahead. Do anything you want to her.

At this point, Micki proceeds to tweak the doll's nose, slap its face, pinch its toes, twist its arm, and ends with some resounding blows.

T: It's a good thing this is a rubber Ronny-doll and doesn't break! Did it make you feel better to hit her? (Micki nods) That's good. Now you don't have to hit the real Ronny. Now let's pretend this is a Bobby-doll. I'll bet sometimes you would like to hurt Bobby too.

M: Yes!

T: Well, I'm not surprised. Sometimes she must seem like a nuisance and that makes you angry. Go ahead and beat up this doll-Bobby if you would like to. (Micki does so, a little less violently than previously.) Well, you did a real job on the doll-Bobby. I think everybody feels that way sometime; I know I do. Of course, you won't try anything like this on the real Bobby?

M: That would be bad.

T: Yes, it would be. It's better to think about what we would like to do, but not do it, except when we have a doll to use instead. But it's perfectly all right to think about. Did you know that?

M: No.

T: Well, it really is.

As the session progressed, the doll became in turn Mommy and Daddy, whom Micki attacked with an utterly abandoned violence, attempting to gouge out the eyes and twist off the head. This last was too much for her mother, who had been growing obviously and increasingly uncomfortable. With her decision that it was time for the children's supper, the play session ended.

For at least a week afterward, her mother told me later, Micki was "a perfect angel." Her moodiness returned, but more mildly and with less frequency. For Micki's mother the session had provided some insight into her child's hidden feelings—she began dimly to see Micki's conflicts and her own part in them. For me the session had been an eye-opener as well!

For some time, Micki and I had no further sessions. Occasionally we spoke about our play session; it was obvious that she had enjoyed it. Micki and her family moved to a new apartment. Some months later I learned that her mother had taken a job, and that Micki was exhibiting a recurrence of her earlier exaggerated moodiness and irritability. I thereupon arranged to call at their apartment, and to have some time alone with Micki. It was agreed that I should initiate therapy in whatever way seemed most appropriate.

T: Micki, shall we play together as we did before?

M: With dolls?

T: If you would like to.

M: I don't know . . . I would tear the dolls to shreds and my Mommy and Daddy would be mad.

T: I think you are mad, angry, yourself. Sometimes it helps to talk about things. Can you tell me how you feel when you are angry?

M: I just feel mad and bad.

T: I think I know what you mean, Micki. I have felt that way myself. I'll bet you some of my thoughts are what you would call pretty "bad," sometimes. But it's all right to feel that way, remember? Everybody does, sometimes . . . Micki, shall we do some different pretending? Would you like to pretend to be an actress?

M: (brightening) Yes! What shall I do?

T: Well, acting is really pretending. An actress can pretend she is sad, or happy, or angry, or whatever she wants. She tries to think how she feels when she really is angry or happy or sad or anything else, or how other people seem to her when they feel that way. And then she goes ahead and acts like that. Now, suppose you

pretend to be a princess, and act the way you think a princess would. I will act too when there is something for me to act.

Micki was a haughty but gracious princess, who cued me to seek an audience and promptly settled my grievances against the imaginary royal guards. When she suddenly became Micki again, her royal bearing vanished and she stepped down from her "throne." Whereupon I suggested that she pretend to be a Mommy, and I would be her little girl.

M: Hello, I am home from work. Here's a big kiss. WHY DIDN'T YOU CHANGE YOUR DRESS?

T: I am sorry, Mommy. I forgot.

M: You are a bad girl! You know I am tired when I come home from work. Now I will get a headache.

T: I don't want you to go to work.

M: You are a silly girl. I just go to work so you and Ronny can have dancing lessons. Don't you like dancing lessons?

T: Yes. But I don't want you to go to work.

M: I would like some coffee and a cigarette. Would you like to sit with me, and have some milk?

T: Why can't I have coffee too?

M: Little girls don't drink coffee, that's why. Now don't be a bad girl. Go and get a game for us to play. No, I'll get it myself.

Micki did actually bring in a game, which we played until her mother and the younger girls returned. I left, promising Micki that I would come again to play with her.

In our talk prior to the acting session, I had realized that Micki could not verbalize her deeper feelings. The decision to try psychodrama was an attempt to gain access to these feelings. The "princess" suggestion was purely a venture into fantasy, without regard for emotional content: a springboard for a dive into the pool of Micki's feelings. The acting out of the mother-child roles gave me some insight into Micki's anger at her mother's working. I had suspected that this feeling existed, and therefore injected it into *my* role as Micki. Her response indicated that I was on the right track. I had planned to reverse roles, but this was precluded by Micki's introduction of the game, which I allowed. Micki's switch from psychodrama to game could, I felt, be interpreted as an exhausted concentration span, or as an indication that she was uncomfortable with my bringing her hidden feelings out into the open. In either case, nothing could be gained by attempting to go ahead in any direction but the one Micki herself had indicated.

THE PLOT THICKENS

At our next session about ten days later, I asked Micki whether she would like to be an actress again. She eagerly agreed.

T: Last time you were the Mommy and I was the child. This time, shall we start out with me being the Mommy and you the child?

M: That's not pretending.

T: Oh, I see what you mean. You *are* a child, so you can't *pretend* to be one. But you could pretend to be a *different* child. Would you like to be Ronny?

M: Well, I'll try

In this session Micki was Ronny (selfish, demanding); Bobby (whining, petulant); Daddy (busy with work, the newspaper, watching TV, free for his daughters only on Sunday afternoons); and finally Mommy (headachy and irritable at times, showing a marked preference for Ronny, Bobby and Daddy, and seemingly with very little interest in and affection for Micki). The session ended with an abrupt switch to dressing dolls. I promised to come next time with fabric, and to show Micki how I made doll's dresses when I was a little girl.

Making my notes on the session, I reflected that I was no longer the Director in our psychodramas! Micki's progress from the role of Ronny to the roles of everyone else in her immediate family had been her own suggestion, as had been the diversion to doll-dressing. I felt that it would be wise to let Micki continue to set our pace. Meanwhile, I was gaining further insight into her view of her own place in the family constellation, and the roles of parents and siblings as she saw them. This knowledge would help me in future psychodramatic sessions with her. By learning more about her feelings, I could respond to her cues by *reflecting her feelings back to her* in my own role-playing.

At the next session, we reversed our usual procedure by starting first with the dolls. I showed Micki how to cut and sew a very simple one-piece dress, using large basting stitches which I felt she could master. If the results were far from *couturier*, they were highly satisfactory from Micki's point of view! Suddenly, she was ready to switch from diversionary activity to psychodrama!

M: I know how to act like other things too. Not people!

T: Well, that sounds interesting. Could you act like a . . . let me see . . . a flower?

Micki could and did. She was a flower, a chair, a bee who buzzed and hovered,

and whose antennae were almost surely visible and palpitant! Micki was a duck, a baby chick, a mouse, a butterfly, a snowflake. When twice she demanded that I *guess* what she was being, some Heaven-sent intuition, aided by her undeniable acting ability, supplied the correct answer.

My notes following this session contain the following comment: Micki's mother reports that Micki is happier, more considerate and tractable, and far more congenial toward her family.

MICKI GAINS INSIGHT

Several sessions later, Micki was in bed with a cold and sore throat. She at once asked me to tell her a story. And tell her a story I did—about a little girl and a lady who were friends, and how they played together, and how acting is sometimes not “pretending” at all, but is actually an expression of true feelings; how important it is to know our feelings if we want to feel good instead of bad; and about how I had learned all this from a Doctor who did nothing but teach this to people like me so they too could help people as he did. When the story ended, Micki sighed with contentment.

M: I think that story was about you and me.

T: I think so too.

M: The Doctor must be very good and very nice.

T: Yes, I think he is.

M: You are very good and very nice too.

T: Thank you. I have my “bad” times too, except I don’t think “bad” is really “bad.” The Doctor doesn’t think so either.

M: When I feel “bad” I don’t feel “mean-bad” any more. I feel “good-bad.” . . . Do you think I’m nice?

T: Very nice, and very good, even if you feel “bad.”

M: My Mommy and Daddy think I’m nice too.

T: I’m glad they know how nice you are.

M: I like for you to come to see me and play with me. When you go home I miss you. Then I have fun with Ronny and Bobby. Sometimes I feel so nice inside of me (placing her hand on her abdomen). It’s like when you take a bath and put on clean pajamas and get in bed, and Mommy kisses you and her neck smells so good.

T: That’s because when you act, you are letting me know how you feel about a lot of things. You know that I don’t think any of your feelings are “bad” really. You are letting yourself know

too. Then your feelings don't get all stuffed up inside of you. Some people don't like to know what they are really feeling. They push everything back inside of them and never let it come out. Then they are full of all the feelings they pushed away. It feels crowded and "bad" inside. Then they are unhappy and sometimes it makes them act "mean-bad."

M: I think my Mommy and Daddy feel that way sometimes. You ought to show them how to play our acting game. You ought to play acting with them.

T: Perhaps you and I will show them how.

M: I'll ask Mommy as soon as she gets home!

And that's how matters stand at the present time. A joint psychodrama session with Micki and her parents is planned. These will probably lead to other sessions. Before we bring Ronny and Bobby into the family psychodrama, Micki and I will have some sessions with them. Within several months I believe that we will have some very productive family sessions in progress. It will no doubt be quite an experience for the parents to role-reverse with their youngsters!

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NOTE ON A PROJECTIVE TECHNIQUE FOR STUDYING GROUP DYNAMICS

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The technique to be described is a modified sentence completion method which yields material for the diagnostic study of groups rather than of individuals. In effect, the group both composes and takes its own chain sentence completion test; each member contributes one completion and then composes a stem to be completed by another member. Although validation studies are yet to be done, the technique in its present state appears promising as a tool for research in group dynamics.

The materials needed are enough sheets of paper to accommodate one written sentence per group member. The sheets are stapled together in booklet or tablet format with a face sheet bearing the following instructions:

1. Complete the last sentence below.
2. Immediately following that, write the beginning, but not the ending, of another sentence. Leave the ending blank so that the next person can fill it in.
3. Then pass the paper on to anyone else who has not already had it.
4. After each person in the group has had a turn, the last person to get the paper should return it to the examiner.

In starting the paper on its rounds, the examiner must single out one member and ask him to write the opening stem. (If focus on some particular topic is wanted, the examiner may announce the chosen subject matter and supply the first stem himself.) While the test is under way, the group may, if desired, keep busy with some other non-distracting task such as written work or silent study. The stem written by the last member participating may be completed by the writer of the opening stem, or if preferable may simply be deleted. The sequence in which members participate can be controlled by a prearranged order if this is needed for experimental purposes. To obtain longer protocols (e.g. from smaller groups), the entire round robin may be repeated, giving each member two or more turns.

The technique is adaptable also to "unassembled" groups such as social cliques or patients on a hospital ward. For such situations the instructions and administration should be modified to suit the circum-

stances. For example, a list of members' names may be included in the form of a routing scheme, so that each member, after taking his turn, crosses out his name and passes the paper on to another participant.

The obtained response material will be subject to whatever kind of analysis is called for by the nature of the research problem and the design of the experiment. In general, the most plausible analytic methods will probably be either psycholinguistic or projective. Conceivably, after thorough trial in research, the technique may prove useful in both diagnostic and therapeutic work with groups. In a group psychotherapy setting, the material could be fed back to the group either orally or in writing (one copy to each member).

Considered as a potential projective test, the technique appears to encourage candid expression by permitting considerable relaxation of surface defenses. No one contributor need feel personally accountable for a complete statement because no single individual actually produces one. The following sample is excerpted from the protocol given by a large mental hygiene clinic's professional staff:

"Getting back to the subject of the clinic, in it there is an interesting subculture in which / the foibles of the human race are laid bare. Yet we can see a definite / trend towards improvement. Since that is the case, / should we not do whatever is necessary to keep our foibles bare? For we are / as barren a group as ever assembled, and who would know better / than we? However, being aware of this barrenness, we are in a position / to pick each others' brains without fear of stealing anything. There remains the possibility, however, that the brains of our patients / are already stolen. If we cannot steal the unstealable then we must / find some more fruitful occupation. Or perhaps we could go on to / a more productive phase governed by the method of task orientation and the goal might be the patients' benefit. In order to accomplish only a little of that we / must proceed with concentrated effort. It would seem that unless we do, / we will fade away into the twilight of interpersonal decadence."

COMMENTS ON CREATIVITY AND DESTRUCTION

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This presentation is somewhat fragmentary with no formal conclusions. My intention is to develop some ideas that require further thinking through and that might stimulate discussion. It is a comment on an old Zen-saying: "To save life, it must be destroyed."

Destruction—The Fiasco of Creativity, poses a universal paradox for us to consider. I will argue that within every creative act are the seeds of destruction. Further, I would maintain that a non-creative, non-progressive orientation represents the group's attempt to preserve continuity of life. In this regard, the upward spiral of progress in Western Civilization and continuous creative attitudes toward the environment are perhaps the very forces that can ultimately destroy our society.

Let us look at some creative acts.

In the physical world matter is continually being destroyed. The Earth itself, was created as a result of destruction of a larger mass. The breaking down of matter has led, of course, to the atom and atomic bomb. The ability to smash atoms and explode atomic bombs might be heralded as one of man's most creative achievements!

In the arts, we know that there is a premium put on the process of destroying, breaking down, the perceived world. Poets perhaps, epitomize this position. Traditional communication patterns are broken down in order that the poet can get at images and symbols that represent the barest essentials of our existence. The attempt to control the universe, I submit, lurks behind the poet's creative destruction of that very universe.

Now let me tell you what I think this has to do with group psychotherapy. Bion, in his book "Experiences in Groups" deals well with the group's need to come together to prevent creative, curative process from going on. The group, he feels, is constantly fearful of threats of destruction and somehow is keenly attuned to the fact that creative vital activity in the group can lead to the group's destruction. It is almost as if the group intuitively moves toward a non-creative, non-progressive dependent position in order to maintain the possibilities for continuous existence and avoidance of threats to this existence. Bion sees this in the context of the group response to an omnipotent God (Therapist) who, in the final analysis has the fate of the group in his hands. The non-creative, non-progressive world

view of the Middle Ages might be seen in this same context in which everyone knew that the real God was on the scene. A Galileo who threatened to destroy this naive but secure view, certainly was a creator who at the same time held the fuse that would ultimately destroy the total system.

We might review here some hypotheses set forth by Moreno in his paper "Creativity—Spontaneity—Cultural Conserves"* to further consider the point I am making:

Hypothesis 1. "Everything that is negative pre-supposes something that is positive. Anxiety, fear and defense are negative categories, they pre-suppose a positive category, spontaneity."

Let us reverse these statements, equally logical would be. . . .

Next, Moreno states "Frustration, projection, substitution, and sublimation are negative categories, they pre-suppose a positive category, creativity."

Again, the reverse here is. . . .

Now, let me mention what I think is a good example of the fiasco of creativity by telling you about a marvelous production by a schizophrenic patient in a psychodrama session. (This was the patient's first session.) He was obviously nervous and uneasy in the situation in which he found himself. In the midst of the session in which we seemed to be helping one particular patient, he blurted out, "The novel is the moving part of fiction." It was a remark that at first sounded plausible, and stimulated my interest. The group discussion stopped and after a few minutes, we all embarked on a completely different topic. Later in the session I said to the patient, "That was a very interesting remark about the novel being the moving part of fiction." The patient replied, "Who said that?" I said, "You did." He responded, "Not me, I couldn't have said it. Maybe I read it from an ancient hieroglyphic." I responded by commenting that I felt that he didn't think people listened to what he said, that I had listened and was taking him seriously.

It took me about three months to decode this patient's message. My formulation was—(the novel) that which is new, is the moving part (of fiction) of life. In his dream-like state and feelings of unreality, life was equated with fantasy (fiction).

Further, if my formulation was correct, the patient had very brilliantly and creatively (creative even in the sense of appropriateness to the situation) destroyed the possibility for any movement, change, or progress to be made

* See, *Sociometry and the Science of Man*, Beacon House, 1956.

in the session. He was saying in effect, "I am in a new, threatening situation. I can see what you are attempting to do, exposing me and the others to a new possibility to engage in the real world. While I cannot accept this in a constructive sense, I do have the power to creatively stop what is going on, at least for the time being."

Perhaps it would be fitting to close with the Zen saying, and for us to hear it in the context of this presentation: "To save life it must be destroyed."

I think what the Zen philosophers are telling us and what I am trying to communicate is this:

It is essential that we recognize the risks involved in the creative act, that we accept the duality of creative—destruction. While we are ready and willing to put a premium on creativity, we should also be prepared to grapple with destructive forces that will be released in the process. We must also accept that the kind of life that we are talking about is not the stagnant, status-quo, non-creative life, but rather the life that is willing to risk its own destruction, as it moves in anguish and dread through time in search of renewal. Perhaps the Zen philosopher and creative man are saying that destruction is both the fiasco and the triumph of creativity.

THE PLACE OF GROUP PSYCHOTHERAPY, PSYCHODRAMA AND PSYCHOANALYSIS IN THE FRAMEWORK OF CREATIVITY AND DESTRUCTION

(A Reply to Eugene Eliasoph)

J. L. MORENO, M. D.

Moreno Institute, Beacon, N.Y.

The Zen saying, "To save life it must be destroyed" should be reversed, "To destroy life it must be created," or "To destroy life it must be saved." *"Life must exist before it can be destroyed."*

By reversing the Zen saying, a different slant is given to the problem of creativity-destruction. By beginning with creativity instead of destruction the emphasis is on life expansion rather than on shrinking. It is not axiomatic that creativity and destruction are identical twins, but they are frequently found closely allied. Janus, the Roman God was two-headed. He is represented with two faces, one on the front and one on the back of his head. But it is certainly of prime importance that the face in the front of the head is the face of creativity.

It may be helpful to let our imagination play even further and visualize the image of God on the "first" day of creation.* We imagine him hovering over the chaos of the first day. He was there to create, not to take apart and to analyze. We imagined that he had to create the world first before he had the time, the need and inclination to analyze or destroy it. If he had started with a psychoanalytic attitude he would have hardly begun to create anything, the world might have remained uncreated. Therefore, we concluded that God could not have been a psychoanalyst on the first day of creation, but that he must have been a Creator, a psychodramatist. He may have become more of a critic and an analyst as the days of creation went on, or after it was all over, billions of years later, in moments of revery or in moments of disillusionment with the result. But in the beginning, to be truly a creator, he needed total involvement in the creative act. He could not spare anything for side effects, in his zest to make his universe as perfect and efficient as possible. It is a platitude, but it must be reiterated: the world must be created before it can be destroyed.

* See J. L. Moreno, "Creativity and the Cultural Conserves," *Sociometry*, vol. II, 1939. See also, *Sociometry and the Science of Man*, Beacon House, 1956, chapter on Creativity and "Preludes to my Autobiography," p. xvi-xvii, Beacon House, 1953.

In the genesis of God, we may differentiate, therefore, three phases: (1) God *before* the universe was created; (2) God *in* the first act of creation; and 3) God *after* the universe was created. God's image before the world was created is a multiple riddle; he may have been a silent God, a retreating God, a dreaming God, a visionary God, a schizophrenic God, a calculating and experimenting God, the possible images of him are legion and difficult to define. Our tangible relationship to God begins when he begins to create the world. Applied to group psychotherapy, the therapist of the group emerges when the group is formed. Before the group is formed his status as a therapist of a non-existing group is meaningless, just like that of God, he is a leader without a group, a "groupless" leader.

In my original hypothesis of spontaneity and creativity*—as they are related to *loss* of spontaneity and creativity—the phenomena of destruction can be formulated in reverse, as:

Hypothesis I.—Everything that is positive presupposes something that is negative. In our world there is no pure spontaneity. It is cramped by something that is negative. Spontaneity is a positive category; it presupposes negative categories as anxiety, fear and defense; as soon as they emerge it is cramped by them.

Hypothesis II.—Creativity is a positive category but it does not exist in a pure form; it ends in cultural conserves and it is cramped in its operations by negative categories, frustration, projection, substitution and sublimation. The movement of creativity towards the conserve is a fateful design, in order to survive.

The thoughtful article of Eliasoph is a mirror of some of our cultural habits of thought and action. Our medical students, before they are taken to the delivery rooms of our hospitals and could experience the birth of babies, they are taken to the corpses in the autopsy rooms. Similar to this, the tutor of Prince Gotamo, as we know from the Buddha legend, took his young pupil to see first the sick and the dead, before he took him to see the healthy and the new-born. Our literature is full of reports about the pathology of our culture, for instance, in studies of love and marriage, we tend to emphasize their *end* products, frustration-disharmony-failure and divorce. The first encounters, the beginnings of love and the productive beginnings in art, the sciences and human relations, are often taken for granted, bypassed and neglected. It is important, in any process of evaluation, on what phase we put our eye first.

It is misleading to say that in the physical world matter is continuously being destroyed, without saying *first* that in the physical universe matter is

continuously being created. The ability to smash atoms was a creative achievement of man's effort to control the universe.

In the arts also the destruction of old conserved forms may establish a new and unadulterated view of the universe, but by itself it may never bring the spark of a new idea or a new form into existence. Something new must be added—a new vision, a spontaneous inspiration.

Eliasoph, however, does not refer to destruction in its literal sense, but to its releasing function in the process of creativity. By the elimination of barriers it makes the subjects free to create. The spontaneous forces of creativity, in order to accomplish an adequate response to new situations, must overcome handicaps and barriers.

The relation of the concept of creativity to group psychotherapy is, therefore, significant. It is trite to say that also a group has to exist before it can be confronted and analyzed. The therapist emerges as the group emerges. A group has to be first established and be a going concern before it can be described and found to be productive and creative, or full of anxieties and defensive, or "fearful of threats." The needs of a group and its defenses as Bion described them, according to Eliasoph, cannot have been noticed before the group existed. Bion, as a good Freudian, does not refer to the primary situation, but to the secondary situations of anger, envy, threat and withdrawal. The group has to be formed first and the conditions of its birth are of fundamental importance.

In the course of treatment sociometrists notice often the tendency of groups towards increased cohesiveness, adjustment and sociostasis. It is paradoxical, but the movement of creativity towards the conserve is a fateful design, in order to maintain itself. These processes which are in themselves therapeutically valuable, may become detrimental to the ultimate creativity of the group. By becoming a highly organized, smoothly running cultural conserve, it may become a threat and a deterrent to the emergence of creative individuals within it. The creative individual, although the potential dynamic center of the group may easily be neglected or rejected by the group. Though he is physically present among them he may feel isolated, withdraw, and eventually depart. Thus the task of the therapist is to encourage such gifted individuals to bring forth and direct their creative forces so they may help to broaden and increase the productivity of the group.

INTERNATIONAL GROUP PSYCHOTHERAPY

A Global Review

VOLUME I, No. 3

MARCH 1963

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

PRELIMINARY PROGRAM

THIRD INTERNATIONAL CONGRESS OF
GROUP PSYCHOTHERAPY

Milan, Italy, July 18-21, 1963

Sponsored by: The Government of the Province of Milan
The University of Milan
Catholic University of Milan

General Manager
of the Congress
Prof. Enzo Spaltro

ORGANIZATION OF THE CONGRESS

The International Council has delegated the Associazione Italiana di Psicoterapia di Gruppo to organize the Congress. General Manager of the Congress is Professor Enzo Spaltro, Treasurer of the Congress is Dr. Gian Carlo Trentini, who works in close contact with the Treasurer of the International Council, Professor A. Friedemann, Biel-Bienne.

The General Secretary is organizing three Committees: A Scientific Committee, an Honorary Committee and a Work Committee of the General Secretariat whose members will be announced in the next issue of this review.

OFFICERS

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COMMON GROUND FOR ALL FORMS OF GROUP PSYCHOTHERAPY

The global spread of the group psychotherapy movement and its rapid growth as a universal therapeutic science has made it urgent to elaborate in greater detail the meaning of the concepts and operations involved in group psychotherapy. Group psychotherapy comprises a multitude of apparently widely differing methods: interpersonal therapy, milieu therapy, family therapy, work therapy, group analysis, socioanalysis, group psychodrama, role playing, T group, therapeutic community, to mention but a few. If they are to be identified as various forms of group psychotherapy, what do all these methods have in common?

It is particularly important to develop an answer to this question which all group psychotherapists can accept. When group psychotherapy began forty years ago its period of scientific discoveries, it was important to point out its essential characteristics, to guard its independence and to develop its own concepts and terms. A great deal of the controversy in the early years of the group psychotherapy movement was caused by its attempt at emancipation, the determination and desire to establish a new field of research, and to delineate its boundaries. Our position has still not changed in essence, we are still fighting on two fronts. It is like a young nation trying to ward off enemies from without; applied to our case, it is the struggle to distinguish ourselves from psychoanalysis, existentialism, social psychology, among others. And also like a young nation, the movement is plagued by internal rivalries, the enemy from within. There are problems of formulating common denominators and establishing standards for group psychotherapy.

Because of the controversial nature of many group methods a definite answer is imperative. Freud, in his struggle to identify psychoanalysis in his day, maintained that the cornerstones of psychoanalysis were transference and resistance. This became the rallying point for all psychoanalysts. Do we group psychotherapists have any frame of reference which we can all honestly share?

Yes, we do. Group psychotherapy means 1) "to *treat* people in groups," and not just normal living in groups; and 2) every member of the group is given an equal opportunity of getting involved and participating in the therapeutic process; no one is left out, at least not intentionally. The model of this operation is the sociometric test (see the author's "The First Book of Group Psychotherapy," 1932 edition) where every member can express

his spontaneous choice or rejection of any member of the group and everyone gets into the sociogram. The same model in a different form is embodied in the original therapeutic theater, which, as a matter of principle, excludes spectators. The prescription was "Kein Zuschauerraum"—no audience (see the author's *Das Stegreiftheater*, 1923)—thereby prescribing total participation of the group. Any method which denies this principle of all-inclusiveness can not be considered as group psychotherapy.

It is secondary to the principle of all-inclusiveness what *methods* are used to get group members to participate with each other in a therapeutic way, whether these methods be dance, music, words, drama, etc. It is the principle of all-inclusiveness and total participation which concerns us.

It is possible for a lecture method to be used where the spectators are not allowed to interrupt the speaker, where members of the audience are isolated from one another and can not communicate during the lecture, provided it is a part of the design that after the lecture, members of the group discuss the theme and intensive interaction is permitted; then the lecture attains the character of a warming up process and the discussion may become a form of group psychotherapy. In this sense, every sociometric test leading to a discussion of the reasons for choice or rejection can turn out to be a genuine group psychotherapy session. By contrast, a psychodrama session in which a protagonist portrays his private world before a group and the group is discouraged from responding, remains an individual therapy session and not a group session. But a group-centered psychodrama in which every individual and his cultural setting is activated is often the most effective type of therapy.

In certain forms of group analysis, for instance, there may be very intensive analysis of several individuals side by side within a group setting, but some members of the group do not participate or share in the analysis. Such a form of group analysis is not group psychotherapy, or at most, it is a very diluted form of group psychotherapy. Other forms of group analysis, however, which allow besides individual analysis the participation and sharing of the entire group in the therapeutic process are better justified in being called group psychotherapy. The degree to which a method places emphasis not only on the psyche of the individual participant but on the interaction and constellation of the group is the degree to which it becomes intensive group psychotherapy. Similarly, in family therapy, the inclusion of all members of the family is of essence. This reaches a particularly intensive form in a "therapeutic community" program which as a matter of

principle includes all individuals, not only as patients but as members of that particular society.

This is the point from which we can start the discussion before considering the various specific trends which now prevail in the movement. All senior group psychotherapists who have worked often continents apart remember that we have gone through 1) *a period of discovery* between 1910-1945 in which concepts, principles and methods were discovered and re-discovered. This period of discovery seems to have substantially come to an end since the Second World War. Then followed 2) *a period of controversy and growth* during which the First International Committee of Group Psychotherapy was born, 1951, and two international Congresses took place, one in Toronto, 1954, and one in Zurich, 1957. It was a difficult time between 1945 and 1957, but the movement has survived its greatest challenge, the rivalries from within. I believe that with the new International Council and the forthcoming International Congress, a new period has been launched, 3) *a period of integration*. It is my hope that within the next period, group psychotherapy and its associated disciplines prove themselves to be the greatest development in psychotherapy in our century, symbolizing the Third Psychiatric Revolution.

J. L. MORENO, M.D.

QUOTATIONS OF HISTORICAL SIGNIFICANCE

1. Early Formulation of the Principle of a-historical Treatment, The Here and Now. See *The First Book on Group Psychotherapy*, 1932, p. 21.

"Both Freud and Jung have studied man as a *historical* development: the one from the biological, the other from the cultural aspect. On the other hand, our approach has been that of direct experiment: man in action, man thrown into action; the moment not a part of history but history a part of the moment—sub species momenti."

2. Early Application of Group Psychotherapy to a Mental Hospital Setting, op. cit., 1932, p. 78. Principle of Spontaneous Choice and the therapeutic Community.

"The assignment phase presented here considers first the spontaneous choice factor, as the first reactions indicate the possible development of advantageous relationship. The following reactions were noted. S smiled at R when they met the first time as she was greeted by her in a Jewish American slang with which she was familiar, and in turn R seemed pleased with S as she found in her someone who listened patiently and without stopping her. S ignored

M who received her with a cheerful laughter but M expressed pity for S when she saw her break into tears and began at once to mother her. R appeared refined and clever to M while R took an attitude of satisfaction as though she had found someone she could command."

"The method of assignment we have described in this book for the prisoner consists in relating to him the nearest and closest persons, the other prisoners. Similarly it consists for the insane in an institution in relating to him the nearest and closest persons, the other patients and the personnel. To make this method useful for a mental hospital complete charts for assignment and interrelation data have to be worked out, rating the pre-psychotic factors and the complex of symptoms and interpreting their interconnections. One or two trial groups may lead to various practical rules as to how the treatment can be applied to the whole population of the hospital."

3. The Third Psychiatric Revolution, *Progress in Psychotherapy*, Vol. I, 1956, Grune & Stratton, p. 25.

"The emancipation of the insane from chains symbolized the first psychiatric revolution. The second revolution was characterized by the establishment of psychoanalysis as a part of medicine—a medical psychotherapy. The platform of the *third psychiatric revolution* consists of a medical sociology. It showed its signs with the advent of group psychotherapy and psychodrama, and the decline of individual methods of psychotherapy. It began to crystallize in the early twenties, and is still in formation. 'Its ultimate goal is a therapeutic society.'"

ANNIVERSARY DATES OF THE GROUP PSYCHOTHERAPY MOVEMENT

1. *May 31, 1932*—Conference on the Group Method during the annual meeting of the American Psychiatric Association at the Bellevue-Stratford Hotel, Philadelphia, Pa. First step leading to the world organization of group psychotherapy.
2. *July, 1937*—Publication of *Sociometry*, A Journal of Interpersonal Relations, first journal exclusively dedicated to group methods.
3. *March, 1942*—Opening of the Sociometric Institute in New York City, dedicated to sociometry, group psychotherapy and psychodrama; foundation of the American Society of Group Psychotherapy and Psychodrama.
4. *March, 1947*—Publication of *Sociatry*, A Journal of Group and Intergroup Methods; title changed two years later to *Group Psychotherapy*.
5. *May, 1951*—Formation of the International Committee of Group Psychotherapy.
6. *August, 1954*—First International Congress of Group Psychotherapy, Toronto, Canada.

PRELIMINARY PROGRAM

III INTERNATIONAL CONGRESS OF GROUP PSYCHOTHERAPY

MILAN, ITALY

JULY 18-21, 1963

Meeting Place

Government Buildings of the Province of Milan

General Theme of the Congress

THE ACTUAL TRENDS IN GROUP PSYCHOTHERAPY

Program Committee

J. L. Moreno, Pres., Program Chairman

S. H. Foulkes, 1st Vice Pres.

Serge Lebovici, 2nd Vice Pres.

B. Stokvis, Sec., European Co-chairman

A. Friedemann, Treas., European Co-chairman

J. Bierer

J. Favez-Boutonnier

E. E. Krapf

Zerka T. Moreno

General Manager

Enzo Spaltro

Via U. Hoepli 8

Milan, Italy

PLENARY SESSIONS

THURSDAY

Opening

9:15 a.m.

Meetings of the Program Committee

9:30 a.m.

Official Opening of the Congress by the International Committee

Welcome Speeches

Announcements concerning the Program

"The Actual Trends in Group Psychotherapy" J. L. Moreno

No Discussion

FRIDAY (2d Plenary Session)

9:15 a.m.

Meetings of the Program Committee

Fundamental Processes

9:30 a.m. to 11:30 a.m.

Basic Concepts in Group Psychotherapy

S. Foulkes

Development of Psychodrama

S. Lebovici

The Concept of Self Government in Group
and Social Psychotherapy

J. Bierer

Operational Approach to the Formation of
Groups

B. Stokvis

11:30 a.m. to 11:40 a.m.

Intermission

11:40 a.m. to 12:30 p.m.

Discussion

SATURDAY (3d Plenary Session)

9:15 a.m.

Meetings of the Program Committee

Basic Problems

9:30 a.m. to 11:30 a.m.

Therapeutic Communities

Maxwell Jones

Group Psychotherapy with Physicians

A. Friedemann

Le Depassement de la Conception Classique
du Transfer dans l'Oeuvre de Moreno

R. Sarro-Burbano

Group Psychotherapy in Psychosomatic
Medicine

To be Announced

11:30 a.m. to 11:40 a.m.

Intermission

11:40 a.m. to 12:30 p.m.

Discussion

E. E. Krapf

SUNDAY (4th Plenary Session)

9:15 a.m.

Meetings of the Program Committee

Applications

9:30 a.m. to 11:30 a.m.

The Impact of Social Psychology on Group
 Psychotherapy
 Family Therapy
 Analytic Group Psychotherapy
 Sociogenesis of Individuals and Groups

To be Announced
 R. Schindler
 G. Kuhnel
 Z. T. Moreno

11:30 a.m. to 11:40 a.m.

Intermission

11:40 a.m. to 12:30 p.m.

Discussion

A. Masucco Costa

Afternoon

Summaries and Reports
 Final Conclusions

Section Chairmen

SECTIONS

Chairmen and Co-Chairmen to be Announced

Section I — Analytic Group Psychotherapy
 Section II — Psychodrama
 Section III — Mental Hospitals
 Section IV — Therapeutic Community
 Section V — Family Therapy and Marriage
 Section VI — Group Processes
 Section VII — Cultural Constellations in Group Psychotherapy
 Section VIII — Training Methods
 Section IX — Selection Methods and Sociometric Group Formation
 Section X — Combination of Methods: Individual-Group-Society
 Section XI — Group Psychotherapy in Industry
 Section XII — Psychosomatic Medicine and Group Psychotherapy

PANELS AND WORKSHOPS

(Daily)

Seminars

(during or after the Congress)

- I. *Study Course on Group Analysis*—Dr. S. H. Foulkes. Dr. S. H. Foulkes will organise a study course for those interested in group analysis (group analytic psychotherapy) immediately after the Congress at Milano-Stresa. Anyone interested should provisionally contact Dr.

PRELIMINARY PROGRAM

Foulkes at 22 Upper Wimpole Street, London, W.1, as soon as possible. Details will be announced at the time of the Congress

- II. *Study Course on Group Process*—Dr. C. Beukenkamp. Participants include group psychotherapists from various countries: Switzerland, Hungary, Argentina, Brazil, U.S.A. and Austria.

III. *Study Course on Group Psychodrama*

Study and demonstration of group psychodrama with emphasis on theory and training. The course will be under the direction of Z. Moreno, L. Yablonsky, A. Schutzenberger, S. Blajan-Marcus and H. Weiner.

PROSPECTIVE PARTICIPANTS AND SPEAKERS

ARGENTINA

Jaime Rojas Bermudez
Eduardo Pavlovsky
Maria Rosa Glasserman
John Morgan
Arnaldo Rascovsky
Alberto Fontana
Francisco Perez Morales

AUSTRIA

Raoul Schindler
Helmut Lechner

BRAZIL

Walderedo Ismael de Oliveira
Werner Kemper
Julio Goncalves dos Santos
Bernardo Blay Neto
David Zimmermann

BULGARIA

Nikola Schipkowsky

CANADA

John L. Brown
Daniel Cappon
Alexander Winn
Mario Bartoletti
Aime Hamann

CHILE

Carlos Whiting
Gabriel Castillo Cerua

COSTA RICA

Zeirith Rojas Alfaro

CUBA

Hector Wiltz

CZECHOSLOVAKIA

F. Knobloch
J. Knoblochova
J. Rubes
Jaroslav Skala
Hugo Siroky

DENMARK

C. Jorgensen

ECUADOR

Juan Yepes del Poso

EGYPT

M. A. Eltawil

FRANCE

Anne Ancelin Schutzenberger
Francoise Dolto
Simone Decobert
Pierre Bour
Michel Soule
J. Ardoino
Jean J. Kestenber
Lily Herbert
Daniel Widlocher
J. Favez-Boutonier
Yves Roumajon

S. Blajan-Marcus
P. Lemoine
Mme. Michel
A. Racine
Elisabeth Risler
Jacqueline Rouquette
Salbreux Odile
S. Lebovici
R. Diatkine
F. Baixas

EAST GERMAN REPUBLIC

H. Szewczyk

WEST GERMANY

Heika Straub
J. Fuchs-Kamp
Rudolf Zimmert
G. Kuhnel
Gretel Leutz
D. Langen
M. in der Beeck
Udo Derbolowsky
Flegel Horst
Ehrig Lange
R. Zimmert
Hans Floter
Rolf Wogatzki

GREAT BRITAIN

H. H. Wolff
S. H. Foulkes
Joyce Martin
A. C. R. Skynner
Paul Senft
J. Bierer
Clifford Tetlow

HONG KONG

E. Kvan

HUNGARY

P. Haitmann
Bela Galfi
Gyorgy Hidas
Erno Szinetar
Laszlo Schenker
Z. Boszormenyi
A. Peto
C. Adorjani
L. Balla

ISRAEL

H. Kreitler

ITALY

G. Canziani
A. Masucco Costa
G. Franco
Selvini Mara
G. Tedeschi
Enzo Spaltro
L. Meschieri
Flavia Cesare Zaccone
Tullio Tentori

JAPAN

Kohei Matsumura
Inoue Syogo

KENYA

Miriam Hoffert-Horani

LEBANON

A. S. Manugian

MAURITIUS

A. C. Raman

MEXICO

Luis Feder

NETHERLANDS

C. Van Emde Boas
C. W. Arendsen Hein
B. Stokvis
P. A. H. Baan

NEW ZEALAND

Wallace Ironside
R. W. Medlicott

NIGERIA

T. Asuni

NORWAY

Rolf Holmboe

PERU

C. Seguin

PHILIPPINES

Estefania Aldaba-Lim

POLAND

H. Gaertner

RHODESIA AND NYASALAND

D. A. W. Rittey

SPAIN

J. L. Marti Tusquets
 Ramon Sarro Burbano
 J. Bunuel
 E. Gonzales Monclus

SUDAN

T. A. Baasher

SWEDEN

I. Westmark

SWITZERLAND

A. Friedemann
 E. E. Krapf
 R. Battegay
 Liselotte Meier

TURKEY

Murettin S. Kosemihal
 Nezahat Arkun

USA

Mas Ackerman
 Sylvia Ackerman
 William D. Altus
 Joseph Andriola
 Arnaldo Apolito
 Robert Benson
 Milton Berger
 Cornelius Beukenkamp, Jr.
 Vytautas J. Bieliauskas
 Alvin Bobroff
 Curt Boenheim
 Edgar F. Borgatta
 Norman S. Brandes
 Anna Brind
 Nah Brind
 Selwyn Brody
 Rachel B. Bross
 Martha Brunner-Orne
 Frank M. Buckley
 Jacob Chwast
 Carmelo Cimillo
 Hans H. Cohn
 Max Cooper
 Nathan Cooper
 Robert S. Drews
 Helen Durkin
 Arthur Eaton

Leon Fine

Joseph Ernest Garai
 Rose Garlock
 Henry R. Gold
 Irving A. Goldberg
 Thomas F. Graham
 Samuel B. Hadden
 David R. Hawkins
 John R. Hunting
 Nicholas S. Ionedes
 Helen H. Jennings
 Asya L. Kadis
 Joseph Kautschitsch
 Walter Kempner
 Laurette Kirstein
 Harold Klehr
 Richard Korn
 Jack D. Krasner
 Aron Krich
 Rudolf Lassner
 F. Harold Leopold
 Stanley Lesse
 Eva Klein Lipshutz
 Norman Locke
 Bryce W. MacLennan
 Gerald J. McCarty
 Joseph Mann
 Max Markowitz
 Joost A. M. Meerloo
 John A. Miele
 J. L. Moreno
 Zerka T. Moreno
 Jane Preston
 Miriam Proctor
 Herta Riese
 Jack K. Rogers
 Sheila Rouslin
 James M. Sacks
 Arthur S. Samuels
 Virginia M. Satir
 Samuel Slipp
 Adaline Starr
 Henry Tappen, Jr.
 Eugene S. Uyeki
 Christa von Roebel
 Hannah B. Weiner
 Alexander Wolf
 Lewis Yablonsky
 Allan N. Zacher

VENEZUELA

Mateo Alonzo

YUGOSLAVIA

O. Horetzky

A PARTIAL LIST OF SUGGESTED TITLES
AND TOPICS

Group Dynamics for Medical Students
Family and Institution taken as a Group
The Integration of Mixed Groups
Play-acting Therapy with Chronic Schizophrenics
Symbolic Psychodrama
Basic Concepts in Group Psychotherapy
Treatment of Frigidity by Group Therapy
Transference in Stable and Unstable Groups
Relations between Parents, Teachers and Children
Dynamics of Group Change
Training of Psychiatric Personnel by Psychodrama and Group Dynamics
The Group as a Therapeutic Setting
Triadic Relationship between Client, Therapist and Therapeutic Instrument
Collective Life of Bulgarian Youth Work Groups
Artistic Creation of Group Psychotherapy
Family Therapy in Open Groups
Audience Participation in Psychodramatic Therapy
Group Analysis in Training and Discussion Groups
Indications and Counterindications for Group Psychotherapy
A Rationale for the Treatment of the Homosexual Symptom
Therapeutic, or Prison Community
Identification and Ambivalence in Handwriting
What is Sociometry?
The Problem of Simultaneous Group and Individual Analysis
Training of Group Psychotherapists
Psychodrama in a Psychiatric Hospital
Role Playing and Recidivism
Group Therapy in the Field of Alcoholism
Psychodrama and the Therapeutic Community
Synanon: Total Therapeutic Community
Psychodramatic Shock Therapy
Group Psychotherapy in a Hospital Setting
Sleep Deprived Patients
The Problem of Chronic Delinquency
Psycho-prophylaxis
Psychodrama and group Psychotherapy with Adolescents

Ethnic Varieties and Differences in Group Psychotherapy
Patterns of Interaction
The Role of the Group Psychotherapist
Ethnotherapy
Psychodrama and Group Psychotherapy with Anxiety Problems
Married Couples
Co-therapists
Alcoholic Married Couples
Role Playing in Industry
Sociodrama
Interpersonal Stabilization
Existentialism and Group Psychotherapy
Psychodrama as a Pedagogic Instrument
Analytic Psychodrama and Psychosis
Psychodrama of Enuresis
Transference Phenomena in Psychodrama
Drug Induced Psychodrama: LSD-25
Psychoanalysis of Groups
The Meaning of the Public Session in Psychodrama
Psychodrama of Closed Groups
Psychodrama and Group Psychotherapy in Open Groups
The Ying and Yang Principle
Forensic Psychodrama
The Third Psychiatric Revolution
Psychodrama and the Medium of Television
The Therapeutic Significance of Group Cohesion
Sociometric Pairs and Triads in Group Therapy
Order of Birth in Family Constellations
The Problem of Mental Contagion
Directorial Styles in Psychodrama
Group Supervision in a Clinical Setting
Separation Anxiety in Alternate Sessions
Hypnodrama
Psychoanalytic Psychodrama with Psychotic Adults
Group Psychotherapy with Mothers of Psychotic Children
Sociometry of Psychosomatic Ulcers
Psychodramatic Techniques in Pastoral Therapy

ANNOUNCEMENTS

1. Beacon House has invited Dr. A. Friedemann and Dr. B. Stokvis to serve as Associate Editors of the Global Review.

2. Participants in the Congress traveling from USA to the Milan Congress should contact Patra Inc. Travel Agency, 665 Fifth Ave., New York, N.Y.

3. The hotel arrangements and housing accommodations are in the hands of the *Cook Agency* in Milan, Via Manzoni 10.

4. Arrangements are being made with the University of Istanbul for a Symposium on Group Psychotherapy, August 1-3, 1963. Details will be communicated to the participants.

5. The voyage to Israel is being arranged through the Department of Psychology of the University of Tel Aviv and the Tel Aviv Branch of the Israeli Society of Group Psychotherapy, August 4-6, 1963.

6. The arrangements with the Czechoslovak authorities for a Symposium on Group Psychotherapy in Prague are still pending.

7. A Roundtable on "Group Psychotherapy in the USA and Abroad" is being sponsored by the International Council of Group Psychotherapy to take place on May 7, 1963 during the annual meeting of the American Psychiatric Association in St. Louis, Mo. Moderator is J. L. Moreno; participants, W. Overholser, L. Kohler, R. Drews, M. Berger and C. Beukenkamp.

8. There will be a conference sponsored jointly by the Group-Analytic Society (London) and the Societe Francaise de Psychotherapie de Groupe to be held in London on June 1st-3rd, 1963, with the participation of other European colleagues.

9. As of this time about 500 participants and speakers in the III International Congress are announced, from 43 countries.

GROUP PSYCHOTHERAPY SOCIETIES IN VARIOUS COUNTRIES

Argentina: Asociacion Argentina de Psicodrama de Grupo, President—Dr. Jaime G. Rojas Bermudes; Secretary—Dr. Eduardo A. Pavlovsky; Treasurer—Maria Rosa Glasserman. Sociedad Argentina de Psicologia y Psicoterapie de Grupo, Dr. J. J. Morgan, Buenos Aires.

Brazil: Sociedad Brassiliera de Psicoterapie de Grupo, Dr. Walderado Ismael Oliveira, Rio de Janeiro. Soc. De Grupoterapia Analitica de Rio de Janeiro, Dr. W. W. Kemper, President Rua Gustavo Sampaio, 576 Apt 1201.

Sociedade Brasileira de Psicoterapia de Grupo, Dr. E. Portella Nunes, President, Clinica Psiquiatrica da Universidade do Brasil, Aven. Veneslau Braz, 71, Rio de Janeiro. Sociedade Paulista de Psicoterapia e Psicologia de Grupo, Dr. Bernharado Blay Neto, President, Rua Teixeira da Silva 26, Sao Paulo. Sociedade de Psicoterapia de Grupo, Prof. Paulo Guedes, President, Clinica Psiquiatrica da Faculdade de Medecina Universidade do Rio Grande do Sul, Porto Alegre.

Chile: Association Chilena de Psicologia y Psicoterapia de Grupo, Dr. Ramon Ganzarain, Santiago.

Austria: Osterreichischer Arbeitskreis für Gruppenpsychotherapie und Gruppendynamik, Dr. R. Schindler, Vienna.

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. Bustamente, Havana.

Israel: Association for the Advancement of Group Therapy, Dr. J. Schossberger, Jerusalem.

Mexico: Asociacion Mexicana de Psicoterapia de Grupo, President, Dr. Jose Luis Gonzales, Secretary, Dr. Luis Feder, Cooregidores No. 1429, Mexico 10, D.F., Treasurer, Dr. Gustavo Quevedo; other founding members are: Dr. Fernando Cesarman, Dr. Avelino Gonzales, Dr. Jose Remus, Mrs. Estela Remus and Dr. Frida Zmud.

Great Britain: Group Analytic Society (London) S. H. Foulkes. The Committee of Management of the Society elected at the Annual General Meeting held on the 22nd of October 1962, is as follows: S. H. Foulkes, M.D., President; M. Pines, MB MRCP DPM Hon. Scientific Secretary; E. T. Marx, Hon. Adm. Secretary; F. R. C. Casson DPM Hon. Treasurer; M. L. Johnson Abercrombie, B SC PH D; E. F. Carr, MB. MRCP DPM; P. B. De Mare, RCS LRCP DPM; H. J. Home, BA; A. C. R. Skynner, MB. BS DPM. Founded in 1952, the Society celebrated its tenth anniversary on the 2nd of June 1962 with a meeting held at the Royal Society of Medicine and a dinner, both of which were highly successful.

Members of the Society are resident in various parts of Great Britain as well as in most European and some overseas countries. It is an interdisciplinary body including distinguished psychologists, sociologists and other University teachers, the largest section, however, being psychiatrists. Four out of five members are medically qualified.

Members are interested in a group-analytic approach, and are mostly

either practicing this form of psychotherapy, in private practice and at various teaching and other hospitals in this country, or professional people who find the method and concepts initiated by Dr. S. H. Foulkes useful in their work with groups in other fields including teaching and research.

The society is also concerned with the training of its members and the furtherance of research projects. It acts as a forum for all significant developments in the fields of group psychotherapy and group activities.

At Whitsun 1963 there will be a joint conference in London between the Group-Analytic Society (London) and the Societe Francaise de Psychotherapie de Groupe, with the participation of other European colleagues.

France: Groupe Francais d'Etudes de Sociometrie et Dynamique des Groupes et Psychodrama, Anne Ancelin Schutzenberger, Paris; French Society of Group Psychotherapy, Dr. S. Lebovici, Paris. Cercle d'Etudes Francaises pour la Formation et la Recherche Active in Psychologie (Dynamique de la Personnalite et des Groupes Humains). President—Prof. M. D. Anzieu, Vice President, Prof. M. J. B. Pontalis; Secretary-General, Prof. M. A. Bekarano, 15 Rue Remisat, Paris (16e).

List of participants at the "Quatrieme Journee de Psychotherapie de Groupe": Dr. Anzieu, Dr. Amiel, Mr. Ardoino, Dr. Ayme, Dr. Baixas, Mr. Biro, Dr. Blajanmarcus, Melle Bloche, Melle Bollaert, Mr. Brabeant, Mr. Brugidou, Mr. Capul, Mr. Cotinaud, Mr. Cavozi, Mme Cournot, Dr. Danon Boileau, Dr. Decobert, Melle Delafontaine, Dr. Diatkine, Dr. Dorey, Dr. Favez-Boutonier, Melle Froelicher, Mr. Gantheret, Dr. Gentis, Gillibert, Mme Goldfarb, Mr. Gounod, Dr. Gravel, Dr. Follin, Melle Jacquemin, Dr. Kestenberg, Mme Kestenberg, Dr. Lab, Dr. Lebovici, Mme Lebovici, Dr. Lemoine, Dr. Luquet, Mme Mailhe, Dr. Melman, Melle Monod, Dr. Poncin, Dr. Portcham, Mme Minor, Dr. Quidu, Dr. Raclot, Dr. Ragu Frey, Dr. Renaud, Dr. Revault d'Allonnes, Dr. Roumajon, Dr. Roquette, Dr. Ruff, Mr. Ruffiot, Mme Ancelin-Schutzenberger, Dr. Sivadon, Dr. Soule, Dr. Smagghe, Dr. Paillot, Dr. Tetaz, Mr. Terrier, Dr. Torrubia, Dr. Tosquelles, Dr. Veil, Dr. Wildlocher, Melle Zissman, Mme Dreyfus, Dr. Dupre, Dr. Chilard, Mme Launat.

Italy: Associazione Italiana Di Psicoterapia Di Gruppo, Dr. Enzo Spaltro, President; Dr. Trentini, Treasurer.

USA: American Society of Group Psychotherapy and Psychodrama, Dr. J. L. Moreno, Beacon, N.Y.; American Group Psychotherapy Association, Dr. Milton Berger, 50 E. 72nd St. New York 21, N.Y.; The Academy

of Psychodrama and Group Psychotherapy, Zerka T. Moreno, 236 W. 78th St. New York 24, N.Y.; Group Psychotherapy Association of So. Calif., Dr. Meyer Elkin, 4310 Finley Ave., Los Angeles 27, Calif. 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.

PROGRESS REPORTS

JAPAN

M. Nishiyama, M.A., Lecturer in Sociology, Kobe College, Nishinomiya City, published a report in the Kobe College Studies series, Vol IX, No. 2, October 1962 on Human Relations in Industrial Work Groups. The resume in English at the end of the report deals with some of the essential features of the worker-worker, worker-foreman and foremen-foremen relations as uncovered by means of the near-sociometric test and attitude surveys.

Dr. Shunsuke Ohshio, Assoc. Professor of Sociology, Tokyo Metropolitan University, at present Visiting Scholar at the Harvard Yenching Institute, has sent us a long list of selected bibliography of publications in Japanese related to the Study of Sociometry between 1950 and 1959, showing the considerable extent of the application of sociometry in Japan.

USA

Veterans Administration

Augusta, Georgia (Dr. M. Dunn)

This hospital conducts an extensive group psychotherapy program which begins with an initial screening of newly admitted patients in an actual group session. In this group the therapist attempts to get the patients to interact with one another and raises questions concerning problems leading to hospitalization.

Group psychotherapy sessions are conducted with newly admitted patients on the Acute Intensive Treatment Service with patients diagnosed as being in an acute schizophrenic reaction; selection is made by the Ward Psychiatrist. A Staff Psychologist is therapist and a Staff Social Worker is observer in this group which meets three times weekly. A second group of patients with mixed diagnoses is also conducted three times weekly. Therapist is a Staff Psychologist, co-therapist is a Psychology Intern.

A group of re-admitted patients is seen twice a week. The therapists are a Staff Psychologist and a Post-Doctoral Psychology Intern.

Patients who are granted privileges from the locked service of the Acute Intensive Treatment Service and who have been seen in group psychotherapy are transferred to another psychotherapy group. This group meets twice a week; it is conducted by a Staff Psychologist and a Psychology Intern.

Group psychotherapy sessions are held twice weekly for patients who are admitted and immediately placed on privilege status. The diagnosis is mixed; the sessions are conducted by a Staff Psychologist and a Psychology Intern.

Group psychotherapy is conducted on the Continued Treatment Service for patients residing on a Therapeutic Community Ward; twice weekly sessions are conducted by the Ward Psychologist and a Psychological Intern.

A group meeting for all patients on the Therapeutic Community Ward is held once weekly. Democratic procedures are used to solve problems pertaining to ward management, programming and treatment opportunities.

An ongoing research program in group psychotherapy has consisted mainly in studying the process of group psychotherapy.

An active training program in behavior modification including both group and individual therapy is conducted, through seminars and actual participation. Training opportunities are open to Staff Psychologists, Psychology Trainees, Psychiatric Residents and Social Workers.

Knoxville, Iowa (Dr. A. W. Byrnes)

This hospital has 1515 NP beds, about half of which are occupied by geriatric patients. The hospital is located in a small community about thirty-five miles from Des Moines. Critical shortness of professional staff leads to strong reliance on group therapeutic procedures to offer the best treatment possible. All professional services actively contribute to the treatment program commensurate with their training and skills.

The Medical Service has three groups; all patients are younger psychotics. Basically these groups are re-educative and aimed at restoration of ego defenses.

Nursing Service has an active remotivation program involving sixteen patient groups. Goals are broadly to increase communication and socialization through stimulation of interests in every day events; secondarily, to bring patients up to a level of functioning where they can be transferred to individual or group psychotherapy with trained professional workers.

The Chaplaincy Service conducts a total of twenty-one patient groups including two groups for the specialized treatment of alcoholism. The goals for all groups is to re-motivate and to provide better understanding of life in terms of religious philosophy.

Social Work Service has three groups; based on analytic group therapy methods, they are essentially re-educative. Considerable use of role-playing is made in these groups where appropriate to problems arising.

An interdisciplinary group therapy program for aging NP patients involving fifty patients broken down into sub-groups, each being led by co-therapists is also conducted. The co-therapists are: social worker-occupational therapist, nurse-nursing assistant, physician-nursing assistant, nurse-recreation worker. Each of these meet once a week and use re-motivation, support and non-directive methods.

In addition to daily recreational and occupational therapy, all fifty patients meet once a week; this larger group meeting is led by members of the professional staff. Once a week all therapists meet together to discuss treatment problems, changes in patients, etc.; the leader is a Psychologist who acts as overall coordinator of the program.

To date, this experimental program has been a highly successful one with high morale among both patients and therapists. Patient discharges and trial visits have notably increased.

Stephens College, Columbia, Missouri (Davida Olinger, M.A.)

A make-shift psychodrama stage has been set up in a classroom. The students are most enthusiastic; so far, problem situations have been enacted. Now work has commenced on students' personal problems. The experimental class meets one and a half hours weekly.

St. Louis, Missouri (Leon Fine, M.A.)

Virtually every hospital and clinic in this area has some form of group treatment included in its program. As more professionals become interested and trained, the program spreads. The two critical needs for our area are more training programs and more formal research into the group processes.

Cincinnati, Ohio (Doris Twitchell-Allen, Ph.D.)

The University of Cincinnati has accepted Psychodrama and has entered it as a course in the catalog as "Psychodramatic Techniques." Dr. Twitchell-Allen will teach it and also, for the second time, will be teaching

a course by the same name during the summer 1963 session at the University of Maine.

Atascadero State Hospital, California

An active psychodrama program is being organized at this hospital.

Norwalk State Hospital, California

Under the direction of Dr. Kramer, a psychodrama program is being carried out with the assistance of Miss Lani Kent, a volunteer worker.

NETHERLANDS

(Prof. K. J. Nijkerk, University of Amsterdam.) Research on group dynamics is carried out by the Netherlands Institute of Preventive Medicine, Leyden, where a book was published in 1957 on the use of Sociometry in Youth Groups, written by H. J. Govers. The Institute's Department of Mental Hygiene, under the leadership of Prof. J. Koekebakker, is using group and action methods. Group psychotherapy has also been used with delinquents at the Van der Hoeven Clinic, Utrecht. Prof. P. A. H. Baan, Director of the Clinic for Psychiatry, Oostersingel 59, Groningen, has done some pioneering work in group and action methods with delinquents who are in treatment at this clinic.

THIRD INTERNATIONAL CONGRESS
OF GROUP PSYCHOTHERAPY

Volume of Contributions — 1963

It presents the most up to date scientific reports on group psychotherapy. A most worthwhile reference book for every worker in the field. This forthcoming volume will contain all the scientific papers and proceedings of the III International Congress of Group Psychotherapy, in Milan, Italy, July 18-21, 1963 (approximately 500 to 600 pages). The cost of the volume will run between \$12.00 and \$15.00 depending upon the number of orders received. For further information write to P.O. Box 311, Beacon, N.Y., U.S.A.

Registration and Travel

The place of the Congress is in Milan, Italy. The date is Thursday July 18th through Sunday July 21st, 1963. Participants may plan on arriving Wednesday July 17th and participate in informal gatherings.

Registration and fees: European participants are requested to forward their registration blanks with checks to Prof. A. Friedemann, Treasurer, ICGP, Psychohygienisches Institut, Fischerweg 6, Biel-Bienne, Switzerland. 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. 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. For further details, please write to P.O. Box 311, Beacon, N.Y., USA.

PROSPECTIVE PARTICIPANTS AND SPEAKERS

(Additional List)

FRANCE

Raymond Fichelet
Evelyn Kestenberg
A. Meignier
P. Gounod

Leonardo Ancona
Gildo Gastaldi
Carlo Lorenzo Cazzullo
A. Gastoni
A. Anfossi

EAST GERMAN REP. (DDR)

H. Kleinsorge

NORWAY

Finn Askevold

WEST GERMANY

Frederick Minssen

PORTUGAL

E. L. Cortesao

GREAT BRITAIN

A. Joyce Martin

SENEGAL

Henri Collomb
Sou Dounda

GREECE

George Vassiliou
Anna Potamianou
N. Dracoulides

SPAIN

C. Ruiz Ogara

INDIA

P. Prabhu

SWITZERLAND

Tamara Sternberg

ISRAEL

E. Chigier

USA

Emanuel K. Schwartz
Ilse L. Steinberg
Francis A. Gagliardi
Karl T. Baumgaertel

ITALY

Diego Napolitani
Severino Rusconi

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. Write for details to P.O. Box 311, Beacon, N.Y.

Recent Publications of the Directors of the International Council of Group Psychotherapy

Dr. A. Friedemann, *Handbuch der Neurosenlehre und Psychotherapie*, Urban & Schwarzenberg, München, 1958, "Gruppenpsychotherapie" and "Gruppenpsychotherapeutische Erfahrungen in der Klinik."

Dr. E. E. Krapf, *Psychiatry*, Grune & Stratton, New York, 1961.

Dr. J. L. Moreno, *Group Psychotherapy*, Beacon House, Beacon, N.Y., 1st edition 1945; new second edition 1961. *Gruppenpsychotherapie und Psychodrama*, Georg Thieme Verlag, Stuttgart, 1959. French edition, Presses Universitaire, Paris; American edition, The Free Press, Macmillan Co., New York, in press 1963.

SUBSCRIPTION TO IGP

The IGP Bulletin appears four times yearly. Issue No. 4 will appear in June 1963. Annual subscription costs \$2.00. Payment should be made to the IGP Bulletin, P.O. Box 311, Beacon, N.Y.

SPECIAL ANNOUNCEMENT

A Psychodrama Motion Picture of the Third International Congress

During the Second International Congress of Group Psychotherapy in Zürich in 1957 a Psychodrama Training motion picture (sound), one hour and fifteen minutes, bilingual, was shown. Director of the filming was Roberto Rossellini; Director of the Psychodrama was J. L. Moreno, M.D. The production was sponsored by the French government, Centre d'Etudes Radio-Television. The film aroused great interest.

A number of delegates have approached Dr. Moreno to prepare a new psychodramatic motion picture for the Milano Congress. Such an addition to the program is considered if there is sufficient interest for it. Please write to P.O. Box 311, Beacon, N.Y.

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.

22nd Annual Meeting

The meeting will take place from April 12-14, 1963; the first two days the meetings will be held at the Hotel Sheraton-Atlantic, Broadway and 34th Street, New York City, the third day all meetings will take place at the Moreno Institute, 236 West 78 Street, New York City.

Guest of Honor and Banquet Speaker will be Margaret Mead, Ph.D., with the topic "Group Psychotherapy in International Perspective."

Twenty-Fifth Anniversary of Psychodrama at St. Elizabeths Hospital

The Twenty-third annual meeting of the American Society of Group Psychotherapy and Psychodrama will take place in Washington, D.C., in April, 1964, in conjunction with the Psychodrama Department of the St. Elizabeths Hospital, under the direction of James Enneis. Some of the sessions will take place at the Theater for Psychodrama at the St. Elizabeths Hospital. Further details will be announced.

Joint Meeting with the Academy of Psychodrama and Group Psychotherapy

The Society will have a joint meeting with the Academy of Psychodrama and Group Psychotherapy at the Chase Park Hotel in St. Louis on Sunday, May 5th, 1963. President of this meeting is Abel G. Ossorio, Ph.D., preceding the annual meeting of the American Psychiatric Association.

Semi-Annual Meeting

In October 1963 a two-day weekend workshop will be held as the semi-annual meeting of the Society. It will be sponsored jointly by the Society and the Moreno Institute and will take place at the Moreno Institute, 236 W. 78 Street, N.Y. City. It is planned to have action sessions and workshops involving audience participation in an active form.

PSYCHODRAMA AND GROUP PSYCHOTHERAPY MONOGRAPHS

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

SOCIOMETRY MONOGRAPHS

- No. 2. Sociometry and the Cultural Order—J. L. Moreno (List Price—\$1.75)
- No. 3. Sociometric Measurements of Social Configurations—J. L. Moreno and Helen H. Jennings (List Price—\$2.00)
- No. 7. Sociometric Control Studies of Grouping and Regrouping—J. L. Moreno and Helen H. Jennings (List Price—\$2.00)
- No. 8. Diagnosis of Anti-Semitism—Gustav Ichheiser (List Price—\$2.00)
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- No. 16. Political and Occupational Cleavages in a Hanoverian Village, A Sociometric Study—Charles P. Loomis (List Price—\$1.75)
- No. 17. The Research Center for Group Dynamics—Kurt Lewin, with a professional biography and bibliography of Kurt Lewin's work by Ronald Lippitt (List Price—\$2.00)
- No. 18. Interaction Patterns in Changing Neighborhoods: New York and Pittsburgh—Paul Deutschberger (List Price—\$2.00)
- No. 19. Critique of Class as Related to Social Stratification—C. P. Loomis, J. A. Beegle, and T. W. Longmore (List Price—\$2.00)
- No. 20. Sociometry, 1937-1947: Theory and Methods—C. P. Loomis and Harold B. Pepinsky (List Price—\$2.00)
- No. 21. The Three Branches of Sociometry—J. L. Moreno (List Price—\$1.25)
- No. 22. Sociometry, Experimental Method and the Science of Society—J. L. Moreno (List Price—\$10.00)
- No. 23. History of the Sociometric Movement in Headlines—Zerka T. Moreno (List Price—\$0.40)
- No. 24. The Sociometric Approach to Social Casework—J. L. Moreno (List Price—single issue, \$0.25; ten or more, \$0.15)
- No. 25. The Accuracy of Teachers' Judgments Concerning the Sociometric Status of Sixth-Grade Pupils—Norman E. Gronlund (List Price—\$2.75)
- No. 26. An Analysis of Three Levels of Response: An Approach to Some Relationships Among Dimensions of Personality—Edgar F. Borgatta (List Price—\$2.75)
- No. 27. Group Characteristics as Revealed in Sociometric Patterns and Personality Ratings—Thomas B. Lemann and Richard L. Solomon (List Price—\$3.50)
- No. 28. The Sociometric Stability of Personal Relations Among Retarded Children—Hugh Murray (List Price—\$2.00)
- No. 29. Who Shall Survive?, Foundations of Sociometry, Group Psychotherapy and Sociodrama—J. L. Moreno (List Price—\$14.75)
- No. 30. Sociometric Choice and Organizational Effectiveness—Fred Massarik, Robert Tannenbaum, Murray Kahane and Irving Weschler—(List Price—\$2.00)
- No. 31. Task and Accumulation of Experience as Factors in the Interaction of Small Groups—Edgard F. Borgatta and Robert F. Bales (List Price—\$1.50)
- No. 32. Sociometric Studies of Combat Air Crews in Survival Training—Mario Levi, E. Paul Torrance, Gilbert O. Pletts (List Price—\$1.50)
- No. 33. The Validity of Sociometric Responses—Jane Srygley Mouton, Robert R. Blake and Benjamin Fruchter (List Price—\$1.50)
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