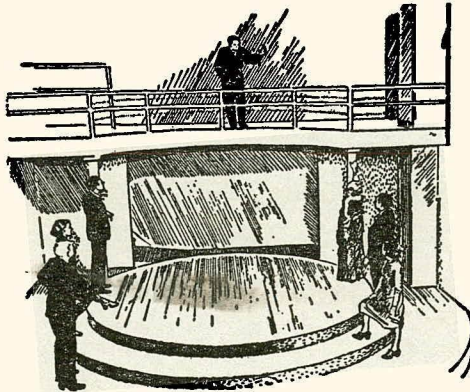


# GROUP PSYCHOTHERAPY

*A Quarterly*



**AMERICAN SOCIETY OF GROUP PSYCHOTHERAPY  
AND PSYCHODRAMA**

**Vol. XVII, No. 1, March, 1964**

# GROUP PSYCHOTHERAPY

Volume XVII

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Number 1

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FOUNDED BY J. L. MORENO, 1947

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## NEW MORENO LEGENDS

1925

### VICIOUS CYCLE

On his arrival in New York in 1925 Moreno was encountered by a reporter, "I heard about your living newspaper, your famous Theatre on Spontaneity and Psychodrama in Vienna. You will be terribly disappointed in the U.S.A. What you could do with the Viennese coming from beer halls, from the unreal world of music and dance, you cannot do here. We are regular people."

When Moreno returned to Vienna, thirty years later, ready to give public demonstrations on psychodrama, Viennese reporters said, "My dear Moreno, what you were able to accomplish in the United States with those eccentric, megalomaniac Americans, you cannot do here. We are regular people; here you have to prove yourself."

1927

### THE FIRST DEMONSTRATION OF PSYCHODRAMA IN THE U.S.A.

Moreno had hardly been in New York City a year or so, when Edward Barnays, eminent public relations expert and nephew of Freud, organized the first demonstration of psychodrama in the U.S.A. Moreno's success was astonishing, considering that his English was almost incomprehensible and crude.

A few of the men who were present approached Moreno soon afterward with contracts for him to sign which would give them the right to present his ideas to the public all over the country. When he was ready to sign, one of the men got up and said, "There's one thing we have to do first, Moreno—we have to take out a million dollars worth of insurance for your body to protect our investment." When Moreno heard this he felt like a clown in a circus and refused to sign.

1935

### THE STATE SENATOR

A few years after his arrival in the U.S.A. Moreno made a big hit with the people on the Lower East Side as a doctor. An alderman of the Democratic Party, Jack Rosenberg, head of the music union in New York City, came to Moreno and said, "Doctor, you know how much people love you here. We have to nominate a new State Senator and at our meeting yesterday they asked me to come and offer you our support." Moreno replied, "Well, I never thought I would make a good politician, but I feel honored."

The next day Rosenberg came back and said, "Well doc, there is one condition—you have to make a contribution of ten thousand dollars to cover the expenses of your campaign." Moreno answered, "I don't understand—on the one hand they want to honor me. That I appreciate. But on the other hand you want my money. What would the poor people think if they found out after I had been elected that I had spent ten thousand dollars on myself to become State Senator? Try someone else!"

1923-1962

#### FREUD REVISITED

One of the men interested in the Viennese Theatre of Spontaneity was Dr. Theodore Reik, the eminent psychoanalyst, then the secretary of Sigmund Freud. When Moreno's book "Das Stegreiftheater" appeared, Dr. Reik took one of the books and said that he would show it to Freud. Moreno never had the occasion to ask Dr. Reik what Freud's reactions were.

Thirty years later, Dr. James Sacks, one of Moreno's students asked Dr. Reik, who was now in New York, what Freud had said, "Oh, said Reik, I remember the occasion, I gave the book to Freud. I asked him for his reactions and I remember that he talked with me about the book." Sacks asked, "Well, what did he say?" Replied Reik, "I don't remember!"

When Sacks reported this to Moreno, Moreno said, "If Reik doesn't remember, how could I remember?" But perhaps I can figure it out. There are three alternatives—the first is that Freud just shook his head and said, "Another upstart," and dismissed it lightly. Reik heard this and forgot it promptly. Why should he remember a matter which was unimportant to Freud? The second alternative is that Freud was impressed but Reik suppressed what Freud said because of sibling rivalry. Why should he remember something which is good for Moreno? The third alternative is that Freud was annoyed and suppressed his annoyance. Who wants to meet his conqueror before his time is up?

#### THE TROJAN HORSE—1962

The reception of Psychodrama was controversial from the start. It had its ups and downs, but Moreno was never dismayed. People used to say to him, "Psychoanalysis is so powerful; it has spread into every corner of the world. How can you conquer it?" "Well," said Moreno with a smile, "Did you hear of the Trojan Horse? Psychoanalysis is like the Trojan Horse for Psychodrama. Wherever psychoanalysis has caught hold, Psychodrama will step out and take over."

PSYCHODRAMA AT MATTEAWAN STATE HOSPITAL—1962  
JOHN KOBLER, SATURDAY EVENING POST, October 27, 1962

My visit to Beacon coincided with a unique event in the history of nearby Matteawan State Hospital, one of the world's most famous institutions for the criminally insane. Its fourteen-man psychiatric staff, struggling with the formidable task of treating more than 2000 inmates, many of them violent, had asked Moreno what benefits psychodrama might confer. "Probably no complete recoveries," he told them. "We would have to work with their families for that. But it could make their lives and yours a little easier," and he offered to demonstrate his methods. I accompanied him and Mrs. Moreno to Matteawan.

In the visitors' room, which had been cleared for the demonstration, Moreno drew an imaginary circle as a stage and seated the psychiatrists around its periphery. The inmate chosen was an unmarried middle-aged Negro merchant seaman whom we shall call Joe. Before his guard brought him in, the psychiatrists reviewed his case. One night last summer, in a Harlem bar, Joe picked up a colored prostitute and took her to his one-room tenement flat. After finishing a quart of whisky, they fell to quarreling over the price she wanted to stay all night. According to what Joe told the police, there was a knife on his dresser and she grabbed it. He wrested it from her, shoved her through the door and locked it. He swore that was all he remembered.

Next morning the landlady found the woman's body outside Joe's door, stabbed through the heart. Joe lay fully clothed on his bed, still dead drunk. Protesting that the woman had left his room alive and unhurt, he was arraigned for murder. A psychiatric examination, however, showed him to be suffering from paranoid delusions. The judge therefore committed him to Matteawan until such time as he might be competent to stand trial. His mental state having since improved, it seemed likely Joe would shortly be released to face a jury and perhaps long imprisonment.

He came in, a small, grizzled man, bewildered, but plainly eager to please. Moreno patted him on the back and thanked him for his cooperation. "I'm here to help you," he said. As he plied him with sympathetic questions about his family, his friends, his life at sea, Joe visibly warmed to him. At length Moreno asked him to arrange a table and chairs to represent the layout of his flat.

Mrs. Moreno entered the circle. "Let's suppose this is the woman you met that night," said Moreno.

"But she's white," said Joe.

"It doesn't matter. This is only make-believe."

Under Moreno's deft prodding, Joe soon lost himself in the reenactment of the fatal events. He sprang at Mrs. Moreno, gripped her wrist so tightly he left a red mark, snatched an imaginary knife from her, fell back, advanced again, now holding the knife blade foremost. After two hours of reexperiencing not only his physical actions but also his emotions, reversing roles at Moreno's command, he suddenly stopped dead, as if struck on the head by a mallet.

"I must of done it," he said. "It couldn't of been no other way. I'm responsible, and I got to pay for it."

"And how do you feel about that?" Moreno asked.

Joe's eyes flooded. "So relieved, I never felt so relieved. I can face things now."

"Yes," said Moreno, turning to the fascinated psychiatrists who never knew Joe to admit the possibility of his guilt, "truth is the beginning."

#### PSYCHODRAMA AND SOCIODRAMA OF JUDAISM AND THE EICHMANN TRIAL

To the Presiding Judge of the Eichmann Trial in Jerusalem, Moyshe Landau  
and to his Associate Judges.

To the Prosecuting Attorney Gideon Hausner.

To the Defense Counsel Robert Servatius.

To the Prime Minister of Israel, David Ben-Gurion.

To the People of Israel.

To All Contemporaries Around the Globe.

To Adolf Eichmann.

On Sunday May 7th, 1961, a session was held entitled "Psychodrama and Sociodrama of Judaism and the Eichmann Trial," during the Annual Meeting of the American Academy of Psychodrama and Group Psychotherapy, presided over by Dr. Robert S. Drews. The session was directed by Dr. J. L. Moreno who was assisted by: Lewis Yablonsky, Eva Salomon, Richard Korn, Adeline Starr, Calvert Stein, Neville Murray, Manuel Vargas, Max and Sylvia Ackerman, Zerka Moreno; it took place at the Hotel Morrison, Chicago, Illinois, U.S.A.

#### INTRODUCTION

This Psychodrama is not identical with a court of law, but the re-enactment of Eichmann's life and deeds within the framework of Judaism. It is not a theatre, but the representation of the experiences of actual victims.

On trial is not only Eichmann himself, but practically every human being living, in various degrees of involvement. Category 1 are the Jews who have actually been in the Nazi concentration camps and have undergone various ordeals of persecution but who managed to escape or survive, and are now the *living witnesses*. Category 2, are Jews whose relatives, friends, neighbors, have been taken to camps and vanished. Category 3, are Jews who are not involved by direct connection through concrete individuals but by role identification, because they are Jews. Often it is a cold involvement, or indifference, but involvement just the same. Category 4, are the Germans who have been on the other side of the fence, actually and concretely participating in the persecution of the Jews, either as members of the Nazi party or due to prejudices of their own people who have been Nazi in action and are still in thought, or Category 5, those who have forgotten or were converted to a different attitude. Category 6, the Germans who have never participated in action but who are still Nazis at heart. Category 7, the Germans who have never been part of the Nazi system but fought it, who have never been guilty in action or thought, but who are persecuted because they are Germans. Category 8, the Gentiles who are not Germans but Nazi in thought and action. Category 9, the non-Jews of varying ethnic origins as the French, English, Italian, Hindu, Chinese, they are all here to participate with distantly involved emotions and astonishment.

#### THE PSYCHODRAMA

The session consisted of a mock trial of Eichmann, in the presence and with the participation of an audience of Jews who have been in concentration camps during the Nazi persecution and survived, eye witnesses of murder, rape and many forms of persecution, an audience of Gentiles of various ethnic origins, and of criminologists, psychiatrists, psychologists, ministers and rabbis. In the spirit of a forensic psychodramatic trial all members of the audience participated to the degree in which they were involved personally or symbolically. The meaning of the psychodrama was not to duplicate the trial but to replace it by a trial of a different order in which the true and hidden experiences are brought before the conscience of the world. It was a trial of the world's Conscience not only of the world's criminals. Adolf Eichmann was there, not the real one, but his symbolic double; he was not in a cage but free to speak and act for himself. In the actual Eichmann trial before a court of law in Jerusalem there is an enormous dormant psychodramatic element: the testifying of actual witnesses as to their experiences. They provide an infinite number of clues for a forensic psychodrama

in the meaning of this report. Therefore, the session ended with the following recommendations to the Israeli court as to how to carry out and conclude their trial.

#### RECOMMENDATIONS

1. Adolf Eichmann shall be taken out of his cage and be given the full range of the courtroom to act out crucial episodes of his life, carefully selected and known to be true, under the direction of a skilled psychodramatist with a staff of auxiliary egos. He should be warmed up to a maximum intensity of self participation so that only the true experiences can come forth and distortions be hindered. The auxiliary egos should be instructed to present his father and mother, his teachers, significant episodes of his early childhood, his early indoctrination as a Nazi, his meetings with Hitler, Heidrich, Himmler, his superiors and subordinates, to portray his dreams, his delusions, his hallucinations, his delusions of grandeur, his fears and panics and his complete abandonment of any feeling, episodes after the Nazi war was lost and he tried to escape, fleeing from country to country until he is finally captured and brought to Jerusalem and put on trial.

2. The first part of the psychodrama should be the process of re-actment; the second part should be the process of catharsis. For Eichmann himself, his attorney, the court, and the world witnessing, in order to make the catharsis truly world-wide and meaningful, all mass media should be used to make a mass co-experience possible. Television, motion pictures, simultaneous psychodramatic re-trials in many parts of the world.

In this true purging of the psychodrama Eichmann should be carefully prepared for giving himself entirely to the task at hand. He should be instructed by the director to *reverse* roles with every Jew he has put into the gas chamber and should be made to relive the anxiety and panic of such a victim, he should be made to *reverse* roles with every Jew hiding from his men and being caught, he should be made to play the parts of children and young people whom he starved and sent to the death camps, he should be put in coffins, playing the part of corpses, he should be buried, thrown out into unknown places, he should be made to *reverse* roles with all the Jews he has actually humiliated, based on recall of actual episodes or actual dreams of episodes. In order to make the reversals real any "artistry" should be avoided; all that is buried in Eichmann's conscience should be mobilized. In order to intensify his production of reversals he has to be assisted by doubles and the use of other psychodramatic techniques so as to make his experience ultimate and universal. The entire psycho- and socio-drama should not last longer than about five hours, two sessions of two and a half hours

each, in order to make it realistic and feasible. It should be reenacted at the end of the formal court proceedings. The entire Eichmann trial may find in the psychodrama of Judaism its true climax.

---

## PRIME MINISTER'S OFFICE

DAVID BEN GURION

Jerusalem, June 8, 1961

Dr. J. L. Moreno  
Director  
Academy of Psychodrama & Group Psychotherapy  
Beacon, N. Y.  
U. S. A.

Dear Dr. Moreno,

This acknowledges, with thanks, receipt of your memo and the attached suggestions for "Psychodrama & Sociodrama of Judaism and the Eichmann Trial" which will be handed to the Prime Minister upon his return from his present journey abroad.

Very sincerely,  
Michael Nir  
Prime Minister's Office

---

## STATE OF ISRAEL

THE ATTORNEY-GENERAL

Jerusalem, June 18, 1961

Mr. J. L. Moreno  
Beacon, N. Y.  
U. S. A.

Sir,

Re: *Eichmann's case*

In reply to your letter of May 30 with enclosure, I wish to dissociate myself unequivocally from your suggestions. What we are conducting in Jerusalem is not a psychodrama nor a sociodrama. It is a case against an accused under due process of law and will not be turned into anything else.

Yours truly,  
G. Hausner  
Attorney General

PROF. H. F. INFIELD  
HEBREW UNIVERSITY, ISRAEL

June 25, 1961

Dr. J. L. Moreno  
Beacon, N.Y.  
U.S.A.

Your idea of taking Eichmann through a psychodramatic purgatory is quite ingenious and should set the pattern for the kind of reconditioning of violators that a society of the future, a "sociometricized" society, will want to adopt.

I personally am decidedly in favor. Unfortunately, we have to realize that Israeli society—nothing to say about the Jews elsewhere—are as yet quite far from having reached this stage of development. All I could do so far, is to discuss your paper with a group of psychiatrists, among them Dr. Baumatz whom you certainly remember, with whom I meet regularly. They were quite interested in the theoretical implications of your proposal, but felt that its implementation would at present be quite beyond the mental horizon of the people involved.

---

PROF. H. KREITLER  
UNIVERSITY OF TEL AVIV, ISRAEL

Haifa, 10. VI. 1961

Lieber Herr Doktor Moreno:

Die Idee, Eichmann die Leiden seiner Opfer spielen zu lassen, widerspricht der Rechtsphilosophy der westlichen Welt von heute. Denn entweder Eichmann spielt die Rollen ohne emotionelle Beteiligung, also ohne wirklich mitzuleiden, dann waere dies eine Verhoehnung des Gerichtsverfahrens. Oder aber (wie Sie und ich annehmen) das Psychodrama wuerde als echtes Psychodrama mit starker innerlicher Beteiligung durchgefuehrt werden, dann waere Eichmann gezwungen die Leiden seiner Opfer zu leiden. Dies aber widerspraechte der modernen Rechtsphilosophie, denn Strafe durch Vergeltung nach dem Prinzip "Aug um Aug, Zahn um Zahn" gilt mir Recht als rueckstaendig.

Reply—J. L. Moreno:

"The psychodrama and sociodrama of the Eichmann Trial" was intended as a world tribunal of the human conscience. It was not a tribunal to convict Eichmann. In the world psychodrama the universal guilt is concretely an-

chored in every individual who failed to act as a bearer of truth and to respond to the challenge of the planned and executed murder of six million Jews. By isolating the guilt of Pope Pius XII from the millions of culprits the author\* of the play "The Deputy" (published by Rowohlt, Hamburg, Germany, 1963) does a disservice to the fundamental ethical problem. He displaces the "guilt by silence" and other causes from every member of mankind to a single individual, Pope Pius XII.

#### PSYCHODRAMA AND THE NEW THEATRE

##### *Dramatis Personnae*

Thespis and J. L. Moreno.

*Thespis*, the reputed inventor of Greek tragedy lived at the time of Physisstratus.

*Moreno*, the reputed inventor of Psychodrama, lived at the time of the Atomic Age.

##### *Dialogue*

*Thespis*: I just came from seeing Arthur Miller's play, "After the Fall"; it's being played at the Repertory Theatre of Lincoln Center.

*Moreno*: What did you find?

*Thespis*: (Laughing, half mockingly) It's a psychodrama. What a calamity for the theatre of Aeschylus and Sophocles, even for the theatre of Shakespeare! I feel miserable, but you should be proud of it; it's your bastard, at least half way.

*Moreno*: I doubt it! Miller is a playwright; "After the Fall" is a play. It has been written by him, hasn't it? He has hired actors to play the parts, hasn't he? Why don't you first describe your observations before you come to a rash conclusion.

*Thespis*: Once every century I come up from Hades to look at my invention and its progress. But what I have seen yesterday symbolizes the greatest downfall for the theatre since the Commedia del'Arte. First of all it is Arthur Miller's private world which is portrayed on the stage. It has only the outward appearance of a play. It is his own life, his own tragedy, and to bring the contrast with the traditional format of the theatre to maximum expression, he doesn't try to cover up, but brings every detail as concretely as possible. There have been, of course, writers who have

---

\* Rudolf Hochhuth.

used experiences of their own lives as models for their plays, but they tried as much as possible to create the impression that the characters presented are not real, but fictitious. Whoever heard of a serious playwright putting his own tragedy, his own love affair before the public? But that's what he does. It is "protagonist-centered," as you call it in psychodrama, and Miller is his own protagonist. A Greek audience would stone him if exposed to such a distasteful panorama. Remember how Socrates scolded Aristophanes when he dared to display him in one of his plays.

*Moreno:* It is time for a radical change away from the false objectivity of the theatre and toward an enlightened genuine subjectivity of the playwright. If there is a culprit on the stage, let's call him Miller rather than Othello, and the victim Marilyn Monroe rather than Desdemona. Let's call them by their real names; names like Miller and Monroe are no less aesthetic than the names Othello and Desdemona (if it is a question of aesthetic effects). What matters is the quality of the process itself, what has happened in Miller's mind in his actual life and the forms these events took on the stage.

*Thespis:* I'm trying to put myself into Miller's place and visualize his conduct. The first thing I would do is to act like a case worker who interviews a client. I would like to go to Miller and ask him a few questions about Miller, about his relationship to Marilyn, to his first wife, to his parents, his brother, his friends. It would never occur to me to have asked Shakespeare about Othello or Desdemona and the actual relations between them. Shakespeare would have laughed. They did not exist except in his imagination. But Miller is "Quentin," the name he gives himself in the play. That Miller calls himself "Quentin" in the play and a lawyer instead of a playwright is an unnecessary deceit, as his relation to Marilyn Monroe has become public knowledge. He should have called a spade a spade. In the preamble of his play he writes "The action takes place in the mind, thought and memory of Quentin." If he would have been honest with the public, he would have said "In the mind, thought and memory of Arthur Miller."

*Moreno:* Such deviation from the "truth" is in discord with the first psychodramatic principle. Psychodrama explores the truth by means of dramatic methods. You cannot be 90% Miller all through the play, but then put in a paragraph or two that proclaims you as a lawyer. It is either/or. Quentin is a subterfuge to save Miller's face. I agree with you on this point. But it seems to me that you are too harsh in your judgment of Miller. One can look at the matter differently. He tried to create "a new format" and it

happened that the model of the psychodrama appealed to his mind as a way of getting beyond the stagnation of the old theater. The question is how conscious was Miller of the close relation of his play to psychodrama.

*Thespis*: But the more I enter into Miller's mind, the more I become convinced of his utter disregard of a playwright's mission. When Shakespeare wrote Othello he tried to write within the framework of the role of Othello, a half historic, half mythical figure. But Miller writes in the framework of Miller. He tried to invent as little as possible, but to use his own emotions and his own situations up to the last inch. He obviously did not want to invent, but to repeat conscientiously what he has lived. He proceeded like a psychodramatist, not like a playwright. As I understand you, in protagonist-centered psychodrama, to deviate from the subjective truth is a cardinal sin for two reasons—for therapeutic reasons and for reasons of productivity. If the protagonist acts out the truth, the events he has lived through are easy for him to remember (it is harder to remember lies). But what he invents may be alien to him and artificial. That is about how Miller wrote the play; he persistently tried to rehearse in his mind the scenes and the words and the conflicts as they happened. The play should not have been called "After the Fall," but "After the Fall of Arthur Miller" unless he wanted to also include Marilyn into the fall.

*Moreno*: This is another point in which I could agree with you, Thespis. In protagonist-centered psychodrama the technique of productivity is to induce a protagonist to warm-up toward self-involvement. Only he knows, e.g., the particular set-up of his bedroom and the events which took place in it on a certain night. He is the primary resource person. Unless *he* exposes them, no one can invent them. So far as Miller used this technique of productivity in writing his play, he is a psychodramatist. But there are many things about the play which do not fit into our picture.

*Thespis*: May I analyze Miller's play further? He didn't try to write scenes like in a play but to write what happened to him in moments of ecstasy or despair. The scenes are written just as he lived them through in life itself. They are "fragmentary." There is no beginning and no end to them. The phrases are often just begun. They are not structured, often half structured. They are entirely in discord with the fashion of the legitimate drama. Miller wrote his play for the therapeutic reasons. Playwrights try to write plays which have an esthetic quality. Miller writes like the protagonist in a psychodrama session who has no time to structure episodes as they are presented and created in the here and now.

*Moreno*: Fragmentation, interruptions and overlapping of events is

frequent in psychodrama. They are by their very nature incomplete and require techniques like self-presentation, mirror, double and role reversal to be extended and integrated.

*Thespis*: But there are other fundamental differences between Miller's written play and its production on the stage. His written play has a single character, himself; the acted play has more than a dozen characters. The written play is an auto- or mono-drama. There is a single protagonist, Quentin alias Miller. All other characters do not appear in the flesh. They are thoughts, visions, hallucinations, in Miller's mind. They come and go, just as they are written, like in a dream. Miller could have gone upon the stage and recite his script and play all the parts. On the stage, however, for every vision or hallucination, an actor is used for their embodiment. The production has, therefore, a far greater reality than the play.

*Moreno*: It sounds very much like the technique we use in the psychodramatization of dreams. According to psychodramatic method a dream should not be just told to a therapist, but acted out. The dreamer plays all the dream characters himself, for instance his mother, his sweetheart, his friend. Usually he plays also his own part, although he may at times have an auxiliary ego present him according to the instructions of the protagonist. This is the kind of thing, apparently, which Elia Kazan, the director, is doing with Miller's play.

*Thespis*: This makes sense and illustrates the pathological development of the so-called new drama. There are three hidden parts in this production. First, there is an invisible psychoanalyst in the play. It seems that Miller has had a psychoanalysis. Second is Miller, the patient, but instead of being on the couch he uses the drama. Third, the director; instead of J. L. Moreno he uses Elia Kazan to direct the session.

*Moreno*: (interrupting) Now please don't put me into this. I do not want any new controversies.

*Thespis*: Don't be impatient. It's clear that Miller jumped from the couch upon the psychodrama stage and instead of coming to you he engaged the Lincoln Center Repertory Theatre.

*Moreno*: This is not unusual. Psychoanalyzed individuals come frequently to the psychodrama for treatment. Strangely enough they are often sent to us by their own analysts. The stage offers certain advantages. The transition from psychoanalysis to psychodrama has been historically of great importance. Psychodrama proves to be an improvement upon psychoanalysis. And Miller apparently preferred, at least on this occasion, the stage to the couch. The transition from the psychoanalytic couch to the

psychodrama stage is very complex. As soon as the psychoanalyst steps upon the stage he becomes a psychodramatist, his dynamics change. The same happens to the patient. As soon as the patient gets off the couch and upon the stage his free associations become meaningless unless they are extended and replaced by movements, actions, spontaneous interactions, symbolizations and soliloquies. He undergoes a process of transformation. You recognize this phenomenon of transformation on the popular level in many of the more recent motion picture and television productions. For instance, the motion pictures, "Freud" and "David and Lisa" use psychodramatic techniques in order to illustrate psychoanalytic hypotheses. The same thing happens in popular versions of psychodrama like in the "Eleventh Hour" on television. The actors in these television skits are not professionally trained psychodramatists, they try to use common sense but unconsciously they fall into the use of psychodramatic methods. The same thing is true for Arthur Miller and Elia Kazan. Psychoanalytic patients and psychoanalysts turn frequently to psychodrama as their hoped-for salvation.

*Thespis:* Then you agree that this is a therapeutic theatre and not the theatre of Shakespeare. Miller was a troubled man. Marilyn Monroe was a troubled woman. Their relationship was disharmonious. She's already dead; it's too late for her to be treated. But he's still around. He apparently suffered from profound feelings of guilt. The couch was not able to give him the total answer to his dilemma. So he tries psychodrama. But he, himself, applies it to himself, being his own playwright, his own analyst, all his dramatis personae, all in one package. He might have gone a step further; he might have been his own director (instead of Elia Kazan), and ask all the still living people in his life drama to play their own parts on the stage, except, of course, people who are dead, these have to be represented by auxiliary egos.

*Moreno:* (smiling) That is what happens when patients get out of hand and become independent from their psychoanalysts. They go beserk or they end in a psychodrama. But Miller may still repent and return to his psychoanalyst for further treatment.

*Thespis:* Why didn't he finish the play and present it before Marilyn Monroe killed herself? Then she could have been there in the theatre acting out with him their relationship. That might have prevented her downfall and his. But he waited until she was safely in a coffin. In the play she couldn't talk back; he had all the words. Let me quote to you from the play. Miller-Quentin talks continuously with his conscience and his conscience talks continuously back to him throwing one episode and one person after another

at him. It's a continuous soliloquy with interruptions. Here is an illustration: Quentin envisions the following episodes:

(Maggie suddenly appears in a satin bed, talking into a phone.)

*Maggie* (with timid idolatry): Hello? Is . . . ? How'd you know it's me? (Laughs) You really remember me? Maggie? From that park that day? Well 'cause it's almost four years so I . . . (He comes away from her; she continues talking unheard.)

*Quentin* (Halting near the chair; and glances toward a point where again Felice appears, raising her arm in blessing and instantly disappears, and he says to the listener): . . . I do, yes, I see the similarity. (Laughter is heard as Holga appears at a cafe table, an empty chair beside her.)

As you can see about seven scenes run through the protagonist's mind. They are unstructured glimpses. He alone knows all the background details involved. The reader receives only scattered impressions. In your psychodramatic sessions you are often confronted with the same situation. You, however, throw into the production auxiliary egos using various techniques like mirror, double, or reversal of roles so as to give the fragments therapeutic, and if possible, aesthetic integration. But my question is, why did Miller do all this? Were he a playwright he could have just as well produced an aesthetically rounded play with proper beginnings and endings, with moments of suspense and climaxes.

*Moreno*: He must have done it for himself; as a cure for himself and as a cure for many others who have guilt feelings of a similar kind. This is what our psychodramatic protagonists are searching for when they come to us. Miller thought rightly that there are many Millers. His thoughts may have gone like this: "It would be a good deed if I would write a play in which I could present my dilemma, naked, as it is. Millions of people would be getting therapy."

For us psychodramatists, at least, there is nothing unusual in Miller's production. We have had in the past hundreds of psychodramas taperecorded, conserved, and used for re-enactment on a stage or elsewhere. We have been engaged in the conserving of psychodramas for therapeutic, pedagogic and aesthetic reasons. I have attempted many times to overhaul a particularly effective psychodramatic production and prepare it for the legitimate stage especially "Psychodrama of a Marriage" which appeared in "Les Temps Modernes," Paris, 1956-7. From our point of view, however, Mr. Miller fell short of going the whole way. In our most common and best known form of psychodrama the production of the protagonist is spon-

taneous, unwritten and unrehearsed. It may have grown in his mind for years and is built in, but he never acted it out and gave expression to it. But when he does it, he does it under professional guidance assisted by professional therapists.

*Thespis*: I understand that. It is dangerous to put into the hands of a therapeutically untrained director a psychodramatic play which might produce disturbances in the minds of the protagonist and spectators.

It may be wise for Mr. Miller, if he continues to write plays, to retreat to the format of the legitimate theatre or to be trained as a psychodramatist. Another alternative is that he gives up the first two and returns to his analyst and goes back to the couch.

*Moreno*: However, should Miller be in need to continue his psychodrama beyond the play, he would be welcome to come to our theatre and meet Marilyn Monroe there. We could bring her back from the other world so she can act out her part as she feels it, so that she can work out *her* guilt. Maybe the clash would do them both good. Marilyn may need now, wherever she is, some peace of mind, an integrating catharsis.

*Thespis*: Apparently I have convinced you that Miller's play is a psychodrama.

*Moreno*: Oh no, Thespis. You've convinced me only that this is the *conserve* of a psychodrama, but not a psychodrama in itself.\*

#### THE LIFE AND DEATH SOCIOGRAM

##### Whom Do You Like Most to Fly Wing on in Combat?\*\*\*

One of the most fascinating events of World War II is how the sociometric test was applied in the early period of the war in the Pacific, and how its discovery helped to raise the level of morale of the American fighting forces. Here follows a description of this discovery in Professor Jenkins own words.

As early as 1942, we had discussed this point with the line officers of the training command. We had sought to convince them that some of us must go out into the combat area, if we wished to find out how the tests were doing insofar as picking good combat pilots

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\* Quotations on pp. 117-118 from "After the Fall," by Arthur Miller, p. 49, *Saturday Evening Post*, Feb. 1, 1964.

\*\* From "Nominating Technique as a Method of Evaluating Air Group Morale," by J. G. Jenkins; *Journal of Aviation Medicine* XIX (1954), pp. 12-19. See also *Sociometry Reader*, pp. 560-567, 1960.

was concerned. Initially, this suggestion evoked only tolerant amusement. Somewhat later, it met only with the resistance of any novel- and presumably impractical-idea. Ultimately, it brought forth, in early 1944, the startled question, "Well, why the hell shouldn't some of them go out there and see!"

That is how five of us come to receive orders to go out and live with combat air groups in the combat zones. One of the five—the writer—spent only six months in all aboard ship, in intensive study of a single air group. The other four were out for more than a year in the combat zone. We carried no ready-made solutions out with us. In fact, we tried a number of techniques which proved completely abortive. Ultimately we came to use what we have called the "nominating technique," first applying it in long individual interviews and ultimately using it as a group-response technique. In that way, it was possible, while the war was still going on, to obtain responses from more than 2500 combatant pilots, all given in the war zone and while the air group was engaged in active combat. This mass of data, as I shall try to show you gave us not only combat data for the further validation of our tests, but it provided as well a significant key to the morale of various air groups.

Let me describe the technique itself. Basically it runs this way: Our observer lives with an air group long enough to gain the acceptance of the group and to establish rapport with them. If he is a good listener, shows a moderate capacity for distilled spirits, has a restrained interest in certain games of chance, and, above all, likes flying and those who fly, the process need not take too long.

At this point he asks to have the air group assembled, at a time convenient to the members, and he explains his mission. He shows that the facts he gains will have practical significance in developing other air groups, and he guarantees anonymity for each response. Beginning with individual interviews, he then asks each pilot two questions—and it will be noted that these questions are realistic (not speculative), that they are functional (not evaluative), and that they ask for determinants (and not mere lists of names).

The questions are:

(1) Assume that you are being shifted to a new air group tomorrow, and that you may select your own combat teammates. On what two men—living or dead—would you most like to fly wing in combat? Why would you select those two men?

(2) What two men would you least like to have flying wing on you in combat? Why?

It should be noted again that we are talking about transfers such as did actually occur; that we are asking the respondents to *name* pilots at the two extremes, not to rate them; and that we also asked them to give *specific reasons* for their choice. We believe these three characteristics to be most important in determining the outcomes we obtained.

Now, what did we get? Well, we got the names of somewhere around 10,000 men designated at the one extreme or the other. The list of *different* names is actually much shorter than that, for many men were named more than once. With those named only once, it is difficult to say how much credence should be put in the nomination. When, however, four independent pilots pick a certain man as their best or worst choice for a combat-teammate, it is difficult to think in terms of chance determinants. In this way, we could and did build up our own file of those chosen for top and those chosen for bottom; and we could establish our level of assurance where we wanted by using only specified multiple nominations.

Once this file was available, we began to find that we had materials that bear directly on the social structure of air groups. It comes about in this way. One of my colleagues suggested borrowing a technique from sociology and using it to see what would happen to our nominations in a series of groups. So we took the idea of the sociometric diagram, developed originally by the sociologist, Moreno, and plotted our available air groups according to his techniques.

What we did was simply this. When a pilot named a man as H, that is, as one of the men he wanted with him in combat, we drew a line from the nominator to the man nominated, ending it in an arrow. For the man nominated as L, not wanted, we ended the line in a circle.

I may add that I have been delighted with the way practical men react to these diagrams. One veteran air officer told me: "Why that's just the way our air group is. But I'll be damned if I thought it could ever be put down in black and white." An experienced flight surgeon remarked that it put down in rather precise form the basis upon which he, by intuition, had to base his daily intercourse with his air group. I have shown these diagrams to many line officers, and my most common experience has been to find that Captain X takes it away from me so that he can explain it to captain Y. Finally, I may state that I reported on the technique last month to a group of business executives gathered for a week-end meeting at Harvard, and

that my mail from industrial concerns has been singularly heavy since then.

The technique gains credibility if you review the reasons given by the Navy pilot for their nominations. We started out with a file of about 10,000 statements as to why X was nominated for H while Y was nominated for L. Consistency ran so high that we found we could reduce all of these statements to about twenty-five basic categories. In other words, the combatant pilots showed very high agreement as to what they wanted and did not want in their combat mates. Let me take just a minute to review the highlights of this situation for you.

They wanted the team player who could be counted on, not the lone wolf who was out to make a name for himself.

They wanted the man who helped those in trouble, even at his own risk, not the man overly interested in his own safety.

They wanted the man who genuinely liked to fly, not the man who flew by default.

They wanted the man who was aggressive and forceful in combat, and they had only scorn for the man who could find "good reasons" to avoid combat.

They wanted the good shipmate who fitted well into the group in the ready room and not the temperamental irritable chap who added unnecessarily to the strain of getting ready to fly.

They chose the steady, smooth formation flier and wanted no part of the unpredictable erratic gent who had to be watched in the air.

Interestingly enough, they wanted the man who was adequate in perception and judgment; and they voted strongly against the man who failed to size up total situations, couldn't remember instructions, or committed Dilberts, even if his courage was unquestioned.

Aviation skills were mentioned, but here adequacy rather than virtuosity tended to be stressed.

#### LEGEND OF PSYCHODRAMA IN HUDSON

Prof. Gardner Murphy

I shall never forget the day I had the privilege of taking William Heard Kilpatrick out to see Moreno's demonstration of psychodrama at Hudson. Adolescent girls, mostly somewhat retarded intellectually, who had gotten into trouble with the law, were being given a normal schooling with vocational training and a rich social life by Fanny French Morse, and Moreno had come there to set free the personality potentials of the girls

through free enactment of little scenes into which they could project themselves. We had learned beforehand only that the psychodrama gave each participating individual an opportunity to throw herself immediately and without preparation into any social role that had meaning for her. Twenty-five girls were waiting for us. "Now girls," Moreno said, "it's a hot afternoon in the summer. You, Pauline and Helen, are driving along the parkway and pull up to a roadhouse. You, Ruth, are Helen's little daughter. You, Hazel and Janet, are the waitresses. Mary, you are the proprietor. All right, go ahead, girls." However remote this situation might be for urban lower-class girls, they threw themselves into this scene with imagination and energy. It was a great show. Then Moreno would say, "All right, you girls there, criticize this play." Eunice, Viola, and Grace had comments immediately. "Helen didn't act like she was really hot and tired; anybody could see Hazel wasn't really waiting on tables; she got nervous; she talked too fast." These girls were learning social membership by enacting it, and this was a part of a vivid scheme of social education now being given a somewhat psychiatric coloration. There was no doubt whatever that the girls were learning in the sense in which John Dewey used the term.

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

There is, however, another package rolled into Kilpatrick's statement. Moreno held in this case the teacher's role. When he has failed, as he sometimes has, I think it has been due to the authoritarianism of the teacher's role. When he succeeded, as he often has brilliantly (as in that day at Hudson), it came from the simple, natural, direct, fatherly handling of co-workers and co-learners in a situation which all could share. Note the ease with which the assignments were made, and especially the atmosphere in which the girls could criticize the work of their peers in a casual, matter-of-fact way. Note the way in which the Moreno program fitted into Fanny French Morse's emancipation program as a whole.

#### PSYCHIATRY ON TRIAL—1948

Alexander King\*

While I was shopping around for a more suitable retreat to park my disaster, a friend of mine told me about the Moreno Clinic out in the country. This place wasn't a drug-cleaning joint at all. It handled only genuine cuckoos, and it treated them with an entirely new method called psychodrama, a system of psychotherapy I'd never even heard about. My friend told me that the patients at this booby hatch acted out all their difficulties on a real stage, under the guidance of special clinical directors, and that some remarkable results had been achieved there. I liked the idea, so I phoned Dr. Moreno, and he told me to call at his New York office the next day, since he was coming into town anyway.

Let me tell you, I was much impressed with Moreno during that first interview. He proved to be an unusually intelligent person with wide human and cultural interests, and for any man who presumes to function in the capacity of a psychiatrist or psychoanalyst that is surely a basic requirement. Of course, that is still no guarantee of his having any special gifts for this highly exigent calling, but it is certainly an absolute must as a starter, isn't it?

Now, Dr. Moreno, who was also Viennese, which did him no harm with me, told me right off the bat that he didn't generally tackle dopeys. But I liked his manner and his looks, which were a cross between Rembrandt and Diego Rivera—that is to say, plump, bright-eyed, curly-haired and alive—so I decided to persuade him. Not that I believed for a moment that

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\* From *Mine Enemy Grows Older* by Alexander King, Simon and Schuster, New York, 1959, pp. 141-47.

any, or all, of his attributes were necessarily going to cure me of my addiction, since that, in the final analysis, was entirely up to me; all he could really provide for me were certain routine, clinical facilities and his own sympathetic medical and human perception. My liking for him had hardly any connection with my own malady at all; he just sounded like a gifted person who, in an emergency, could tie a package better, or more originally, than the next man. I asked him earnestly to take me on, and he finally agreed.

The following day I landed at his aviary, which was located in beautifully landscaped grounds on the left bank of the Hudson, opposite Newburgh, I think. They gave me a fine corner room but confiscated my radio and all my eleven tubes of tooth paste which showed that despite their inexperience with junkies they had a pretty cool idea of what such varmints were capable of. Otherwise I had the run of the place, and I was particularly invited to attend my first psychodrama session that afternoon.

Since I'd had my lunch on the train coming up, I had over an hour to kill until showtime, so I meandered into the doctor's library. He had a marvelous collection of books in many languages, and, to my delight, I found a few volumes of poetry that Moreno himself had written many years ago in Austria. Now, listen to this, this stuff of his was quite self-respecting. It was not the amateur ranting of some rhyme-crippled medic and I was delighted that he had lived up to my hunch, that he was a cool stud and really had something on the ball.

You may have surmised by now that I have deep prejudices against psychoanalysts and psychiatrists, and, believe me, I have. The majority of the practitioners I have personally known, and I have known about twenty-five during the last three decades, where a bunch of presumptuous pfooshers who shouldn't have been allowed to treat an introverted turtle. Of course, I *have* seen people who had been helped by psycho-therapy, but I wouldn't go so far as to say I've seen them cured. The patients generally have to go back to their refueling stations for the rest of their lives. These psychotherapeutic udders became as indispensable to them as opium is to a drug addict; and I say, pfui! You might point out that is still preferable to real drug addiction, and I will grant you that it is, but only because it isn't illegal. But that's about all I'll give it. I'm fully aware that there are dedicated, scholarly, and earnest workers abroad in the field, but I tell you that, at this moment, too much of the actual therapy is just a hit-or-miss proposition and has about as much relation to real science as alchemy has to modern chemistry. I'll tell you, further, that at the present stage of its growth too many of the operators who function in its ranks are dangerous

ignoramuses, or out-and-out scoundrels who just like to make themselves a fast and easy buck. You might reasonably object that there are more fakers in the art world than in psychotherapy, and you would be quite right. I'd just like to point out that when a wretched artist makes a bum picture it just means a waste of paint and a ruined canvas, but when a blundering ass of a psychotherapist sticks his dirty fingers into an already infected mind it is liable to cause some unfortunate creature the permanent loss of his sanity. That, I think, is pretty obvious, and there you have the reason for my truculent and censorious attitude.

So you can imagine that it wasn't exactly a dreamy little boy who attended that psychodrama seance up at the sanitarium that afternoon. The session I witnessed took place in a tidy little theatre which had been especially constructed for these meetings, and when I arrived about twenty-five persons were already scattered about the auditorium. These people faced a slightly raised circular platform, which eventually proved the main stage of action. I can see now that this theatre was the forerunner of the playhouses that some well-heeled off-Broadway producers have since constructed and utilized to present their much less interesting dramas.

Dr. Moreno opened the session by announcing that a visitor, a Mrs. Mehlmann, was expected to arrive the next day. Before he stepped down from the stage he asked whether Mr. Mehlmann cared to express himself, one way or another, about the impending reunion with his wife.

Mr. Mehlmann slowly rose from his seat in the audience and said, "I'm glad she's coming."

"You're glad?" said Dr. Moreno. "That's good. Not like a month ago when you refused to see her, eh?"

Mr. Mehlmann scratched his large nose and looked at the floor.

"What happened to change your mind about her? Would you care to tell us, Mr. Mehlmann? Suppose you step up here and tell us why you didn't want to see her on her last visit."

Dr. Moreno stepped down and Mr. Mehlmann dragged himself reluctantly onto the platform.

He was a short, pale, flabby man, almost bald, with colorless eyes and a long untidy Slovak mustache, like mine. He was around fifty and I judged him to be a hardware dealer. He had that unhealthy hardware-dealer's skin. When he got on stage he looked around for a moment, blinked in the direction of Dr. Moreno, pulled at a pretty substantial ear lobe, and smiled foolishly.

"It was your wife's birthday," said the doctor, "and she brought you a piece of her cake, didn't she?"

"Yeah, she did," said Mehlmann. "I watched her from upstairs, when she got out of the car with the packages."

"Where did you watch from?" asked the doctor.

"From Joe's room," said Mehlmann.

"Suppose," said the doctor, "you arrange the furniture on the stage as it looked up in Joe's room."

Mr. Mehlmann turned around and began to lug at some characterless furniture that had been waiting in the shadows behind him. Still farther to the back, I noticed, was a child's blackboard on some wooden rollers.

It was plain to see that Mr. Mehlmann was an old trouper in psychodrama, and he was gaining authority and poise with every passing moment; as a matter of fact, he proceeded to crouch down, without self-consciousness, behind one of the chairs, to simulate his actions of the month before.

"Did your wife come up from the right side of the house?" asked Dr. Moreno.

"No, she came from the left," said Mehlmann. "She couldn't open the door with her hand account of the packages."

"Just a minute," said the doctor. "Would Miss Mathew please be good enough to take the part of Mrs. Mehlmann?"

A young woman, who, I later learned, was a trained practitioner in psychodrama, rose from the audience and approached the stage from the left side. She made believe that she was carrying some bulky packages in her arms, and, as she stepped onto the platform, she pretended to kick open an imaginary door.

"No!" said Mehlmann. "No! No! She kicked the door with her right foot! She don't use her left foot much, she has arthritis in the knee."

I discovered later that the woman assistant was instructed to make carefully calculated and prescribed mistakes, for the very purpose of rousing the patients' critical and corrective faculties.

I've bothered to tell you about this Mehlmann person not because he was particularly interesting; he was, as a matter of fact, just a mediocre paranoid performer, with the usual persecutory overtones. But something happened during his turn that was really wonderfully exciting. While describing a breakfast he'd once had with his wife, he happened to mention the word "beigel."

No sooner was this word out of his mouth than a pretty dark-haired woman, called Millicent, jumped out of her seat and shouted, "Wrong!"

Mehlmann stopped and peered nearsightedly out into the audience. He finally spotted Millicent, who raised her arm and once more shouted, "Wrong!" Her arm slowly came down but she still trembled with excitement. I noticed that a nurse had suddenly materialized in back of her.

"You don't say 'beigel,'" said Millicent. "You're supposed to say 'bagel.'" She passed the back of her hand across her forehead and chuckled to herself. "You talk like a Galician," she said, as she sat down again.

Although I was quite a distance from her, I felt waves of excitement surging around Millicent, and I couldn't understand why Dr. Moreno had suddenly crossed the room and placed himself just a few feet from where she was sitting.

"Come, Millicent," said the doctor, "go up on the stage and show Mr. Mehlmann the correct way of pronouncing 'bagel.' Why don't you write it out for him on the blackboard?"

After a moment, Millicent got up again and slowly, in complete stillness, like a trance-walker, proceeded down the aisle toward the stage. She walked as one, who, after a long illness, is relearning how to properly balance her body's equilibrium. In passing Mr. Mehlmann on her way to the blackboard she stopped and smiled at him, and he good-naturedly smiled back at her and even patted her on the shoulder. It was a perfectly commonplace tableau, in which a woman of Russian Jewish descent had corrected the pronunciation of a Polish Jew, and the correction had seemingly been accepted with kindly tolerance. So what?

Just this: Millicent had, for almost a year, been a totally uncommunicative un-co-operative patient and had, during all that time, failed to respond to any form of physical or psychological stimulus. It seems that a few days after childbirth she had encircled herself within a complete wall of silence, which had been breached for the first time only that afternoon, when she heard Mr. Mehlmann give his parochial twist to the word "bagel."

I know that such small miracles happen every day in sessions of group therapy, but I'm maintaining that group therapy was only a twinkle in somebody's eye in those days, when nobody had as yet bothered to kibitz this valuable aspect of the Moreno technique. Incidentally, Dr. Moreno was not at all doctrinaire about psychodrama in the treatment of his patients. He freely utilized all established methods of psychotherapy at his clinic, but I've heard psychodrama scorned and belittled by practitioners who have shamelessly plagiarized his most significant discoveries.

## MORENOVSKY, THE INVENTOR OF SOCIOMETRY, 1959

Sociometry has been used during the October Revolution of 1917 by Comrade Sokolov.\* Moreno, the modern inventor of sociometry is of Russian origin. He was born in Siberia. His real name was Ivan Vladimir Morenovsky!

## 1932, HOW THE GROUP PSYCHOTHERAPY MOVEMENT STARTED

WILLIAM ALANSON WHITE

At the meeting of the American Psychiatric Association in Philadelphia in May of 1932 the first conference of Group Methods took place. I opened my address with the following definition: "Group psychotherapy is a method which protects and stimulates the self-regulating mechanisms of natural groups—through the use of one man as a therapeutic agent of the other, of one group as the therapeutic agent of the other." After the conference I was discouraged because of the lukewarm reception, but Dr. William Alanson White, the moderator of the conference, said to me: "First you will attract the social psychologists, then the sociologists, then the anthropologists and next the psychologists. Many years will go by before the physicians will listen, but the last of all will be the psychiatrists." And thus it has come about.

## THE FIRST PSYCHODRAMATIC FAMILY

## 1931, Actors and Ad-Libing

Actors are notoriously poor ad-libbers, why? Moreno has been frequently asked to give an explanation, having encountered and worked with hundreds of actors here and abroad. His explanation is simple: the actor has to identify himself with hundreds of roles in the course of his professional life which are alien to his own psyche. Often he has to prostitute his private psyche, to push it aside and ruin it. A split develops between his private life as father, husband, lover, businessman and the repertory of corresponding roles he has to play in the theater—a kind of "histrionic neurosis." Histrionic neurosis is to the actor what flat feet are to the waiter, an occupational hazard.

This is why so many professional actors are emotionally unstable, make

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\* Page 11, "Psychiatric Encounter in Soviet Russia," J. L. Moreno in "Group Psychotherapy," 1960.

poor husbands, lovers, friends and businessmen. The actor has to be liberated from the roles he plays, or a balance has to be struck between his personal life and the impact of his professional roles upon it.

Actors make poor psychodramatists for the same reason: they cannot ad-lib easily. They have to be "deconserved," unfrozen from their roles. When they are mentally disturbed, psychodrama is the treatment method of choice.

#### WHY WAS JOHN BARRYMORE AN ALCOHOLIC?

Moreno once had an encounter with John Barrymore, the distinguished American actor. The conversation rapidly centered upon the topics of acting and alcohol. John Barrymore said, "I drink because I like it. When I'm sober my respect for Shakespeare is so profound that I feel obligated to stick to every word. Who would dare to make changes in his sacred text, which has become like a Bible for every actor. But on and off I have an urge to improve a phrase here or there, even if I have to play such celebrated parts as Romeo, Hamlet, or Horatio. There's nothing I hate more than to be restrained by the text of a writer and drilled by a producer. When I am drunk I break through the strait jacket and ad-lib to my heart's desire. Oh Hell, I love spontaneity and my freedom to act and speak and think as I see fit."

#### TRIALS AND ENCOUNTERS

1931

#### ABRAHAM LINCOLN AND ABRAHAM BRILL—THE PASSING OF THE PSYCHOANALYTIC SYSTEM

On June 6, 1931, anyone living in New York,\* Washington,\* Chicago,\* Los Angeles,\* Toronto,\* Montreal,\* London,\* or Paris,\* reading his newspaper was probably startled by headlines referring to Abraham Lincoln as a schizomaniac personality, as psychoanalyzed by Dr. A. Brill and further by the following item:

An American Adoption Rose to the Defense of a Dead President of the United States at Today's Session of the American Psychiatric Association's Convention in the Royal York. Dr. Brill's Critic Was Dr. J. L. Moreno, New York Psychiatrist, Formerly of Vienna.

It was at the Toronto meeting of the American Psychiatric Association that I came to the rescue of the memorable late President of the United

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\* See *New York Times*, *Washington Post*, *Chicago Daily Tribune*, *Los Angeles Times*, *Toronto Evening Telegram*, *Canadian Star*, *London Times*, *Le Matin* of that date.

States. I had just been elected a member of the American Psychiatric Association and walked proudly through the aisles of the beautiful Royal York Hotel when the late Dr. Walter M. English, then President of the Association approached me and said something like this: "Dr. Moreno, you may have heard that Dr. Brill is reading a paper on 'Abraham Lincoln as a Humorist'; he asked me to invite you to be its discussant." I was taken aback and muttered, "I feel greatly honored to be asked by Dr. Brill but I never had the pleasure of meeting him, and besides, I wonder whether I could meet his expectations. Furthermore, I am not a psychoanalyst" (pause)—English nodded assurance and I walked on, my chest swelling with a narcissistic glow. I was but a few steps away when another distinguished Fellow of the Association, the late Dr. Samuel Hamilton, Chairman of the Program Committee, interceded. I thought, "What's going on here? Is Brill short a discussant? Will I get into trouble? Why pick on me? I see so many distinguished psychoanalysts here." Just then Brill walked by and this is how he and I became acquainted. Brill handed me a copy of his manuscript and said: "I have heard fine things about your work. I am glad that you are willing to discuss my paper." Shortly afterwards Dr. English opened the meeting.

The Joint session with the American Psychoanalytic Association convened at nine-thirty o'clock, President English presiding. President English: "I have great pleasure in calling for the paper of 'Abraham Lincoln as a Humorist' by A. A. Brill, of New York." Dr. Brill read his paper. President English: "Ladies and gentlemen, this was such an interesting paper that I was loathe to ask Dr. Brill to stop. It is now before you for discussion. From its presentation I see nothing of which we can complain." Dr. Brill's paper was discussed by Dr. Jacob L. Moreno, and by Dr. Brill in closing.<sup>1</sup>

The auditorium was packed to its farthest corners when Brill began to read. As soon as he and Dr. English ended I stepped upon the platform and said:

"Mr. President, Ladies and Gentlemen: I have listened carefully but I am not sure now whether Dr. Brill's paper was a paper on Lincoln or on psychoanalysis. The title of his paper is 'Abraham Lincoln as a Humorist.' It might just as well have been called 'Dr. Brill as a Humorist.' It is not fair to psychoanalyze the personality of a man now dead, as you have to do it without his consent. One must have therefore a *special* reason. Dr. Brill's

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<sup>1</sup> As reported in the *American Journal of Psychiatry*, Vol. XI (old series: 88) p. 362, July 1931.

conclusions are based on the statement of friends and contemporaries who may have had all kinds of motives to relate all kinds of stories about Lincoln. Had a contemporary psychiatrist made a study of Lincoln, Dr. Brill would have been justified to some extent in accepting the findings. But as no scientific study of the great American emancipator has been made during his lifetime there was no justification for any attempt to analyze his personality from what is related about him by laymen.

#### PSYCHIATRIC ENCOUNTER IN SOVIET RUSSIA\*

##### EISENHOWER AND KHRUSHCHEV REVERSE ROLES

On September 16, 1959, accompanied by my wife, Zerka, and our seven year old son, Jonathan, I arrived in Moscow upon the invitation of the Academy of Sciences of U.S.S.R. to deliver a series of lectures.

Due to a peculiar coincidence I arrived in Moscow the same day that Prime Minister Khrushchev arrived in Washington, D.C. for his first visit. There was an air of unusual excitement in the lobbies of the beautiful Hotel Ukraine in which we were lodging. Reporters and photographers of Soviet newspapers were apparently searching for an attractive personage who could dramatize an international event. For some mysterious reason they spotted me. They certainly could not have known that I am a teacher of sociometry at a large American university and that I was a prospective lecturer at the Academy of Science. They bombarded me with questions as to what I thought of the meeting between Khrushchev and Eisenhower which was taking place a few thousand miles away. I said a few polite words of little importance to anyone but a newspaper man. The Moscow evening newspaper, *Vetchernaya Moskva*, carried on the front page that evening, September 17th, on top, a large photograph of Premier Khrushchev and on the bottom of the page my own very small photograph and quoted me: "The whole world looks with hope at the important meeting of the heads of two great nations. One should hope that such meetings will bring about a letdown of international tensions. There should be as many meetings of this kind as possible. The Soviet and the American people should know each other better and live in peace and friendship"; and then I spoke about peace and the prospect of a future alliance between Soviet Russia and the U.S.A., and that an alliance between these two great powers would give to the world an enduring peace.

The reporters put pressure on me to give them a more decisive answer. I began hesitatingly and slowly and said, "Yes, there is. At this moment,

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\* From *Progress In Psychotherapy*, Volume V, 1960.

as we are talking, Khrushchev and Eisenhower are preparing to meet. Their personalities and their backgrounds are so different they could never understand each other. They dislike each other, but let them 'reverse' roles and then you may see the difference: Khrushchev trying to act the part of Eisenhower and Eisenhower trying to act the part of Khrushchev. By reversing roles they gain an insight into each other they never had before. Each is taking the role of the other and facing each other in reverse. Khrushchev—now enacted by Eisenhower, Eisenhower—now enacted by Khrushchev. Each has now to use his perceptive powers to enter into the skin of the other, sense his burdens, responsibilities, aspirations and limitations, ideals and goals, and live them out, here and now, before the representatives of both sides. At the same time, each sees himself mirrored by the other, in the manner in which he is perceived, assessed, weighed, and responded to. Each is given a sort of inverted double vision of himself and the other, and has to absorb these kaleidoscopic images and assemble them into a meaningful whole, all while interacting. Think what the United Nations might really have been able to achieve if all along this method were used at crucial, critical points. How much more we would be able to understand one another or, if not understand, at least appreciate each other's difficulties. New insights would be gained which in turn would lead us to more mature handling of conflicts. Imagine, if you can, the next summit meeting in which every participant would have to reverse roles with every other participant before final decisions were made!"

I was known in the scientific circles in Soviet Russia as the prime mover of sociometry, the chief exponent of group psychotherapy and its global movement, and last but not least, as the exponent of psychodrama, a method which they wanted to see in action. The Russian translation of one of my books on sociometry had been published in the Soviet Union the year before, but of this I had never been officially informed.

The next morning, September 18th, The Moscow newspaper, *Trud*, quoted me in another article on "Sociometry and Peace." "Sociometry is a new outgrowth of the human sciences, which has as its goal to study and measure the relations among people. We are living in an age of great scientific achievements. The Soviet rocket has reached the moon; the time is not too distant when man will undertake interplanetary flights. But more important than flights to the moon is to straighten out the relations among the people on earth."

Why they picked me when there were so many more important guests from the U.S.A. in Moscow was a riddle and I tried to unravel the reasons.

It may have been a pure accident or it may have been that the presence of Khrushchev in Washington was an incentive to be especially cordial to visitors from the U.S.A., or it may have been that it was symbolic of the Russian "new look" to the West to demonstrate an open mind not only for technologic advances but also toward new ideas in the realm of social and mental sciences. Marxism is a system of sociology and its proponents wanted in the past to protect the Russian public from ideas opposed to or at variance with the philosophy of Marxism. But the Russians have apparently arrived at the point of feeling that they can stand up and absorb everything the West has to offer, however threatening those ideas may have appeared to be a few years ago. The great achievements of Soviet scientists in nuclear physics and their flights into outer space may have begun to fill them with a notion that they are superior to the Americans in *all* fields of science, even in the management of human relations and in the treatment of mental patients, that we can learn from them far more than they can learn from us. The recently organized East-West exchange program of the Academy of Sciences of the United States of America is, in reverse, symbolic of the American new look to the East.

. An incident which happened two days later seemed to bear out my calculations. Following up the report that one of my books on sociometry and group psychotherapy had been published in Russian translation, I called the chief of the publishers' collective in Moscow, Mr. P. A. Tchouvikov, as to whether I could have a copy of the book. Upon this, he invited me to come to see him. I traveled accompanied by Madam Schutzenberger, my interpreter from the Sociometric Institute in Paris, to a place in the outskirts of Moscow where I was received with an unusual amount of warmth and kindness by the head of the department himself and his associates. As we were sitting around a long table, he confirmed that my book, *Sociometry, Experimental Methods and the Science of Society*, had been published in Russian. I must add here that the Russians are not members of the International Copyright Association and so consider themselves free to translate any book into Russian, publishing and selling it without giving foreign authors royalties. There are, therefore, many American authors, novelists, playwrights, etc., whose works have been translated into Russian without notice and without profit. It will be remembered that the democratic Presidential nominee, Adlai Stevenson, when he visited Soviet Russia last year, tried in vain to secure an agreement for American authors to receive royalties. Many works of fiction have been translated into Russian but the translation of the works of social scientists is comparatively rare.

The publishers "collective" of the U.S.S.R. in Moscow in a huge enterprise and has many departments. They have separate departments for books in physics, technology, and social and medical sciences, fiction, travel, etc. They employ careful readers, editors and authorities in their respective fields who scrutinize the value and appropriateness of a prospective publication. They do not publish in hit-or-miss fashion but only after very careful deliberation of the purpose the book has for the Russian scientist and the Russian public. Public opinion is carefully considered.

I was informed that my book was published in the spring of 1958 in several thousand copies, that the edition was sold out but that they had been able to secure for me two copies, which they handed me. The book has aroused a great deal of interest. I was surprised to hear that of my many books just this one was published which contains an elaborate and sharp criticism of the theories of Karl Marx and an exposition of my methods of sociometry, group psychotherapy and psychodrama. The introduction to the translation was written by a Russian scientist, M. Bakhitov, who is by no means amiably disposed toward the book, classifying me as a sociometric philosopher of American vintage. I found out that besides publishing my very controversial book they had brought out another book by the same writer, M. Bakhitov, the title of which was *The Newest New Social Utopia, Critical Notes About Microsociology and Sociometry*, published by the "Department of Socioeconomic Literature," Moscow, 1958.

Mr. Tchouvikov said that they had a gift for me, and upon this a lady came in with a large envelope. I was told that the envelope contained 12,000 rubles which represented the royalty for my book. I was then asked to count them as they were newly printed, virginal rubles. I refused to count them and said: "If there are more I will bring them back; if there are less I wouldn't mention it." I took the envelope, put it into my briefcase and signed a receipt for it. I noticed then that they had taken off five per cent as income tax. I was deeply impressed by this unusual act of friendliness and consideration for me as it is not customary to pay royalties to a foreigner. The gentlemen explained to me how foreigners can handle money in Soviet Russia, that I could, if I wished, deposit the money in a Moscow bank where I would receive three per cent interest, and that is what my wife did. I must admit that I have never received such a large amount of money for any of my other publications, American or European, in cash, as a lump sum. Twelve thousand rubles is a lot of money in Russia. The value of the ruble is at par 25 cents, that is four rubles per dollar. I was also told that I could use the money in Soviet Russia any time I came for a new visit, and that I

could transfer money to relatives or friends in U.S.S.R. to be used by them. In other words, it is by no means frozen to be used only by me personally.

1942

#### MAKE YOUR OWN SOCIOGRAM

A millionaire banker came to Moreno for counseling. He was non-cooperative, refused to answer questions, to be interviewed, to be analyzed, or to step upon the stage and act out his problem. Moreno said to him: "There is a method by means of which you can help yourself. The method requires that no one be present—no other person and certainly no therapist. You are alone." When he showed an interest, Moreno began to explain the method to him. "You make your own sociogram, just as you write your own checks or analyze your bank statement at the end of the month." The banker immediately grasped the meaning of Moreno's suggestion. He said: "I will start with my family and later with every other group in which I play a significant role."

"I am now drawing my *family sociogram*. Here is my wife (He draws a circle on the cardboard, symbol for a female.), and here is myself" (draws a triangle, symbol for a male). "How do I feel toward her and how does she feel toward me? Well, I am attracted to her." (He draws a red line toward her circle from his own triangle.) "But how does she feel toward me? As I am trying to be honest with myself I must admit that things have changed recently. I think she is indifferent toward me; indeed, I think she rejects me." (He draws a black line of rejection from her toward him.) "Recently she is rarely home; she prefers to spend her time with admirers at clubs and parties. The only thing she takes from me is money, which she squanders. Of course, she is so much younger than I am. Another person in the house is my daughter from my first marriage." (He draws another circle on the cardboard.) "She is my only confidante" (draws a red line toward her), "and I am hers. Recently she turned down a proposal of marriage. It's on account of me, not to leave me alone." (He draws a red line from daughter toward himself.) "But there is hell in the house; the two women fight over every little thing" (draws black lines between daughter and wife). "Maybe that's the reason why she spends so little time at home. It may be that my wife has a new lover; I am not sure.

Let's look into my office situation and draw my *work sociogram*. There is my new Acting Director. He always does things to cross me. I should

never have hired him" (draws black lines between the symbol for the Acting Director and himself). "Recently he has taken my young secretary out for luncheons. She was the only sunshine I had in my office. Her attitude toward me is changed" (draws a red line from himself toward secretary, a line of indifference from her toward himself; then draws mutual red lines between the secretary and the Acting Director). Then he looks around, but there is no one with whom he can speak; he is alone in himself, figuring out his sociometric status.

The banker left with an expression of hopelessness. Moreno did not hear from him for several months, but every first of the month received a substantial check from him. The doctor did not know why. He had not given the banker an actual consultation, but maybe it was therapeutic money, good for the banker and good for the doctor. So the doctor decided to deposit the checks in his account. Six months went by and the checks continued to come in. The doctor thought it was perhaps an error and telephoned the banker to find out the truth. The banker answered promptly with a cheerful voice. He said he would come right over as he had some important news.

When the banker arrived Moreno hardly recognized him. He was well over 65, but now looked like a man 20 years younger. His white hair was black and he had lost about 30 pounds. But more important, he now had a youthful grin and spontaneous gestures. When he had sat down he said, "I have a story to tell you. When I left you I did not think much of your suggestion. But a few days later when the first of the month came, I began to think and I figured out my own sociogram. I calculated how I could improve my status and what I could do about my situation. First, in my home, maybe I should not always side with my daughter against my wife. In the office, maybe I should accept my Director's invitation to come to dinner.

The effects were astonishing. When I began to identify myself with my wife, my daughter got angry. She began now to stay out of the house and my wife now began to stay in. The relation to my wife improved steadily. She rarely goes out now, except with me. My daughter, on the other hand, is now engaged to be married. All this happened gradually, step by step.

In my office as I changed my tactics and began to go out with my Director and my secretary for meals and parties, we became good friends and he began to trust me. Through an accident my young secretary found out that the Director is married, a matter which he had kept secret from her. She cooled off toward him and renewed her attachment to me. And so I have regained the affection of my wife and the friendship of my secretary."

1943

## HOMO METRUM, THE MAN WHO MEASURES

Our species has been called homo sapiens, man the thinker, and homo faber, man the maker. But there are animals who can think and animals who are makers yet only man can measure. This function of the measurer differentiates him from animals. More than any other living variety of the human species, the American man loves to express status in figures, he is the "homo metrum." The name homo metrum deserves a place of honor in our nomenclature.

1943

## ARE YOU A "NORMOTIC"?

The customary triad of mental classifications are: normal, neurotic, and psychotic. It should be further differentiated into: normal, "normotic," neurotic, psychotic. "Normal" man is a rarity. A multitude of people fall between normal and neurotic, a category which Moreno calls "Normotic." It comprises all individuals who just manage their lives without psychotherapy.

1942

## MAGNA CARTA OF PUBLIC RELATIONS

In 1942 Manny Strauss, famous public relations man, mapped out a campaign for raising five million dollars for the Psychodramatic Institute. When he saw a few patients waiting to see the doctor, he asked the secretary what fee they paid. When she replied, "Fifty dollars an hour," he went into a rage and ordered the patients to leave at once. "What," he exclaimed, "I'm not going to have a man who is worth a million give his time for fifty dollars an hour!"

## PREDICTION, THE YEAR 2000

Prof. Read Bain, Sociometry, Vol. 5, 1942

One of the reasons why sociometry has been so productive and why it promises more in the future, is because it is immediately *useful*. Being useful, it avoids the fictitious flavor of most so-called "sociological experiments." It enables us to solve immediately important and pressing problems regarding the organization and functioning of social groups. From such basic brute-fact data, we may go on to make scientific generalizations about the anatomy and physiology of societal structures.

A second reason for its success and promise is that it deals with concrete observable data, with *small social systems*. . . . Thus, it escapes the vagueness and verbally confused generality which obfuscates so much so-called sociological research. Chemists seldom deal with more than a few variables at a time; genetics is helpless when more than two or three genes are involved; and the problem of Three Bodies is not only unsolved but unsolvable. Since all scientific facts are thus strictly approximations, it is obvious that no science will accumulate many very dependable facts except by keeping its "taken" systems as simple as possible. No chemist can give even a qualitative analysis, of a mixture of a dozen common compounds taken at random from the shelf. It would be nice to know all about complicated social systems but it is safe to say that we never shall know very much about them until we have mastered the structure and functioning of simple systems. Then our more inclusive generalizations, which always must be more or less inferential, can be derived, tested, and revised from what we veritably do know about simple, observable, manipulatable social systems. You get no Periodic Law, no Germ Theory, no Newtonian or Einsteinian generalizations, until millions of observations and experiments on simple systems have provided the raw, hard, crude, brute scientific facts which make possible these creative flights into universal predictive generalization—the golden goal of all natural science. Thus it has been, still is, and ever shall be in the physical and biological sciences; thus must it also be in the social sciences.

Given another fifty years of such development, a body of concrete factual materials will have been accumulated which may make possible the formulation of such inferential universal predictive generalizations as were produced by Newton, Dalton, Darwin, Pasteur, Curie, and Einstein in their fields.

I predict sociometry and psychodrama will have an important place in the history of sociology as it will be written in the year 2000.

## ROLE-PLAYING AND THE LOWER SOCIO-ECONOMIC GROUP\*

FRANK RIESSMAN, PH.D.

*New York University, New York, N.Y.*

Role-playing, as it has been first explored and defined by J.L. Moreno,<sup>1</sup> is the flexible acting out (doing) of various types of problems in a permissive group atmosphere, e.g., a caseworker interviewing a withdrawn client, a person being interviewed by a housing project manager in a low-income housing project. As few as two people can role-play, such as therapist and client in an office; but most role-playing is usually done in groups where two people act out a situation and the group discusses it. Since it is free of the tensions of an actual problem situation, role-playing stimulates the trying out of new alternatives and solutions in life-like situations without the consequences which in reality may be punishing. Role-playing thus increases the participant's role flexibility in an atmosphere where he can safely take a chance with different kinds of behavior.

Role-playing techniques have long been popular with blue collar workers in labor unions and industry.<sup>2</sup> Our own experience at Mobilization For Youth and various community organizations further indicates an exceptionally positive response to role-play technology by low-income people. While more systematic research is needed regarding these observations, it may be useful to present a rationale for the possible special value of this technique in work with lower socio-economic groups.

For the most part, role-playing has been widely "resisted" in social work, psychiatry, education and many allied fields in the helping professions. Our endeavor is to show that whatever its weaknesses and strengths in a variety of spheres, role-playing may have particular application for practitioners working with the economically disadvantaged . . . the poor.

There appear to be at least four reasons why this technology may be valuable with the disadvantaged:

1. It is a technology that appears much more congenial with the low-

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\*The following terms are used interchangeably in this article to refer to members of lower socio-economic groups: "poor," "disadvantaged," "deprived," "educationally deprived," "low-income."

<sup>1</sup> "Who Shall Survive?" first edition 1934, page 321-331; Psychodrama Vol. I, first edition, 1945, Beacon House, pp. 122-140 and 153-176. "Das Stegreiftheater" (1923).

<sup>2</sup> Role Playing in Business and Industry, R. Corsini, R. Blake and M. Shaw, The Free Press of Glencoe, 1960.

income person's style: physical (action oriented, do vs. talk); down to earth, concrete, problem directed; externally oriented rather than introspective; group centered; game-like rather than test oriented; easy, informal tempo.

2. It allows the practitioner (social worker, psychiatrist, educator) to reduce, in an honest fashion, the role distance between himself and the disadvantaged individual, who is frequently alienated from him. It also permits the practitioner to learn more about the culture of the low-income person from the "inside" (through playing the latter's role in role reversal, for example).

3. It changes the setting and tone of what often appears to the low-income person as an office-ridden, institutional, bureaucratic, impersonal, foreign world.

4. It appears to be an excellent technique for developing verbalization and verbal power in the educationally deprived person, who is said to be inarticulate.<sup>3</sup> Moreover, it seems to be especially useful for the development of leadership skills.

#### THE STYLE OF THE POOR: DO VS. TALK

Miller and Swanson,<sup>4</sup> on the basis of a number of different investigations, arrive at the conclusion that an outstanding characteristic of the low-income person's style is the emphasis on the physical, in particular, the motoric (the large muscles involved in voluntary action).

It is not simply that the poor *are* physical; that their labor is characterized by working with things; that their child rearing typically utilizes physical punishment; that their religious expression more often includes physical manifestations of emotion such as hand clapping; that when they become mentally ill they appear more likely to develop motoric symptoms such as conversion hysteria and catatonia (disorders involving malfunctions of the voluntary muscles); that they are strongly interested in sports; that they are especially responsive to extra-verbal forms of communication such as gestures.<sup>5</sup> The significant factor from the point of view of style is that low-income people tend to *work out mental problems best when they can do*

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<sup>3</sup> J. L. Moreno, opus cited; Helen H. Jennings, "Leadership and Isolation," Longmans, Green and Co., 1943; and Theodore R. Sarbin "Spontaneity Training of the Feeble-Minded," Group Psychotherapy, A Symposium, edited by J. L. Moreno, 1945, pp. 151-156.

<sup>4</sup> Miller, Daniel and Swanson, Guy. Inner Conflict and Defense, Henry Holt, New York, 1960, p. 24.

<sup>5</sup> For a discussion of many of these items see Miller and Swanson, op. cit.

*things physically.* This is their *habit* or style of work, and it appears when they work on academic problems, personal problems or whatever.

Miller and Swanson go further to draw certain psychotherapeutic implications from their observations regarding the motoric style of the poor: "Our results indicate the desirability of exploring a variety of new psychotherapeutic techniques, particularly those in which words and concepts are subordinated to nonverbal and even motoric activities."<sup>6</sup>

A number of other investigators have also drawn attention to the physical bias of the poor as reflected in their expectations regarding psychotherapy, their presenting symptoms, their learning styles, etc. (See Overall and Aronson, Hollingshead and Redlich, Brill and Storrow.<sup>7</sup>

Role-playing appears admirably suited to this physical, action centered, motoric style. The process itself requires a wholistic *doing* or acting out of situations, not merely talking about them. This is a mode of problem solving that low-income males, and young males in particular, find attractive. They frequently have a strong dislike for "talk"; especially talk that is isolated from experience; they want "action" and *prefer talk that is related to action.* They also like vivid (e.g., hip, slang), down-to-earth, situationally rooted talk; and this too is more likely to emerge in the role play format. Role-playing is much more lively, physical and active than the typical interview.

There are numerous other dimensions of role-playing which are congruent with various aspects of the low-income person's style:

—Low-income transitions of cooperation are favored by role-playing. Problems are shared and "solutions" are arrived at more communally. Frequently, one low-income individual has successfully dealt with (or is capable of dealing with) problems which are overpowering to another disadvantaged person. Sometimes the experiences of people like himself are more influential (are a better model) than the therapist's aid. Role-playing promotes group feeling and understanding through its informality, easy pace and natural humor.

—Low-income groups typically do not like the traditional test format

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<sup>6</sup> Op. cit., Miller and Swanson, p. 397.

<sup>7</sup> Overall, B. and Aronson, H. "Expectations of Psychotherapy in Patients of Lower Socio-economic Class," *American Journal of Orthopsychiatry*, Vol. 33, Nov. 3, 1963, pp. 421-430.

Hollingshead, A. B., and Redlich, F. C. *Social Class and Mental Illness.* N.Y.: John Wiley 1958, pp. 340-345.

Brill, N.Q. and Storrow, H. "Social Class and Psychiatric Treatment," *Archives of General Psychiatry*, 1963, pp. 340-344.

and this limits diagnostic work with them. The requirements of their style seems to be met better by game-like atmospheres and situational measures, both of which are found more readily in role-play technology.<sup>8</sup>

—Low-income people are generally less introspective, less introverted, and less concerned with self. They respond more to the external, to the outside, to action. They are more likely to see the causes of their problems in external forces; they project more and tend to externalize their guilt.<sup>9</sup> Kohn notes that their child rearing pattern center on conformity to external prescriptions—"in contrast to the self-direction focus of the middle-class."<sup>10</sup> He relates this, in part, to the fact that "working-class" occupations require that one follow explicit rules set down by an authority, while middle-class positions are more subject to self-direction.<sup>11</sup>

We would postulate that low-income psychology, rooted as it is in a more external (non-introspective) mold, might be appealed to more easily by a therapeutic system based on an outer-inner change nexus, rather than the inner-outer focus so characteristic of traditional casework and psychiatry.<sup>12</sup> Role-playing as a technique is probably more consistent with a model emphasizing external action (and role-taking) as an impetus to personality change as well as a stimulus for introspection. (While low-income people probably do not like to introspect in the abstract, they may be more introspective in response to external signals.)

—While the style of the poor probably includes a strong emphasis on informality, humor and warmth, the disadvantaged also like a content that is structured, definite and specific. It is often assumed that role-playing is highly unstructured, open and free. In part, this is true, particularly in the early phase of setting the problem and mood. But in the middle and later phases (especially the role-*training* stage), where the effort is made to teach very specific behaviors, role-playing can be highly structured, reviewing in minute detail the various operations to be learned (such as how to run a meeting, organize a conference, talk to a housing manager). Educationally disadvantaged people appear to prefer a mood or feeling tone that is informal

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<sup>8</sup> Becker, Jerome et al. "Situational Testing of Social Psychological Variables In Personality," *Mental Health of the Poor*, by Riessman, F., Cohen J., and Pearl, A. Free Press, In Press.

<sup>9</sup> Op. cit., Miller and Swanson, p. 396.

<sup>10</sup> Kohn, Melvin L. "Social Class and Parent-Child Relationships: An Interpretation," *American Journal of Sociology*, 1963, Vol. 68. p. 11.

<sup>11</sup> Op. cit., Kohn. p. 11.

<sup>12</sup> We suspect this is an important reason for stressing a variety of environment oriented (community, milieu) type therapies for low-income strata.

and easy, but a *content* that is more structured and task centered. Role-playing may suit both needs.

#### BREAKING THE OFFICE BARRIER

Role-playing, apart from its likely congruence with low-income culture and style, has numerous other advantages. Perhaps most important, the technique per se begins to break through the traditional office atmosphere with its implicit role segmentation and desk supported distance, its interview method of "getting to know you" and its concomitant physical status. The entire office fabric rooted in face-to-face verbalization about things not present is inappropriate for the low-income person who verbalizes best in response to things he can see and do and physically relate to. Role-playing breaks the office barrier, is much more directly involving, spontaneous, and most important, is likely to provide a setting in which the therapist and the low-income client are at least on an equal footing in terms of style!

#### ROLE-PLAYING VS. ROLE DISTANCE

Many practitioners in an effort to be "one of the boys" attempt to imitate the language, clothes, manners and style of low-income youngsters with whom they work. Aside from the fact that this approach is essentially patronizing and dishonest, it often fails because it is perceived as "phony." A much better way to cope with the real problem of role distance is through a particular use of role-playing. The leader of the session, the practitioner, can very early in the role-playing process participate directly by taking a role. In other words, he can get out of the distant leadership position and participate as directly as possible in the actual role-playing by accepting a role as the client's brother, friend, boss, or the role of the client himself.<sup>13</sup>

The practitioner will discover that he will be seen in the light of the role he is playing. Informality becomes legitimate in this context, e.g., the worker takes his tie off, behaves differently, changes his language. Participants understand what he is doing, enjoy it and the constraint of the role distance is reduced. One of the great virtues of role-playing is that it allows for honest, open manipulation (and thus mitigates one of the primary difficulties of all therapy)!

#### A ROUTE TO VERBALIZATION

In role-playing sessions we have had occasion to observe that the verbal performance of deprived children is markedly improved in the discussion

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<sup>13</sup> Psychodrama and Sociodrama in American Education, Robert B. Haas, Beacon House, 1948.

period following the session. When talking about some action they have seen, deprived children are apparently able to verbalize much more fully. Typically, they do not verbalize well in response to words alone. They express themselves more readily when reacting to things they can see and do. Words as stimuli are not sufficient for them as a rule. Ask a juvenile delinquent who comes from a disadvantaged background what he doesn't like about school or the teacher and you will get an abbreviated, inarticulate reply. But have a group of these youngsters act out a school scene in which someone plays the teacher, and you will discover a stream of verbal consciousness that is almost impossible to shut off.<sup>14</sup>

This point is nicely illustrated in the Syracuse Madison Area Project devoted to developing new methods for educating disadvantaged youngsters.<sup>15</sup>

Gerald Weinstein, Curriculum Coordinator of the Project, introduced the youngsters to a poem by Langston Hughes called "Motto," in which one of the lines is: "I play it cool." The students liked the poem very much but had difficulty at first explaining the meaning of this line.<sup>16</sup> They decided to act out a situation to see if it would help.

Weinstein took the part of a teacher and a boy pretended he was walking down the hallway. "Hey you," said the teacher, "you're on the wrong side of the hall. Get over where you belong." Without looking up, the boy very calmly and slowly walked to the other side and continued without any indication of what was going on in his mind. That was playing it cool.

When Weinstein asked a boy to show what he would do when not playing it cool, a verbal battle ensued.

The class began offering definitions for "playing it cool": calm and collected, no strain.

Weinstein suggested another—nonchalant. A new word.<sup>17</sup>

#### SOME ILLUSTRATIONS OF ROLE-PLAYING WITH LOW-INCOME GROUPS

Through its informality, easy pace and use of humor, role-playing can take some of the anxiety out of everyday situations that the low-income individual finds threatening. For example, if he fears an approaching job interview, role playing the part of the employer makes the latter a less threatening person. There is a secondary gain involved in this technique for, as

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<sup>14</sup> Riessman, F. *The Culturally Deprived Child*. N.Y.: Harper, 1963. p. 77.

<sup>15</sup> See article by Kanasola, Robert, "Students Dig Jive When It's Played Cool," *Syracuse Herald Journal*, Nov. 11, 1963, p. 17.

<sup>16</sup> *Ibid.*, Kanasola.

<sup>17</sup> *Ibid.*, Kanasola.

Moreno points out, role-playing is a little like witchery: by playing another person you "take his sting away" and gain some of their magic power for yourself.

If a low-income group is forming a tenant's council in a housing project, role-playing can give practical experience in "knocking on doors" and in learning how to present the plan to new tenants. In this way natural leaders in the community can be developed and trained. Many other types of problems can be profitably role-played: family and marital disputes, gang conflicts and conflicts with authority, youth versus parents. In a more educational light, people can be taught how to address a PTA meeting, how to be a shop steward or a labor negotiator, etc.

Role-playing has been used in work with alcoholics, drug addicts, suicidal patients, psychotics, etc. Freedom Riders have been screened through role-playing to see how they would deal with difficult situations that might arise.

Role-playing can be especially beneficial because of the incidental learning that takes place. It is not merely intellectual learning that is accomplished, but kinesthetic, emotional and experiential learning as well. Role flexibility and spontaneity can be acquired, and new ways of behaving may be learned to be later transferred to the actual problem situation. One's potential and repertoire are increased through the exploration and testing of one's skills and possibilities.

#### TEACHING "ACADEMIC" MATERIAL

##### 1. *To Non-Professional Personnel*

One of the most important "subjects" that had to be mastered by the Mobilization For Youth Parent Education Aides (indigenous non-professionals from lower socio-economic groups) was the full program of the Agency. Rather than give a lecture about the Mobilization Program, role-playing was employed by having the Aides try to act out situations in which they would be telling families in the community about Mobilization For Youth. One Aide would act as a member of the community, while another Aide would be herself. In the group discussion that followed each role-playing incident, the group leader (who had detailed knowledge about the program) could easily and meaningfully add to the information of the group.

This proved to be a very stimulating and yet informal experience, and provided the interest for more intensive lecture-discussion presentations by representatives of the various sub-programs of Mobilization For Youth (Work, Education, Community Organization, Individual Services).

Goldberg's report on the Homemaker Program at Mobilization For Youth indicates the special value of role-play in training non-professionals:

One value of role-play is that it offers the chance not only to understand the client but to test the practice in a simulated worker-client relationship. We usually let each homemaker take a crack at a situation (e.g., how you could handle a very demanding client who sent her child to give you an order after she had exhausted her own quota). Then we criticize each other or try to say why one way was better than the others.

One advantage of the role-play is that it gives the supervisors a better picture of what homemaking is like or of what actually goes on. We have discovered, for example, that it is very difficult for them to discuss budgeting with a family. In fact the homemakers, despite their antipathy for the "welfare way," were handling budgets very much like social investigators until we caught them in role-play and began to explore ways of doing it less mechanically and dictatorially.<sup>18</sup>

### *2. To Professional Personnel*

In a program concerned with conveying low-income culture to teachers in the Mobilization For Youth community, one of the major approaches was to have the teachers visit the homes of their pupils. This was very valuable but was limited by the fact that only two visits of about one hour each took place during the entire term. Role-playing can be utilized very effectively here by having groups of teachers meet together and act out some of the situations they have seen or participated in at the homes, thus widening the range of experience for each member of the group and the group as a whole.

The experience of each teacher can be added to that of all the others but more important, through the technique of role-reversal, the teachers can begin to know how the parents feel. Here the role-playing group leader plays a decisive role. In the discussion he can point out the meaning of much of the low-income behavior and culture that has been enacted. He can bring in considerable academic content around the situations that have been witnessed by the audience. He can raise important questions which different members of the group, because of their varying experiences in the homes, can shed light upon. The reading of the group can also be discussed and integrated around the situations that have been role-played.

### *3. Teaching Children*

Role-playing can have beneficial results in the teaching of academic material in the school. Considerable excitement is added to a lecture when a

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<sup>18</sup> Goldberg, Gertrude, "Report on Visiting Homemakers," Mobilization For Youth, Inc. 1963, unpublished.

point is illustrated by the instructor with role-playing. Most likely the incident will be long remembered by the audience. And if an enquiring student should wonder what Abraham Lincoln, for example, would think of our present civil rights policy, let Lincoln and Johnson stage a debate enacted by two students! The impossibilities of time and space are eliminated, and the civics lesson will be well-remembered.

Role-playing can be utilized in countless ways (in school) such as acting out a history lesson (George Washington signing the Constitution), teaching arithmetic and economics by playing itself is a marvelous stimulus for discussion, and it appeals to the deprived child's love of action. It provides for a much more vivid presentation and fits in with his desire for excitement and movement . . . role-playing should be a trigger for advanced discussion and thinking. . . .<sup>19</sup>

#### *Developing Teacher Styles For The Deprived*

One of the special values of role-playing sessions is that the new teacher, or the student teacher, can discover and develop her own repertoire of skills. For example, we often suggest that a teacher in a deprived setting express herself physically and visually as much as possible: walk around the room, use gestures, touch the children, etc. But for many people this is simply not possible; it is not within the framework of their personality, and there is nothing more dangerous than attempting to manufacture a style for which you have no feeling. It will go over like a lead balloon. The teacher will feel stiff and uneasy in imitating what "doesn't come naturally," and the children, who are surprisingly sensitive, will know it is contrived. The role-playing sessions will soon ascertain whether the new teacher has any potential feeling for this "physical" pattern. If the teacher does, the ensuing sessions can bring out this potential, can encourage her, and can help her to shape her future style. If she does not have this particular skill, no matter, because fortunately there are innumerable ways of being an effective teacher, and role-playing can assist in finding and integrating the best approaches for the particular teacher. Depending on what kind of personality style she has, she will probably select different approaches and techniques from the things we have suggested. If she is a careful, meticulous person herself, she can perhaps synchronize more readily with the slow style of the disadvantaged child. If she has great patience, she may be able to appreciate the tenacious persistence that evidences itself in these children once they have become absorbed, and she may be able to bring them to this point more rapidly. If she is vivid and exciting, and much interested in the subject, she should be encouraged to impart this enthusiasm to the children. If the teacher is a physically strong man, he should convey this to the children, not by display of his prow-

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<sup>19</sup> Op. cit., Riessman, F., pp. 32-33.

ess, but by what one counselor at Wiltwick so aptly called the "suggestion of strength"—"you never hit the kid, but your size and strength are always *there*, by the way you touch the boy, lift things, handle yourself, and so on."

But strength, of course, is not only established through the physical. The thin, small-voiced female teacher can be just as effective as the big baritone. Role-playing should help the new teacher to discover the manifold sources of strength and authority, and particularly her own resources in this capacity. Strength can be reflected to these children by definiteness, quiet, firm tones, consistency, standing by a statement, determination to teach, and so on. It is a tremendous mistake to think that authority and respect can only be commanded through physical power. The climax in role-playing comes when the new teacher begins to feel and act in the sessions as though the classroom were her fortress. You cannot tell people to be confident—but you can provide the conditions, knowledge, and practice that build confidence. Role-playing is one of the best confidence builders we know of for the new teacher.<sup>20</sup>

#### ADAPTATIONS OF ROLE-PLAYING WITH LOW-INCOME GROUPS

As Young and Rosenberg pointed out some years ago, role-playing with low-income groups should assiduously avoid the theatrical aspects often connected with psychodrama.<sup>21</sup> Role-playing seems to be more easily accepted by disadvantaged people when there is no stage, no lighting effects, and when it is conducted very simply and directly.

In working with homemakers and school aides drawn from low-income groups, we found that they were able and willing to participate in role-playing almost immediately, with practically no warm-up or even preparatory discussion explaining the technique.

It is best to begin with a very problem-centered approach, aiming to arouse interest in a specific problem (e.g., how to convince a tenant to join a tenant's council). It is very easy then to suggest that we "do" the problem so that we can deal with it better. The more preparation and discussion prior to role-playing, the more resistant and fearful low-income people become. Moreover, while low-income people readily accept the basic technique and role reversal, they are far less accepting of the use of doubles, soliloquies and the like. The more advanced technology seems to arouse feelings of inadequacy—"I'm not an actor," etc. It is possible to utilize these techniques but considerably more preparation is needed than with middle-class audiences.

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<sup>20</sup> Op. cit., Riessman, F., pp. 96-97.

<sup>21</sup> Young, B. F. and Rosenberg, M., "Role-Playing as a Participation Technique," *Journal of Social Issues*. Vol. 5:1, 1945, pp. 42-45.

In a sense, the time saved in the warm up and initial explanatory period has to be used in applying the advanced techniques if they are to be used at all.

Low-income groups with whom we have worked like best an everyday, informal setting, a small group of no more than ten people, and little introductory didactic material, regarding the technique as such. It is also important, as Levit and Jennings<sup>22</sup> warn, to guard against the overuse of the technique, but rather to employ it intermittently, as a stimulus for discussion.

#### ROLE-PLAYING AND THE MIDDLE-CLASS

It might well be asked: "Aren't all the special functions of role-playing that have been cited equally appealing to professionals and other middle-class people?" "Don't they like to learn in an informal, game-like manner?" It seems to us that while role-playing can be a very attractive technique for middle-class people, it is, in fact, approached and resisted by these individuals in very different ways and for different reasons. Moreover, we would employ it with somewhat different ends in mind. For example, role-playing is an excellent technique for reducing intellectualization and isolation, defense mechanisms more favored by professional strata. Thus the aim in its use with these individuals might be to bring them down to earth, to unite their affect and cognition, and the entire role-play procedure might be focused in this direction. With low-income people, where over-intellectualization is not typically a problem, the aim is rather to utilize role-playing in order to develop verbalization, self consciousness and intellectual ability; hence the role-playing would be organized very differently, perhaps moving toward reducing the emotional components.

Factors related to style seem to produce certain class differences in response to the role-play technique. Many middle-class individuals, who find the technique lacking in appeal, may be reacting negatively to the very physical properties so attractive to low-income people. The middle-class group may favor a more cerebral format.

Another issue that seems relevant in middle-class groups relates to exhibitionism, which appears to be more prominent in an ambivalent fashion in these strata. There are more individuals desiring to find an outlet for their exhibitionism, and thus very willing to volunteer to play roles; other middle-class individuals are especially inhibited by the exhibitionistic potential in the situation. We find the entire exhibitionistic focus far less prevalent in disadvantaged groups.

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<sup>22</sup> Levit, G. and Jennings H. "Learning Through Role-Playing," *How to Use Role-Playing*, Adult Education Association, 1960, p. 10.

We find, too, that psychiatrists, social workers and educators are often resistant to role-playing because they fear what they believe to be its sensationalistic charlatanlike overtones. (Similar reactions are evidenced with regard to hypnosis.) They feel it is an in-group gimmick, lacking in dignity (and status!).

In order to overcome some of these resistances we would recommend:

1. That the theatrical elements be sharply reduced;
2. That simple (different) language be further developed to refer to the role-play technology (role therapy might be a useful term for role-playing in therapeutic context);
3. That role-play techniques be combined with other familiar techniques in use in the helping professions: Rachel Levin uses role-playing in family therapy in the home;<sup>23</sup> Robertiello et al approach the combining of psychodramatic techniques with psychoanalysis.<sup>24</sup> (Role-playing is an excellent technique for providing *emotionally re-educative experience*, one of the major goals of psychodynamic therapy);<sup>25</sup>
4. That the various psychotherapeutic functions of role-playing be made explicit: catharsis, support, self awareness (mirror), problem objectification, insight (through controlled emotionally re-educative experiences), re-learning role training);<sup>26</sup>
5. That the specific uses of role-playing be carefully elaborated and exemplified in great detail both didactically and by illustration;
6. That it be made clear that role-playing is not necessarily tied to any particular theoretic or treatment system; that although it owes a great debt to Moreno, it has been widely used without any reference to Moreno's system.<sup>27</sup> (The further integration of role-playing with

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<sup>23</sup> Levine, Rachel. *Treatment in the Home*. 1962, Unpublished.

<sup>24</sup> Robertiello, R. E., et al. *The Analyst's Role*, N.Y.: The Citadel Press, 1963.

<sup>25</sup> Often in Milieu Therapies it is difficult to manipulate aspects of the environment to produce the emotionally re-educative stimulus; role-play technology allows for a widening of the range of possible interventions.

<sup>26</sup> The Role Concept, a Bridge between Psychiatry and Sociology, J. L. Moreno, *The American Journal of Psychiatry*, Vol. 118, 6, Dec. 1961, pp. 518-23.

<sup>27</sup> *Editor's note*. The statement of the author may need some clarification at this point. Moreno's role theory, role training, role therapy, and psychodrama represent a therapeutic system in and of itself. It has been combined with learning theory in psychology and with role theory in sociology. Opus cited.

Unfortunately, role playing has been frequently used without adequate acquaintance with the Moreno system and has led to dilution of concepts and distortion of operations.

role theory in sociology and learning theory in psychology would undoubtedly be beneficial.)<sup>28</sup> It should be recognized that role-play technology can be combined with a great variety of treatment systems, and that it is not a therapeutic system in and of itself. Overreliance on any technique such as role-playing, divorced from a substantive theory of behavior change, is likely to be no more fruitful than the use of the interview technique by itself;

7. That there is considerable research evidence regarding the effectiveness of role-playing in modifying emotionally held attitudes such as attitudes toward integration.<sup>29</sup> In general, though, there is great need for more systematic research on various aspects of role-playing both in terms of diagnosis (as a predictor of future performance) and in relation to behavior modification;
8. Finally, that role-playing may represent an extremely valuable approach in working with low-income populations who have been somewhat estranged from the helping professions: it may be useful as a diagnostic device, in the development of rapport, in both individual and group therapy, in the office, hospital, milieu, and home.

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<sup>28</sup> Schwebel, Milton. "Role-Playing in Counselor-Training," *Personnel and Guidance Journal*, December 1953, pp. 200-201.

<sup>29</sup> Culbertson, F. M. "Modification of an Emotionally Held Attitude through Role-Playing" *Journal of Abnormal and Social Psychology*, Vol. 54, 1957, pp. 230-233; Janis, I. L. and King, B. T. "The Influence of Role-Playing on Opinion Change," *Journal of Abnormal and Social Psychology*, Vol. 49, 1954, pp. 211-218.

## A GROUP THERAPY PROGRAM WITH ORTHOPEDIC PATIENTS<sup>1</sup>

STANLEY H. TEITELBAUM, PH. D. AND RICHARD M. SUINN, PH. D.  
*New York Veterans Administration Hospital and Whitman College*

There were several factors responsible for the carrying out of this study. An overall formulation of the goals can be described as follows: (1) to provide a group therapy experience for orthopedic patients; (2) to acquire nomothetic personality information on such patients; and (3) to evaluate the efficacy of such a program for these non-psychiatric patients.

### DESCRIPTION OF SETTING

This experiment was carried out on a section of an orthopedic ward in a large Veterans Administration Hospital. The unit designated for group therapy was a ward populated primarily by recurrent cases of osteomyelitis, a disease described as inflammation of bone marrow caused by a pyrogenic organism. All patients on this ward were either bed-ridden or wheel chair cases. The group therapy program was instituted by two clinical psychologists who served as co-therapists. As part of the exploratory approach the formal structure of the program called for frequent sessions over a brief period of time. Accordingly, the group convened five times per week for a five week period; the sessions were of one hour duration. There was a moderate degree of turnover in the group population necessitated by the customary discharge and admission procedures. In all nineteen Ss participated in the project.

The program was introduced to the patients as a short term group therapy experience designed to enable them to better understand themselves and their problems. No specific goals or areas of focus were designated. Instead the program was presented as open-ended, and it was suggested that any topic could be grist for the mill. In addition to the group sessions personality data on all patients were obtained by means of the Minnesota Multiphasic Personality Inventory (MMPI). The MMPI was administered by a psychologist who was in no other way involved in the program. The scale was given prior to the patient's first group session, or in a few cases, as soon thereafter as was practical. It was originally intended to obtain a personality assessment before and after exposure to group therapy, but the turnover rate made it unfeasible to make such comparisons. That part of the plan calling for retesting after therapy, was accordingly eliminated.

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<sup>1</sup> This study was carried out on the Orthopedic Ward at the San Francisco Veterans Administration Hospital.

## GROUP PSYCHOTHERAPY DATA

A number of noteworthy issues emerged during the course of the group therapy program. Some of these were fairly typical issues of technique, content, and sequence that invariably arise in therapy groups. Others, which are of greater interest within the context of this paper, were more specifically related to the unique composition of this group.

Of the more routinely encountered problems, the initial resistance was perhaps the most difficult to surmount. It soon became clear that this resistance was related to a series of factors, the most important of which were, the lack of structure from the therapists, patients' anxiety about the implications of psychologists being there and lack of motivation for therapy on the part of a number of the patients. Some of the patients viewed the presence of the therapists as a disruption of their daily routine. On a deeper level this concern masked their discomfort about having contact with clinical psychologists. As one patient put it at a later session, "Do you think we're crazy?" This concern was, of course, understandable in as much as these patients did not request group therapy and, moreover, they were largely unsophisticated about the role of psychologists. On a manifest level the resistance was expressed at the first session in a general lack of enthusiasm, playing chess, sleeping, etc. While some mild resistance persisted throughout the treatment periods, it was in large measure overcome.

The first breakthrough in resistance occurred at the second session. At this meeting the feeling of reluctance to talk about themselves was cited, and the desire to find some common ground for group discussion emerged. Up until this point the group process could be considered typical of therapy groups (e.g., initial resistance, what are we supposed to talk about etc.). The distinctiveness of this group was in their common concern, namely the uncertainty about their future in relation to probable recurrence of osteomyelitis, which was discussed openly for the first time. The problem of the future in relation to their disease was an area fraught with considerable anxieties, doubts, and insecurities for all of the patients on this ward. Accordingly, the sharing of their thoughts and feelings on this problem became a major focus of subsequent sessions. The appropriateness of their concern over the realistic problematical life situation with which these patients were confronted was best typified by a patient with a pregnant wife and four children, who had recently been readmitted to the hospital after an eight months symptom-free period. Although these problems, being reality-based, could not be eliminated through group therapy, the main value in discussing them was that it led the way to other concomitant conflicts which the patients were

heretofore unwilling to freely examine and which had not been expressed before. Thus, the group was faced with the situation in which the discussion of a common problem which the patients were non-defensive about led to an examination of more personal and defensive areas. The main therapeutic area that evolved in this connection was the reactions of friends and relatives to the patients' illness. The members were gradually able to express and understand their feelings of discomfort and anger toward the significant figures in their lives. These negative feelings seemed to be related to the enforced dependency which the patients acutely experienced. As might be expected pampering attitudes on the part of their wives and parents served to reinforce the patients' feelings of inadequacy and dependency. For most patients it was difficult to acknowledge that: (1) they felt inadequate and dependent; and (2) they were resentful toward significant figures for reinforcing these feelings via pampering attitudes. The group meetings were to some extent helpful in enabling the members to express and share these feelings with each other, and in so doing to derive and provide mutual support and understanding. This was seen as a major asset of these sessions.

It was inevitable that an increase in positive and negative feelings toward each other and toward the leaders would develop. Some of the more typical reactions to the therapists emerged in which patients' vied for attention and favoritism (e.g., at the second session one patient presented a personal gift to the therapist) expressed positive feelings towards the leaders, expressed dissatisfaction over the way the sessions were run, were concerned about what the leaders thought of them (e.g., do they think we're crazy?) etc. With regard to interaction between members, however the uniqueness of this group again emerged. The members were desirous of revealing their feelings toward each other within the context of enlivened group issues, but were markedly reluctant to do so. The prevailing feeling was one of fear of antagonizing a fellow patient, because when all is said and done you're still confined to a bed or wheel chair on the same ward with him for twenty-four hours a day. In other words while it might be appropriate and even relieving to partake in hostile interaction during the sessions, this was viewed as potentially dangerous behavior because of the post-meeting consequences. It seemed to be implicitly understood that the members would not allow their feelings toward each other to get stirred up too greatly. There were many instances in which the group handled this issue by retreating to "safe topics." Thus intellectualized discussions of beatniks, teenagers, crime, etc., frequently dominated the sessions.

Another area of common ground developed through which the patients

could express their angry feelings and at the same time safely avoid hostile interaction with each other. This was achieved by the ventilation of multiple complaints against the hospital staff. For example, the following complaints were repeatedly directed toward the physicians: they can't be depended upon, they make promises about discharge and don't stick to them, they don't level with you or tell us the whole story in regard to our illness, they treat patients as a limb instead of as a whole person, they don't give patients as much attention as they should, they don't understand the patient's point of view, etc. The ward nurses were also berated as ungiving and punitive. Many of these gripes seemed to represent a displacement and over-reaction by the orthopedic group. It was thus safer to criticize the doctors than their relatives for their enforced dependency, and to ventilate anger toward the staff than toward each other. According to group therapy paradigms much of the expressed hostility toward the physicians may have been utilized as a disguise to screen hostile feelings toward the therapists as well. It was the opinion of the therapists that in this group the expression of angry feelings was in itself therapeutic. Accordingly, such ventilation was therefore encouraged, but an exploratory approach aimed at eliciting the deeper significance of these feelings was not deemed appropriate within the limits of this brief group therapy experience. Such an approach would be indicated, however, in longer term treatment with such a group.

#### PERSONALITY DATA

All patients who participated in the group sessions were given the booklet form of the MMPI. The N of 19 represents the total number of Ss involved in the study, although because of the high turnover rate the group never contained more than eight patients at any given time. While it is difficult to interpret group data of this kind, certain general trends emerge from the data.

The medians, standard deviations, and T scores for the clinical and validity scales are presented in Table 1. The most striking feature is that the profile reveals several elevated spikes among the MMPI clinical scales. Five of the nine scales show a marked elevation in median scores: i.e., the medians are above the critical T score of 70. This finding is rather unusual for a non-psychiatric population and it can be interpreted in two ways. It is conceivable that the elevated scores might be a reflection of problems and reactions in relation to the patients' orthopedic illnesses. Or it can also be argued that the sample studied was in general, a disturbed group. The latter view would contend that these patients had serious psychological problems over and

TABLE 1  
MMPI SCALE SCORES FOR THE ORTHOPEDIC GROUP  
(N = 19)

Scale	Median	S.D.	Converted T Scores
L	3	1.36	46
F	4	4.88	53
K	14	4.64	53
Hs	15	6.27	77
D	21	6.39	60
Hy	24.5	5.53	65
Pd	26.5	4.89	83
Mf	25	4.03	59
Pa	8.5	4.82	53
Pt	26	7.65	85
Sc	24	8.90	80
Ma	21.5	4.52	70

above their physical (orthopedic) ones. Of course, these two interpretations are not mutually exclusive. The scores might reflect both problems in relation to the patients' illness as well as pre-existing personality conflicts.

It seems parsimonious to infer that the MMPI profile, based on the median scores, suggests personality characteristics relevant to the physical condition of the Ss. Somatic complaints are reflected along with the anxiety, worrying, irritability, etc. that is related to the uncertainty of either the outcome of treatment or length of hospitalization. There appears to be feelings of isolation from family and society, detachment, and a note of solitary involvement. Perhaps these traits are a function of the physical separation from family and friends. Perhaps these traits are a function of a more psychological separation—an anticipation of being different from others who are healthier and physically intact. Along with the alienation from social ties appears a narcissistic type of self-concern and self-interest. It might be expected that such patients would be alternately in need of reassurances from the hospital staff, cynical complaining towards the staff and generally varying in temperamental disposition. The two most pronounced profile elevations, on the Psychopathic deviate and Psychasthenia scales, suggests an interesting contradiction in self description. Such a profile pattern indicates both excessive insensitivity to the feelings of others and excessive concern about the effects of their actions. In relation to their illness, such a pattern might be reflected behaviorally in passive-aggressive modes of dealing with others. Indeed, such modes were frequently depicted in the group sessions (e.g., feelings toward the staff, relatives, therapists, etc.). It is also possible that these

features of somatic complaints, isolation, solitary involvement, narcissistic self-concern, concern about the effects of their actions, etc., represent personality characteristics which have been exacerbated by the stress of illness.

Despite the stresses of illness, hospital life and forced separation from family and job status, the patients appear to show some psychological strengths. There is, for example, a striking absence of depression in the MMPI profile. Elevated scores on this scale, as a reflection of situational depressive features, were expected; the low scores on the Depression scale along with the elevation on the Mania scale suggest that denial may be utilized as a major defense in coping with their conflicts. This interpretation is consistent with the clinical evidence related to the patients' manner of typically dealing with the problems engendered by their illness.

#### RECOMMENDATIONS

On the basis of this experience the following recommendations are offered to the therapists interested in treating orthopedic patients with group psychotherapy methods:

1. Provide considerable initial structure as to the purpose of the group meetings.
2. As early as possible the goals of the group should be clearly formulated and spelled out between the therapists and patients. These goals should be periodically re-examined and revised when necessary. For example, during the course of the orthopedic group sessions reported here, it became clear that there was a discrepancy between the patients and therapists goals. As the patients viewed it their major concern was with getting out of the hospital, not with examining their emotional problems. In contrast as the leaders viewed it there might be therapeutic value in exploring emotional problems with these patients. These divergent viewpoints were reconciled by finding a common ground in which the group focus became the exploration of the patients' future, the increased dependency needs enforced by their illness, etc.
3. The essential focus should be on realistic problems and concomitant feelings, rather than on deeper interpretive issues. Even though as seen in the personality data, many of these patients have emotional problems over and above their orthopedic difficulties, in such a short term approach it is considered more worthwhile to focus on current reality issues which stem from their orthopedic hospitalization.

4. The therapists should maintain a flexible “therapeutic style” and feel free to introduce specific topics for discussion. The occasional utilization of organized discussion can be profitable, especially at times when the unstructured aspects of the program become too threatening. This approach facilitates a direct breakthrough into the resistances.

# A STUDY OF GROUP PSYCHOTHERAPY RESULTS WITH YOUTHFUL OFFENDERS IN DETENTION

ROBERT L. WOLK, PH.D.

*New York City Criminal Court, Psychiatric Clinic*

AND

RODELLA REID

*New York City Department of Correction*

## INTRODUCTION

Since its inception, the Youth Guidance Division of the N.Y.C. Dep't of Correction utilized group psychotherapy in an effort to help inmates gain insight, better understanding of themselves, and as an adjunct to future adjustment in the community. Many inmates in detention were involved in short term group psychotherapy. An evaluation of short-term group psychotherapy of eight weeks duration sixteen sessions) and its results is important at this time in order to determine the value of such a program.

## SUBJECTS

The subjects were selected from the general population at the Brooklyn House of Detention, a New York City Department of Correction facility, which houses *juvenile delinquents*—delinquent adolescents (16-21 years)—in detention. Criterion for selection and placement group psychotherapy included projected length of stay at the institution, verbal ability, and motivation to enter a group because of recognition of emotional problems.

Forty inmates ranging in age from 17 to 20 made up the experimental group of this study. The mean age of this group was 18 years, eight months. The highest school grade attained by the experimental subjects was nine years, nine months with a range of eight to twelve years. Compulsory school promotion was the reason for the apparent high minimum school grade, in spite of a low academic achievement level.

The experimental group's mental level ranged from above average to borderline intelligence with the mean in the average range.

The experimental group subject offenses included Grand Larceny, (Auto), Felonious Assault, Burglary, and Robbery.

The nature of offense was important in determining the approximate stay in detention. Prior to group psychotherapy, each subject was inter-

viewed in order to determine whether he expected to be admitted to bail, or whether he would be detained for at least the minimum of a two-month period of time. It was at this time that histories, motivation, and attitudes toward therapy were illicit.

Prior to the interview, the subjects were administered a battery of psychological tests. Each subject was examined by means of the Raven's Progressive Matrices 1938, Bender-Gestalt, and the House-Tree-Person Test. The subjects were interviewed by either a Psychiatric Social Worker or by a Psychologist in an attempt to alleviate any immediate problems concerning family, mail, or employment.

At the end of the eight week-cycle of group psychotherapy, each subject was again administered the same battery of psychological tests, with the exception of the intelligence test, in order to evaluate whether differences occurred as a result of psychotherapy.

Group psychotherapy was administered in a dayroom on the floor in which the inmates were housed. This was intentionally planned in order to create a "therapeutic climate." The groups met twice a week for approximately one and one half hours meeting for a total of sixteen sessions. Each group was composed of the therapist and eight inmate members. The groups were group centered and heterogeneous in composition, age, and personality. The inmates were encouraged to express feelings and experiences without fear of incrimination on the part of the custodial staff or authorities. No reward or extra privileges were offered to inmates who participated in group psychotherapy.

The inmates discussed such topics as juvenile delinquency, the "criminal personality," problems of the home, school, and community, and attitudes toward law, authority, and parental figures. During the sessions, several inmates began to explore their own personalities and the dynamics relating to their present and previous conflicts with the law. The inmates, perhaps for the first time in their lives, became interested in the reasons for their antisocial behavior. The attitude in the groups very quickly became one of "what are we going to do about it?"

During the first session the therapist informed each group that it would meet for only sixteen sessions and that this was one of the limits imposed upon the therapeutic relationship. The inmates frequently dropped their defenses in a somewhat more rapid fashion and responded to the time limitation.

A control group composed of twenty inmates who approximated the experimental group in age, highest school grade attained, offense, and men-

tal level were included in the study. These subjects were also retested at the end of the sixteen-week period.

A scale was devised which measured various personality variables. The scale included, based on a one through five point continuum, quantitative measures of aggressivity, anxiety, impulse control, and evasiveness. The degree of sexual disturbance, strength of psychic defenses, nature of interpersonal relationships, and level of maturity were explored and self concept and amenability to treatment were evaluated. Each test protocol was evaluated by two psychologists in order to eliminate differences in evaluating the subject's quantitative personality measures.

### RESULTS

The statistical results of the quantitative measures of the psychological tests indicated no significant differences between the pre- and post-testing of the experimental group. The standard deviation for the pre-therapy tests was low (.09), suggesting the presence of a fairly homogeneous group. A similar low standard deviation was present in the post-therapy results. The control group was found to also be homogeneous, manifesting a low standard deviation.

Qualitative results demonstrated significant and meaningful changes resulting from group psychotherapy. The experimental group, as a result of psychotherapy, became more aggressive, somewhat more anxious, and considerably less evasive. There were no changes in the impulse control level. The degree of sexual disturbances among the experimental group became markedly less severe. Psychic controls became stronger and more intact. Defenses assumed the nature of more healthy strengths which permitted the subjects to function on a better reality level. No changes were noted in interpersonal relationships which was somewhat surprising because in some cases a good relationship was established with the therapist.

The experimental group subjects were found to be somewhat more mature after exposure to group psychotherapy and were also found to be considerably more amenable to further treatment.

Quantitatively, no changes in personality evaluation of the control group were evidenced when the pre-therapy cycle tests were compared with the post-therapy cycle test results. Qualitatively, when the control group inmates were interviewed after the completion of the therapy course, no changes were apparent.

After termination of group therapy, each of the experimental group subjects was afforded a private interview with his therapist. In marked

contrast to the statistical evaluation of the groups, the interviews were most revealing.

The HTP results of each inmate was discussed with him individually for the purpose of illiciting personality dynamics and insights gained as a result of psychotherapy. Inmates who had been passive listeners or who were reluctant to reveal their intimate feelings in the group were able to express some of their feelings freely during the individual session. Many inmates felt their problems stemmed from family conflicts, i.e., discipline which was too rigid or too lax. Some inmates felt their homes, although physically adequate, lacked the warmth and understanding which would enhance stable development and adjustment. Several youngsters felt a need to identify with a strong parental figure. Some youths blamed sibling rivalries, school, divorce or separation, or a lack of parental interest in their welfare for their difficulties. Most of the inmates, however, blamed themselves and their peers for their legal predicament.

Lack of occupation, a need for money, and a need to compete with others for status were among the most frequently reoccurring factors in the delinquents' thinking as motivating antisocial behavior.

All the inmates remained emotionally immature. Beyond the superficial stages, no real insight was illicited.

At the end of the therapy cycle, the inmates became relatively more aware of their problems and were able to accept them. Several inmates had worked out constructive plans to aid themselves in adjusting to the community upon their release from either detention or a correctional institution.

#### DISCUSSION

The results of this study demonstrate that changes can and do occur when inmates in detention are offered group psychotherapy for short periods of time. The subjects were in psychotherapy for only eight weeks. Most orthodox group psychotherapists would feel this period of time is too brief in order to achieve significant alterations of personality. However, changes did occur. Perhaps gains are significant first-stage changes in treatment and demonstrate the BEGINNINGS of a more healthy personality.

The significance of greater aggressivity resulting from psychotherapy would suggest the beginnings of an acting out process of psychic-aggressivity on a projective level. This aggressivity seems to be channelized in a healthier fashion. The increase in anxiety demonstrates a greater awareness of problems, and suggests motivation for seeking and accepting help.

No changes of impulse control indicate that short-term psychotherapy is not sufficient to reach the deeper levels of the unconscious which control impulsivity. Being able to ventilate emotions, feelings, and experiences in a permissive, accepting environment tended to lessen evasiveness on the part of the experimental subjects. Allowed to freely discuss their problems with no reincriminations or penalties in front of a group, as well as what may be interpreted as an authority figure tended to make the subjects less evasive.

The subjects were found to be immature adolescents, by and large lacking exposure to healthy sex educational techniques, thus contributing to their poor sexual adjustment. Group therapy apparently served to educate the experimental subjects, at least on a didactic level, as well as to ameliorate deeper conflicts in the sexual areas. Because of the group experience, the experimental subjects were able to strengthen their psychic defenses, possibly because the members gained emotional strength from group membership-maturation and better understandings of themselves. The experimental subjects became more therapeutically reachable. This resulted in their being able to relate to the therapist.

There was no alteration of self concept, due to the limited exposure to group psychotherapy. Self concept is a multifactor personality variable, and longer periods of psychotherapy are needed in order to change this concomittant of personality. The opportunity to ventilate one's emotions in permissive settings increased the subjects amenability to treatment.

#### CONCLUSIONS

Results of this study suggest that some progress can be made in short-term group psychotherapy with youthful offenders in detention. However, in order to achieve greater changes which aid in the rehabilitation of the adolescent offender, the inmate in detention should be exposed to longer periods of treatment.

Moderate changes can be effected utilizing group psychotherapy techniques in detention. Treatment in detention is important as approximately three-quarters of all detention inmates are released to the community without further opportunity for study or therapy. As such, therapy in detention serves a most valuable function. Individuals who are placed in detention and are exposed to psychotherapy should make a more adequate adjustment in the community. These individuals might take greater advantage of community resources to further the emotional gains made while in detention. Group psychotherapy then serves to assist both in institutional adjustment as well as in promising better future community adjustment.

## PSYCHODRAMA OF MURDER, A JOINT TRIAL OF LEE HARVEY OSWALD AND JACK RUBY

J. L. MORENO, M.D.

*World Academy of Psychodrama and Group Psychotherapy, Beacon, N.Y.*

This psychodrama will be presented on Sunday, May 3rd, at the Biltmore Hotel, in Los Angeles, California, as the major feature of the Annual Academy of Psychodrama and Group Psychotherapy. I will conduct the psychodramatic trial assisted by a number of distinguished psychiatrists, criminologists, psychologists and psychodramatists. I have asked Dallas' Judge Brown to let Ruby out to play himself on the psychodrama stage. We also invited former Defense Counsel Melvin Belli to be present. Mr. Belli accepted.

A scientific investigation of the peoples' reaction to the assassination of the late President of the USA, John F. Kennedy, and later, the assassination of Lee Oswald by Jack Ruby, is in progress, using many psychodramatic tests. In one of the tests, various groups of people throughout the country are being confronted with a "Role Identification Poll" with Jack Ruby. The respondents are asked to put themselves into the place of Jack Ruby and to answer the following questions: (1) "Try for a moment to feel that you are Jack Ruby." (2) "Did you kill Lee Oswald?" (3) "Why did you kill him?" (4) "Did you *plan* the murder?" (5) "Would you do it again today (assuming the circumstances are the same)?"

The respondents were then asked to put themselves into the place of Lee Oswald and to answer the following questions: (1) "Try for a moment to feel that you are Lee Oswald." (2) "Did you kill President John F. Kennedy?" (3) "Why did you kill him?" (4) "Did you *plan* the murder?" (5) "Would you do it again today (assuming the circumstances are the same)?"

They were then further asked to put themselves into the place of President John F. Kennedy and to answer the following questions: (1) "Try for a moment to feel that you are President John F. Kennedy." (2) "Did Lee Oswald kill you?" (3) "Why did he kill you?" (4) "Did he plan the murder?" (5) "Would he do it again today assuming the circumstances were the same?" (6) "How do you feel about Jack Ruby having killed Lee Oswald?" In some cases the respondents were asked to act out their attitudes. The investigation is still in its early stages but the results thus far show great frustration and often a sense of unexpressed panic.

A corrective seems indicated, a kind of mass catharsis, to restore the emotional balance which has been shaken by the chain murders and which if not taken care of, may accelerate other crises involving the entire nation, if not the entire world. Perhaps not since Pearl Harbor has public morale reached such a low point. This time, however, the enemy is from within.

The legal tribunals have failed. The public has been exposed to television, radio and newspaper accounts; they are at a loss to understand the processes involved and are waiting for an answer. The question is not whether Oswald or Ruby are guilty of their assassinations but what had been going on in the minds of the murderers, what motivations they had for their actions and how they felt about them regardless of legal evidence and psychiatric diagnosis. What has been going on in the minds of the judges, district attorneys and jurors in Dallas, not as much as executors of the law, but as human beings? What about the people of Dallas now that their city has been stigmatized as the new Sodom and Gomorrah? What has been going on in the minds of the masses of the plain people everywhere?

In order to free the people of the USA from the shock which has been inflicted upon them, the psychodramatic trial should be carried on under conditions similar to those in the Court of Dallas. The Court actions were continuously viewed by the people through television, broadcasts, newspaper pictures, magazine reports, etc.

The remedy is psychodrama. In the psychodramatic trial which is a kind of psychiatric mock trial, we will have personifications of Lee Oswald during the last few hours of his life and Jack Ruby when he shot Oswald and at his trial. This time Ruby will not be mute and classified as insane. He will speak for himself, freely, without any barriers. Then we will have the former attorney of Ruby, Mr. Melvin Belli, in person, and personifications of the prosecutors of the Dallas court.

The psychodramatic trial on May 3rd is a form of scientific mass psychotherapy. It will try to pave the way for a mass catharsis and a better understanding of the problems of our perennial melting pot now in a turmoil without parallel in its history.

A report of the findings will be contained in the next issue of *Group Psychotherapy*, Volume 17, No. 2.

AMERICAN SOCIETY OF GROUP PSYCHOTHERAPY  
AND PSYCHODRAMA

SPECIAL MEMO TO THE COUNCIL FROM THE PRESIDENT, CALVIN STEIN,  
M.D., APRIL 22, 1964

The annual meeting of the American Society of Group Psychotherapy and Psychodrama took place at the Statler Hilton Hotel, Washington, D.C. from April 3-5, 1964 celebrating the 25th anniversary of the Theater of Psychodrama at St. Elizabeths Hospital, Washington, D.C. Herewith follow Dr. Calvert Stein's Presidential recommendations.

"Where not otherwise specified chairman are invited to name additional members to their own committee, and may drop those who do not wish to serve; but should keep this office informed via carbon copies; and also our secretary pro tem, Miss Mary Nothhelfer, 1880 Palmer Ave., Larchmont, N.Y. Telephone: 10538.

Chairman are also invited to notify members of their Committee by an invitation to serve, and then to acquaint them with my presidential recommendations—after which each committee acts autonomously, and is answerable to the Council.

I. *Program Committee*—Chairman: Zerka Moreno

Co-chairman: Dr. Jack Ward.

II. *Committee on Constitutional Reform*—

Chairman: Dr. Martin Haskell

Co-chairman: Dr. Abel Ossorio

III. *Committee on Designing Certificates & Seals*—Hannah Weiner

IV. *Committee on Board Certification Membership & Fellowship*—

Chairman: Dr. Robert Drews:—Dr. Martin R. Haskell, Dr. Jack Ward, Zerka T. Moreno, Dr. J. L. Moreno.

Changes or additions to this Committee should take into consideration the interest and activities of the Steering Committee as voted unanimously in Toronto on May 9, 1962. This does not restrict your right to change the composition of the Board when finally incorporated.

V. *Committee on Ways & Means*—Chairman: Dr. Rolf Krojanker:

—Dr. J. Meiers, Dr. Max Ackerman, Dr. J. L. Moreno.

*N.B.* Additional members for this committee should be added with the

idea of establishing new Chapters; raising funds for the A.S.G.P. & P., soliciting contributions and support for the global organizations and in general—looking ahead for our long-range needs. These should include publicity and expansion of our program to improve relations with other professional organizations; and setting up awards for outstanding publications and original researches whether published or not.

There is also a need for a handbook for trainees and students—embracing all known techniques in Group Psychotherapy and Psychodrama; and a directory of paid up members, with their addresses and their training—modelled after the directory of the two A.P.A. societies. Both of these proposed publications should be owned by the A.S.G.P.&P. and are a potential source of revenue as well as promotion of the movement.

It has reached my attention that liberal grants are available for such programs from the National Institute of Mental Health, Washington, D.C.

*Recommendations to the Committee on Constitutional Reform\*—*

1. An up-to-date Constitution should be ready for approval by the Council by April 1965. If okayed at or preferably prior to that time it may then be presented to the general meeting for adoption at the same session.

2. In view of the need to build up morale among active workers in the A.S.G.P.&P. I suggest that the one-year term of office be restored; and that the first Vice-President be designated as President-Elect. Also that Presidents should not be eligible to succeed themselves until at least two years have elapsed since the term of office has expired.

3. That Dr. J. L. Moreno be elevated to the position of President-Emeritus of the A.S.G.P.&P. for life; and that no successor to this unique honor be considered until after the post becomes vacant, at which time any one of the past Presidents would naturally be eligible for the honor—depending upon his or her contributions to the organizations; *and on whether or not he or she is still actively engaged in its behalf.*

4. That Dr. Moreno be elected permanent President of the Council, and Chairman Ex-Officio for each of its meetings; but that the Council Meetings be conducted by the President or preferably by the first Vice-President as President-elect in order to familiarize himself with current

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\* We may be in danger of losing most of our treasury unless our Constitution is brought up to date with special inclusion of the term, "Non-profit Organization."

problems, and to enable him to sound out the membership for potential committee appointees.

VI. *Nominating Committee*—Chairman: Dr. Martin Haskell: Co-chairman: James Enneis:—Dr. Leon Fine, Dr. Lewis Yablonsky, Dr. Rolf Krojanker, Dr. J. L. Moreno, Sylvia Ackerman.

*Duties:* To nominate a new second Vice President and a Secretary; and to nominate candidates for such vacancies as may arise on the Council. Also to present an entirely new slate of officers, if so designated by the new Constitution. Please contact Dr. Martin Haskell, Chairman of Committee on Constitutional Reform. It may well be that our old Constitution is the one that is still legally valid, in which case no officer can serve for more than one year, and a brand new slate is indicated.

VI. *Auditing Committee*—Dr. J. Meiers (provided he agrees to post a bond of one dollar with the Sargent-at-Arms when we find one.)

*Duties:* To inspect and approve (we hope) the Treasurer's report and books *prior to the annual Council Meeting*, and to report on same with an "okay" or "needs correction" etc. at that same Council Meeting.

VII. *Editor of the Journal:* Dr. J. L. Moreno

*Recommendations:*

1. That you appoint an Assistant Editor.
2. That you meet with your Contributing Editors at least once annually, and prior to the council meeting, to discuss policies.
3. That a report on these discussions and decisions should also be presented to the council at its annual meeting.

*N.B.* These measures will not only strengthen your own position, but will also boost the morale of the council from whom our collective strength is derived. The danger of a split-up into multiple separate ideologies was never greater than at present; and we must all work to preserve the philosophy and integrity of the Organization which you have labored so arduously to build.

*To:* Zerka Moreno, Chairman of Program Committee A.S.G.P.&P. 1964-65 and Dr. Jack L. Ward, Co-chairman.

*Subject:* Recommendations for the Annual Meeting—1965

1. That the Banquet Meeting be chaired by the first and/or second Vice President.

2. That the closing remarks and "Benediction" of the banquet meeting be made by our new President Emeritus, Dr. J. L. Moreno.

3. That honors, awards, elevation to fellowship and elections to council vacancies, etc. be announced by either of the co-chairmen of the program committee, but that outstanding members of the organization be selected to make the presentations—for the joint purpose of giving them recognition and also of presenting briefly some of the qualifications of the recipient of the honor or award.

4. Potential guest speakers might include the president or past president of the American Orthopsychiatric or the American Psychological Association or the National Association of Accredited Social Workers or someone from the National Institute of Public Health, (Dr. Robert H. Felix is excellent), or someone from the World Council—preferably of National Status in his own country.

5. The annual business meeting should run according to Robert's Rules of Order or such authority as our Constitution provides, and may be conducted by the president or either of the vice presidents depending upon whom is available and who has the least work to do during the rest of the program. A detailed report of the activities of the council by either Dr. Moreno, or Zerka should be on the agenda. At the next annual meeting we must also elect an official secretary; and perhaps a new second Vice President or (preferably) a whole new slate of officers—depending on whether the new Constitution provides for one or two year terms. (See my recommendations to the committee on Constitutional Reform).

My copy of your letter dated April 6th re American Board of Group Psychotherapy and Psychodrama has been received and is very much appreciated. All members of the Council should also be apprised of the activities of the Steering Committee at Toronto, May 9, 1962, plus such developments as that group may have made—or be making—since that time. It's the nearest thing to anything legal that I know of to date. (Check on Mr. Davies' remarks).

Many thanks for everything."

Cordially,  
Calvert Stein, M.D.

P.S. Agenda for the Annual Council Meeting should include a full treasurer's report, and also a report by the Auditing Committee.

Only an abbreviated treasurer's report or resume need be given at the annual general business meeting—at least until and unless our Constitution has other ideas on the subject.

REPLY BY DR. J. L. MORENO TO DR. CALVERT STEIN,  
APRIL 26, 1964

I thank you for your memo of April 22nd and fully appreciate your effort to promote the interest of the American Society of Group Psychotherapy and Psychodrama. Most of your recommendations are excellent except that some clarifications and additions are necessary. I am certain that you are aware that the Moreno Institute Inc., the Academy of Psychodrama and Group Psychotherapy, Beacon House, and the Moreno Sanitarium, are organizations which are independent from the American Society of Group Psychotherapy and Psychodrama.

The journal, *Group Psychotherapy*, is owned and copyrighted by Beacon House. However, we have always extended every imaginable courtesy to the Society. There is in every issue of the journal space for the proceedings and reports of the Society. The Editor, J. L. Moreno, has in Prof. Wellman Warner a Consulting Editor and all of the Contributing Editors of the Journal in the USA are Fellows or Members of the Society. Any courtesy which is acceptable to Beacon House I will be glad to suggest to its Committee which has however the final authority to accept suggestions. The newly projected, American Board of Group Psychotherapy and Psychodrama for Diplomate recognition is only partly related to the American Society of Group Psychotherapy and Psychodrama. It is also related to the Academy of Psychodrama and Group Psychotherapy both being represented by its Committee. The meeting in Toronto which we had about two years ago was initiated by me personally and had no formal relation to the Committee of the Board as such. The American Board of Group Psychotherapy and Psychodrama was reported on in *Group Psychotherapy*, Vol. XIV, 1961, page 105, and again on page 249, as well as page 97-104 in the same year. I think you will find this clarifying. The decision to go ahead with the Board supersedes any information which we received in Toronto. I would suggest that, in addition to the excellent proposals of committee memberships, special emphasis should be placed on the Committee on Standards which is not reported in your letter. The Chairman of the Committee on Standards is James Enneis. I would suggest that you propose a Committee on District Branches, or Chapters, with Hannah Weiner as Chairman. The Chapters of the Society are the weakest point in the organization of our Society. Hannah Weiner is

probably besides Zerka Moreno in the best position to direct this Chapter. She may be supplemented by Rolf Krojanker. The proposal of the Council to have a two year term for the Office of President has been accepted and passed by the membership of the Society (see Group Psychotherapy, Vol. XVI, No. 4, December 1963, page 286. There is however, no reason why your suggestion for a one year term should not be put before the membership for a new decision. Then of course the current First Vice President, Jack Ward, should be designated as President-Elect.

It seems to me that too many honors are bestowed on me personally. At least one of these honors should be referred to Zerka T. Moreno. She should be the one to be elected as permanent President for the Council and Chairman Ex-Officio for each of its meetings instead of myself. Any further comments or suggestions you or any of our colleagues may have, I would be very much interested to hear and to comment upon.

Sincerely yours,  
J. L. Moreno, M.D.

WASHINGTON-BALTIMORE CHAPTER  
AMERICAN SOCIETY OF GROUP PSYCHOTHERAPY  
AND PSYCHODRAMA

The purposes of the organization are:

- (1) To increase professional growth and identity.
- (2) To develop direction in the use of group and action methods in all appropriate fields.
- (3) To stimulate research.
- (4) To improve professional functioning through offering training and sharing problems within the membership.
- (5) To foster interest in group psychotherapy and psychodrama.

Membership eligibility ranges from student through professional. Fields represented include psychiatry, psychology, sociology, nursing, social work and anthropology.

Minimum fee, to accompany application, is \$6.00. Should the membership committee not approve your application, your check will be returned. Should you be found eligible for a higher level of membership, you will be so informed and billed for the additional fee.

For additional information, write to the Membership Chairman, 606 A Street, N. E., Washington, D. C. (Zip Code 20002).

# FIRST INTERNATIONAL CONGRESS OF PSYCHODRAMA

PREMIER CONGRES INTERNATIONAL DE PSYCHODRAME

PARIS, AUGUST 31 - SEPTEMBER 3, 1964

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PSYCHODRAMA

SOCIODRAMA

ROLE PLAYING

UTILIZATION OF GROUP METHODS THEORY AND PRACTICE

IN

MEDICINE, PSYCHOLOGY, PEDAGOGY, TRAINING IN INDUSTRY AND THE SOCIAL SCIENCES

PRELIMINARY PROGRAM

March 31, 1964

UNDER THE HIGH SPONSORSHIP OF THE FRENCH MINISTERS OF NATIONAL EDUCATION, LABOR AND SOCIAL SECURITY, PUBLIC HEALTH AND POPULATION, AND OF THE DEAN OF THE FACULTY OF MEDICINE, UNIVERSITY OF PARIS.

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Georges Mauco, Director, Psychopedagogic Center Claude-Bernard, Paris; General Secretary du Haut Comite de la Population at de la Famille pres le Premier Ministre.

Professor Ramon Sarro, M.D., University of Barcelona.

TREASURER

Michel Moukomel, Pasteur Institute, Paris.

## SCIENTIFIC SECRETARY

Zerka T. Moreno, P.O. Box 311, Beacon, N.Y., U.S.A. Anne Ancelin-Schützenberger, 14 Avenue Paul Appell, Paris 14e, France.

## ADMINISTRATIVE SECRETARY

S.O.C.F.I. (Society for the Organization of French and International Congresses), 1 ter rue Chanez, Paris 16e, France, Telephone: 527-06-90 and MIRabeau 84-00.

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PSYCHOTHERAPY AND TRAINING THROUGH PSYCHODRAMA  
AND GROUP METHODS

*The aim of this Congress is an encounter between researchers and practitioners of diverse disciplines, to stimulate exchanges around theoretical and*

*practical problems in the fields of medicine, psychology, teaching, in industry and the social sciences generally.*

#### AIM AND ORGANIZATION

This Congress will be essentially more "living and acting" than "speaking". It will consist of participation and interaction among psychodramatists, in demonstrations followed by discussions in the permanent Theater of Psychodrama. These confrontations will permit the largest number of participants to have an idea of diverse specialized styles, each person having his own personal manner of approaching psychodrama, group psychotherapy, teaching and training.

Moreover, it will furnish an occasion for psychodramatists and trainers to practice and enrich their techniques in the workshops, and to exchange their experiences.

At the same time it will permit researchers and practitioners of diverse points of view to approach and clarify theoretical and methodological problems by attending the interdisciplinary and intradisciplinary Round Tables.

Between the opening and closing plenary meetings of the Congress, the program will consist (at the same time) of:

- A. The Permanent Theater of Psychodrama and demonstrations of Techniques.
- B. Films
- C. Workshops
- D. Inter- and Intradisciplinary Round Tables

A Psychodrama Congress should remain spontaneous and flexible even in the program. Thus, it may be changed in some details upon the suggestions of the participants who are registered before May 30, 1964.

#### A. *Permanent Theater of Psychodrama*

Open to all participants, the Permanent Theater of Psychodrama will function in the large auditorium of the Faculty of Medicine for the duration of the Congress. Demonstrations of techniques will be followed by discussions at the end of the day for all the participants. Various approaches and specialized methods utilized in different countries will be demonstrated.

Demonstrations will be given by different directors, mainly on: Psychodrama, sociodrama, role playing, hypnodrama, spontaneity testing, directive and non-directive interviews, action diagrams, techniques of directive and non-directive warm-up.

Demonstration of techniques of relaxation and bodily expression will be conducted by experts in "Autogenous Training" (Berlin), by Gerda Alexander ("Relaxation" - Copenhagen) and Laura Sheleen ("Bodily Expression" - New York, Paris).

### B. *Showing of Films*

We hope to be able to show and discuss films about: Psychodrama, Role Playing, Group Psychotherapy, T-Group or Training Group, Conference-Discussion Methods, Case-Work, Methods of Relaxation, with the assistance of French Radio-Television and films brought by participants.

### C. *Workshops and Practical Training*

Specially reserved for practitioners and specialists, these workshops bring together twenty psychodramatists, trainers, group psychotherapists and with a director of psychodrama as Chairman. These informal workshops will be a "permanent training of trainers" and an exchange of experience, thus complementing the demonstrations.

The number of workshops, the nature of the techniques presented, will depend upon the participants enrolled, the techniques requested and the directors of psychodrama available. (Please write to the Scientific Secretary.)

1. Workshop in Psychodramatic Techniques, with Zerka Moreno: Practical exercises in psychodrama, role playing, sociodrama, spontaneity tests, creativity tests, social atom, action diagram, sociometric test, sociogram.
2. Workshop in Bodily Expression, with Laura Sheleen, School of Movement, New York, Paris.

### D. *Round Tables*

Specially reserved for researchers and practitioners involved in training who wish to deepen certain theoretic and methodological aspects of their training, these round tables will permit the enlightenment of certain problems. The round tables will consist of twenty participants who are using or wish to use psychodrama, sociodrama, role playing and group methods in interpersonal relations. See Provisional List of Round Tables below. The panels will permit exchanges between participants and diverse professions, viewpoints and countries.

These discussions will be lively and as much as possible removed from individual lectures. The Chairman and invited speakers will open the dis-

cussion. *The participants are requested to register now, stating the reasons for their interest in the problems dealt with and their experience in this area.* The text of the proposed discussion must be sent to the Scientific Secretaries before May 30, 1964, in duplicate, with an English and French Summary of 150 words.

### *Panels*

Each Round Table will name a representative who will participate in one or more panels or Round Tables, elaborating on some valid points in the discussion open to the public.

### *Themes*

The problems to be dealt with in the Round Tables have been proposed as listed below. This list is not final nor limited. The themes will be established after receiving the suggestions from registered participants. Some participants have suggested reducing the number of Round Tables to four so as to deal thoroughly in 2 or 4 sessions with a few fundamental issues.

#### Proposed Subjects for Round Tables

1. Psychodrama and Psychotherapy. Drs. Simone Blajan-Marcus, Paul Lemoine (Paris); Chairman and other Speakers to be announced.
2. Psychodrama, Education and Psychotherapy. Chairman and Speakers: Jacques Ardoino (Paris); others to be announced.
3. Psychodrama and Group Methods in the Training and Post-Graduate Training of:
  - A. Physicians, psychotherapists, psychodramatists, sociatrists, psychologists, psychiatric assistants. Chairman and Speakers: Gaston Chaballier (Montpellier); Eduario Cortesao (Lisbon); A. Ancelin Schutzenberger (Paris); others to be announced.
  - B. Industrial groups, business, administration, the army, the church. Chairman and Speakers: Andre de Peretti (Paris); Dr. Roger Dorey (Ecole Polytechnique, Paris); Aime Hamman (Montreal); Pierre Weil (Brazil); others to be announced.
  - C. Trainers in Industry, counselors, etc. Chairman and Speakers: Guy Goubault (C.E.A.F.C., Paris); others to be announced.
  - D. Special Educators and Social Workers. Chairman and Speakers: Jean Prochasson and Serge Ginger (Sauvegarde and A.N.E.-J.I.); Claude Ouzilou, others to be announced.

- E. Educators, teachers, professors, Chairman and Speakers to be announced.
4. Institutional Therapy. Chairman and Speakers on Institutional Counter-Transference, Drs. Sivadon, Amiel, Chanoit, and staff (of La Verriere Hospital); on Institutional Transference, Drs. Tosquelles, Oury, Gentis, Racine and staff (of Saint-Alban Hospital); others to be announced.
  5. Psychodrama and Group Methods in Education. Chairman and Speakers: Daniel Le Bon (Brussels); others to be announced.
  6. Psychodrama and T-Group, sensitivity training and group dynamics. Chairman and Speakers: Robert Meigniez (Paris, "The Group Centered of the Group"); Max Pages (Paris, "The Affective Life of Groups"); others to be announced.
  7. Psychodrama and Social Re-Education in Prisons and Special Establishments. Chairman and Speakers to be announced.
  8. Psychodrama and Psychotherapy with Children. Chairman and Speakers to be announced.
  9. Psychodrama of Family and Marriage. Chairman and Speakers to be announced.
  10. Psychodrama, Psychotherapy and Psychopharmacology, with members of the Pasteur Institute and of the Clinic of the Faculty of Medicine.
  11. Psychodrama and Body Image. Chairman and Speakers: Dr. Françoise Dolto (Paris); François Gantheret (La Verriere); others to be announced.
  12. Institutional Role Playing. Customs of certain non-occidental societies considered from an anthropological and psychodramatic point of view, such as "The Mad Masters", "The Voodoo", the carnival, the fair, the feasts, the sacred and the secular. Chairman and Speakers to be announced.
  13. Ethics, Technique and Deontology. The relationship of counselor-counselee, of the "helping" and "being helped". Implications and methodological concepts. "Post group" responsibilities. Follow-up on training group. Follow-up studies. Relations with inviting institutions. Relationships between trainers, psychodramatists, observers, trainee organizers, participants of a training and psychodrama group. Possible sharing of a secret with other professionals. Chairman and Speakers to be announced.

14. Panel: Different Approaches to Groups and to Psychodrama: Moreno, Freud, Jung, Pavlov, Lewin, Analytic Psychodrama, Existential Psychodrama, Triadic Psychodrama, etc.
15. Psychodrama, Group Psychotherapy and Existentialism. Chairman and Speakers: Dr. Ramon Sarro (Barcelona, President, International Congress of Existential Psychotherapy), Anne Ancelin-Schützenberger, Dr. Minkowski (Paris); other speakers to be announced.
16. Training in Non-Occidental Countries. Chairman and Speakers to be announced.
17. Tele, Transference and Group Cohesion. Dr. J. L. Moreno, and Zerka T. Moreno, Chairman; other Speakers to be announced.
18. Theater, Psychodrama and Creativity. Chairman and Speakers to be announced.

The above list will depend upon participants' wishes and possibilities for realization. Each Round Table will have more speakers, proposed or invited, to be added to those already listed. The Round Tables may be regrouped.

## ANNOUNCEMENTS

*International Council of Group Psychotherapy*

Letter from the Government Institute of Psychiatry, Moscow, U.S.S.R. "I wish to thank you very much for your sending me your article in which you are reporting great success in group psychotherapy. I personally want to stress your special energy and determination in your work. I wish you my dear colleague, health and continued important success in your efforts to cure the sick. I am with a warm handshake, yours, Professor D. D. Fedotov, Director."

*Important Announcement*

The Moreno Academy was incorporated in Washington, D.C. on June 2, 1964. The full title is "Moreno Academy, World Center of Psychodrama, Group Psychotherapy and Sociometry." It is a tax exempt membership corporation. Its aim is to function as a research teaching and training center and to establish and encourage facilities in the USA and abroad. The Academy will tentatively comprise six Centers: Beacon, New York City, Washington, D.C., St. Louis, Mo., Los Angeles, Calif., and Paris, France.

*Internships and Residencies in Psychodrama Training,  
St. Elizabeths Hospital, Washington, D.C.*

Applications are now being accepted for five internships or residencies. The training program will begin July 1 and extend through June 30, 1965.

*Annual Stipends:* Stipends range from \$3200 to \$3600 for interns, and from \$4000 to \$5000 for residents. Stipend levels are based on education and/or experience.

*Qualification Requirements:* Qualification requirements are currently in the process of review and will be announced in the near future. Minimum education requirements include a Bachelor's degree from an accredited college or university with major study in one or any combination of fields which have given the applicants a basic knowledge of the fundamental concepts of normal and abnormal psychology, sociopathology, and personality development. Typical acceptable fields include psychology, sociology, anthropology, social work, psychiatry, criminology, nursing and counseling.

*How to Apply:* Submit a completed Application for Federal Employment (SF-57) to the Personnel Office of Saint Elizabeths Hospital.

Applicants who meet the minimum education requirements must undergo an aptitude evaluation through active participation in a regular psychodrama session at the Hospital. Evaluations this year will be held during the month of May. Any travel or related expenses incident to the evaluation must be borne by the applicant.

Address applications or inquiries to:

SAINT ELIZABETHS HOSPITAL  
PERSONNEL OFFICE  
WASHINGTON, D. C. 20032

### PSYCHODRAMA TRAINING PROGRAM

The training program begins July 1 and extends through June 30 of the following year. Depending upon the trainee's background and experience, a specific core program is provided. This is on a broad mental hospital and mental health level and selected portions are used with more advanced trainees.

There is a didactic training session in group and psychodramatic methods each day. This includes a literature discussion group, theory and practice of psychodrama, group concerns seminar and professional concerns seminar.

Within the practicum facilities, trainees conduct groups with close supervision. As their skill develops the relative difficulty of the type group conducted increases and may be extended to training in community consultation.

Each trainee is expected to carry out some research during his training year and to produce a paper of graduate level quality in the case of the first two levels of internship and of publishable quality at the third level of internship and at the two resident levels.

Patient groups run the gamut of mental illness from neurotic and sociopathic through more profound psychoses. Of course the population of the Hospital is predominantly psychotic. The Psychodrama Section works with newly admitted as well as long-term patients.

The patient program of the Section may be divided into two major parts—specific purpose groups and general therapy groups.

Specific purpose groups:

Re-entry groups are designed to prepare the patient for separation from the Hospital and return to the community or, in some cases, transfer to other institutions.

Ward living groups are planned to foster the therapeutic community. Total ward populations, including staff, meet for an hour to discuss problems of living together. These meetings are followed by half-hour meetings with the staff. The goal of the post-session staff meetings is to help clarify role relationships and their effects upon the dynamics of the ward community.

Interaction groups are used with patients who have become highly skilled at keeping distance from each other. Their goal is to cultivate or to nourish mutually agreeable interaction leading to an awareness of each other and their potential for forming a community power.

General therapy groups:

These are of two sorts—large open groups and small intensive closed groups. Limits established by the goals of the specific purpose groups do not apply in those groups. Problems of the group and of individuals are dealt with in greater depth.

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