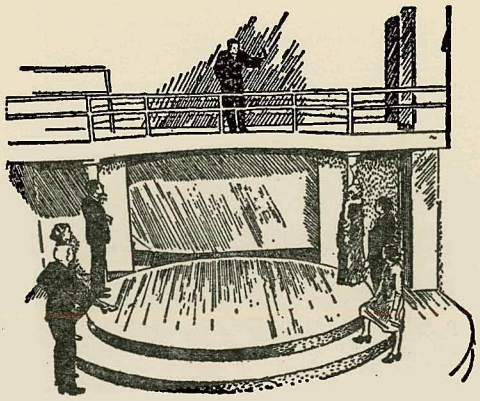
GROUP PSYCHOTHERAPY

A Quarterly



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AND PSYCHODRAMA

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GROUP PSYCHOTHERAPY

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INTERNATIONAL SECTION

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THE FIRST INTERNATIONAL CONGRESS OF PSYCHODRAMA

FACULTY OF MEDICINE, PARIS, FRANCE
AUGUST 31-SEPTEMBER 3, 1964

PRESS REPORTS

THE TRUTH BRINGERS

PETER LENNON

The Guardian, Monday September 7, 1964, London, England

For the past week the Faculty of Medicine in Paris has been the host of more than 1000 doctors and psychiatrists from thirty-four countries meeting for the First International Congress of Psychodrama. Every day in the large amphitheatre there were a series of psychodrama performances by specialists and volunteer subjects, and even a collective psychodrama of the congress itself, in which the members gave vent to their congressional frustrations by acting them out—and throwing bits of blotting paper at each other.

The French cinema has already introduced us to psychodrama, notably in the films of Jean Rouch. It is a therapeutic form of theatre which, over the past decade, has come to be widely used by American psychiatrists to liberate individual (or collective) tensions by having them act out under guidance.

Psychodrama claims to have finally made explicit the connection between art and therapy. Its founder in the twenties, Professor Jacob Levy Moreno, of the University of New York, the chubby, debonair president of honour of this Paris conference, feels that this is the direction in which modern theatre is going.

The interviewer, even in the quiet of a hotel foyer, finds it hard to keep up with Professor Moreno. He showers out a heterogeneous collection of experiences, fragments of ideas, glimpses of startling associations in excited abundance, occasionally with regal indifference, or damply, capping a point with a benevolent tap on your knee. He is, of course, Viennese, and has the sloping stomach, energy and flamboyance of many of his celebrated co-citoyens.

He discovered Peter Lorre in the streets of Vienna and introduced him to his newborn psychodrama theatre before Lorre joined UFA and made "M." He worked with Roosevelt in the early thirties and forecast, in a book called "Who shall survive," the present revolt of the American Negro (now he claims that the Johnson administration is relying in part on his methods

to control the explosion). Kazan and Miller have followed his psychodramatic activities in his two schools in the United States which take in 10,000 students a year. He was a friend of Marilyn Monroe.

He seems to have three principal preoccupations: the Negro problem, "After the Fall," and the future of psychodrama in theatre.

"Psychodrama is not just therapeutic—we also use it to train people how to handle situations, such as the young volunteers who go down south to help teach the Negroes how to vote. I have worked with them in Mississippi delta preparing them to relate their psychodramatic experiments to a number of possible concrete situations they may be faced with. In 1934 I wrote about the saturation point which would be reached when the Negroes could no longer live with whites without tension and violence. In America there is not a backlash from the once liberal whites who feel that the Negroes are going too far. The law may permit you to do something but where custom is too strong the law is not enough. In these circumstances you cannot just do what is right, you can only do what is accessible to you. What we are trying to do is work out means, prepare people for encounters, in which they will be able to reduce the intensity of violence and make it manageable."

Is it partially the population explosion which has brought this to a head? "The sexual explosion is what I call it. I have noticed that in the past few years the Negro as a male is playing an increasing part in the white American woman's sexual fantasies. Since the Negro was deprived of education he had to turn to physical work and that did make him physically stronger in many cases. But in the past Joe Louis, a good natured warm man, would only symbolise the Negro's strength, but not yet his sexuality."

"Now it is a question of sexuality. Particularly with the Negro in revolt the white woman's fascination is becoming stronger."

"You have written against 'After the Fall'?"

"For me it is a classic psychodrama, as near as a play can come to it: after the suicide the husband wants to purge himself. We do it in our studios every day. Miller should have had the courage to admit it. Better still, he should have done it before the divorce. They would probably still have got divorced, but we believe in a divorce catharsis. Better a good divorce than a bad marriage. And it wasn't fair to Marilyn. She did not have a chance to defend herself. But even without her we could have found for him a substitute —an auxiliary ego—to work it out with him, as a boxer works with a sparring partner who is chosen for his resemblance to the man he is going to fight. . . . Marilyn was a delightful person," he said, sweeping a pudgy hand recklessly to the ceiling. "A symbol of the very ecstasy of beauty. But she was a child-

woman. She could not take care of herself, and people used her in ways that were not good for her and not too good for themselves either."

"You claim that psychodrama can also be artistic? How?"

"I believe that theatre is going the way of psychodrama. There are a couple of productions in London now which are partly psychodramatic. The 'Theatre of cruelty' productions. You see psychodrama is not just therapeutic or practical. Ideally we emphasise the beauty in the experiments, the aesthetic lines of the columns, lighting, music, the poetry and the magic."

"But if it were real psychodrama the actors would be only working out their own problems, no matter how beautiful the framework?"

"They could also play out collective problems. The problem of the Catholic or the Jew, ethnic problems like the problem of the Negro. We believe that psychodrama is a bringer of truth."

"Is there not an element of hot-gospelling in it, of public confession? Or a danger of unhealthy self-indulgence creeping into a habit of dramatising your problems?"

"It is not just a personal explosion, it is directed by skilful therapists. It is the kind of development which was necessary. I find psychiatry, as it is usually practised, vulgar. It lacks beauty."

There remained many questions to be answered. Not the least of them, how scientific could the process claim to be? Would psychodrama really only work on certain personalities? Would it flourish in an atmosphere of Californian exhibitionism and wilt before the deeprooted reticence of the brave reserve British?

As for the claim that it is the theatre of the future, one felt that there was a simplification of the complexities and the disciplines involved in creative theatre. And a disregard of the value of talent. A lot of people think that Jean Rouch, the anthropologist turned psychodramatist, makes bad films, neither scientific enough nor aesthetically satisfying.

LE PREMIER CONGRÈS INTERNATIONAL DU PSYCHODRAME

ANDRÉE NORDON

L'Aurore, Mardi ler Septembre, 1964, Paris, France

Pour la première fois dans le monde, un congrès international de psychodrame est réuni à Paris pour trois jours, jusqu'au 3 septembre.

Le psychodrame, c'est la manière la plus moderne de soigner les maladies mentales. Pour comprendre en quoi il consiste, il faut évoquer la psychanalyse et la psychothérapie collective.

LA PSYCHANALYSE: UN MONOLOGUE

Inventée par Sigmund Freud, remaniée par ses disciples qui furent aussi parfois ses détracteurs, la psychanalyse repose sur une investigation du subconscient: en ramenant à la conscience les sentiments qui en étaient refoulés, le malade parvient à s'en libérer.

Allongé sur un lit, le malade doit parler continuellement, exprimant tout ce qui vient à sa pensée le plus rapidement possible. Le médecin intervient dans ce monologue le moins possible, et le malade doit arriver progressivement à exprimer presque machinalement ce qu'il refoule au plus profond de lui-même. Ainsi se libère-t-il de l'angoisse qui l'empêchait de s'adapter à la vie normale.

La psychanalyse est fort coûteuse, et un traitement doit durer de quatre à huit ans. De plus cette formule exige de la part du malade une bonne faculté de la parole. Elle ne peut donc s'appliquer à tous.

DIX HOMMES ET FEMMES AUTOUR D'UNE TABLE

La psychothérapie collective met le malade en présence d'autres malades. Assis autour d'une table, ils parlent de sujets divers. Certains se contentent d'écouter. Mais il est rare que les problèmes évoqués par l'un d'entre eux ne touchent pas un autre ou même plusieurs des malades présents. Le fait de se rendre compte que sa souffrance est "banale" permet au malade d'en prendre conscience et de s'en libérer. Ce traitment peut durer six mois è un an.

COMME "SUR LES PLANCHES"

Issue de ces deux formules, la méthode du psychodrame est plus vivante encore: le malade ne se contente plus de raconter, il joue comme sur les planches d'un théâtre des scènes de sa propre vie sans en avoir établi d'avance

le scénario, tandis que des médecins lui donnent la réplique. Ainsi prend-il conscience de la situation de façon émotionnelle.

Il arrive aussi qu'il joue un personnage autre que le sien. Une jeune fille, qui détestait son père, interpréta un jour le rôle de ce père en jouant une scène de dispute: dans ce rôle, elle-même, en tant que son propre père, témoignait une si grande tendresse pour sa fille . . . que celle-ci comprit son erreur.

Pendant ces trois jours, un théâtre permanent de psychodrame se tient à l'ancienne Faculté de médecine à Paris, permettant aux médecins de confronter leurs expériences. Leurs conclusions seront rendues publiques jeudi.

CONFERENCE IN PARIS EXPLORES STAGECRAFT AS EMOTIONAL OUTLET

EDMUND NAUGHTON

The New York Times International Edition, Friday, September 4, 1964

The girl in black tights had been bent over crying. Her friend in the center of the packed amphitheater of the Faculte de Medecine was a member of the same dance group. They were having their first public performance.

The girl in the center was miming out a story of her own spontaneous devising. She was groping her way through a forest of hostile trees. Now she wanted to find something precious in the forest. The girl who had been crying was asked to get up and take her place.

She did. Gracefully. The audience applauded.

They had just seen one of a variety of techniques presented at the first Congress of Psychodrama, which concluded its formal meetings here yesterday. Nine hundred and fifty seven persons—from priests to psychoanalysts—attended the conference. About 150 of them were American.

Psychodrama—a method of dealing with emotional problems ranging from stage fright to psychosis—was conceived by Dr. J. L. Moreno of New York University and Beacon, N.Y., who presided at the congress.

The method uses stage techniques to get people to come to an awareness of their problems before other people.

A professor from Belgium explained how he got better results from his pupils by staging class problems by such means as imitating approaches he did not like and getting the students to imitate problems they didn't like.

A psychodramatic director attached to St. Elizabeth's Hospital in Washington, D.C., explained how psychodrama was used to prepare patients for a return to normal life after a long illness, and even how members of the Washington Police department were introduced to psychodrama to make them more aware of themselves in front of the public.

Psychodramatic techniques were presented in special workshops. The techniques included:

"Role reversal," in which people who are having difficulty understanding each other are asked to act the role of the other person.

The "mirror" technique, in which a person gets an idea of the image he is projecting when other members of the acting group are asked to mimic him.

The "magic shop," in which reticent people are encouraged to develop

their imaginations by coming into an imaginary shop in which they can have anything they want simply by asking for it.

Dr. Moreno's philosophy has been defined as differing from Freud's in that Freud concentrated on the individual, alone, and in bringing him to awareness of himself through mental free association, whereas Dr. Moreno looks to achieving physical as much as mental awareness before and with people.

There was, however, no unanimity of opinions at the congress. A lecturer from Denmark who has developed a system of rhytmic excercises claimed that the excercises themselves could sometimes cause a mentally disturbed person to relive a traumatic experience and get through and past it. A doctor from Buenos Aires illustrated his theory that voodoo rites are a very intense form of psychodrama.

THE IDENTIFICATION OF HIDDEN SOCIOMETRIC LEADERS

B. J. Speroff, PH.D.

Industrial Relations Center, University of Chicago

Introduction and Background

Perhaps the single most important task confronting modern management concerns the identification, selection and training of leaders. Toward this end sundry methodologies, techniques, and instrumentalities have been pressed into service in order to insure the efficient and effective use of these procedures and processes. Thus, education and training and management development departments within companies have been busy working overtime planning and implementing such programs, and outside management consultants and universities likewise have been as assiduous setting up and conducting workshops, seminars, and programs to help meet, fulfill and solve this pressing problem.

Yet, management has suffered from a form of tunnel vision, i.e., it has limited its scope and range of activities to the immediacy and necessity of its own needs as a formal organization. In effect, the vital task of uncovering, tapping, and utilizing the hidden leadership in the work force, the informal organization, as a part of this general undertaking has been neglected, and, indeed, in most instances, not even considered.

One of the hallmarks of (successful) managerial leadership ability lies in the recognition and identification of those individuals who exert a leadership influence over others in the informal organization that is the work force.[1] Furthermore, this leadership ability is exemplified when managers are able to use the informal leadership (hidden leadership) in a constructive and beneficial way.

Leadership and the Informal Organization

Unfortunately, as one would expect and actually finds, the identification of leadership ability is a many-facet problem. One cannot, for example, extricate the leadership problem from group or clique activity. In point of fact, the key to the identification and use of hidden leaders is an inseparable part of the understanding of group and clique dynamics. Leadership does not emerge in a vacuum; it comes about from an interaction process wherein

[1] Odiorne, G. S. The Clique: A Frontier in Personnel Management. *Personnel*, 1957, **34**, 38-44.

individuals are constantly relating to one another in the course of daily activities. It appears in various forms and under different circumstances and conditions, and quite often in unexpected or unpredictable situations; and yet, the key factors of contact and influence are clearly operating in any eventuality.

What makes the understanding of informal leadership so imperative and necessary, and concomitantly for management to be able to recognize and use such leadership, is the fact that in the informal organization individuals are relatively free to choose the groups or cliques they wish to belong to and to either accept or reject its leadership. Likewise, they are relatively free to leave such groups or cliques because of differing goals, needs and desires and/or unacceptability of its leadership. As one readily recognizes and appreciates, the methods of operation of the formal organization deny individuals this measure of freedom and independence. Consequently, the hidden leaders of the informal organization—the cliques and groups—provide an authentic and realistic picture of true leadership in action. It is this hidden leadership which, if known and properly cultivated and used, spells the difference between success and failure in most organizations.

The Hidden Leader

At the crux of group or clique effort and activity is the hidden leader. How and why and wherefore he directs or leads the group or clique to this or that course of action, to assume a given attitude, to agitate for production standards, and so on, is of great importance in understanding his power status. However, what is decidedly more important for management is how to locate, to identify, and to make use of these hidden leaders for the good of the organization. This, in reality, is the paramount concern of management—to ferret out and win over the clique and group leaders. The key to successful labor relations and operating efficiency involves nothing more or less than the facility for seeking out and using to advantage the hidden leadership of the informal organization.

These hidden leaders exercise within their group or clique a span of control which is as effective and efficient as that span of control wielded by management. But here the similarity ends, for the hidden leaders possess another powerful tool which is denied management. They are in contact, daily, and intimate contact, on a face-to-face basis, with each of the clique or group members and, as a result, are in an advantageous position to continuously both contact and influence the membership, and to exert persistent

efforts to determine, control, and guide its attitudes and opinions, as well as its actions and reactions.

Unless management is willing to accept the premise that the hidden leadership is a powerful force in the workings of the organization, little beneficial human relations, good will, as well as operating efficiency can be expected to occur. What is perhaps more salient and of immediate value to management is the fact that their own jobs, from a purely selfish point of view, will be made immeasurably easier if they can work through the hidden leadership in their departments. They cannot and will not be able to do this unless a systematic and objective charting of the informal organization takes place.

Sociometry as a Tool of Leadership and Clique Identification

It is doubtlessly evident (and expected) that any manager or executive who is worth his weight in salt knows who his "key" people are, i.e., he knows who gets out the work, who he can depend upon to see a job through, and the like. It is probable that in a good number of instances he may know who is a hidden leader, i.e., the person who influences and controls a clique or group of people. Nevertheless, unless one is constantly on top of his work group and enjoys an ex-officio kind of status within that work group so that he is both aware of and knowledgable about the thoughts, feelings, and reactions of the whole group, he cannot possibly have more than a modest amount of accurate information about the leadership and interpersonal relations networks which exist within the work force.

The central job of the manager is to "know" his people—their likes, wants, attitudes, etc.—so that he can effectively deal with them. He must, therefore, know who each individual associates with and who has the power to influence whom and to what degree. To accomplish this job he needs a detached, objective, and functional procedure or method to evaluate, and analyze the make-up, structure, and dynamic relationship of his work group. In order to insure an objective evaluation of the work force, to uncover "hidden leadership," to verify leadership status, to identify the number and size of cliques present in the work force, to determine the extent and range of the influence and its quality in relation to each individual, a special sociometric procedure is required.

Sociometry is the science of the measurement of social relations (between people). Its purpose is to accurately identify individual and group preferences in order to determine the nature and patterns of interpersonal relations that exist within a work group. Thus, depending upon the specific

criteria or relationships management may choose to use as the basis for its sociometric evaluations, several variations of the sociometric method may be employed. Basically these variations fall into two broad categories: one objective and the other subjective, i.e., one based upon observational evaluations and the other based upon personal preferential selections. For example, an objective sociometric evaluation may be made of the amount of personal contacts and the duration of such contacts (time) between employees in a department. An example of a subjective evaluation would involve asking each employee to name the employee he would "most prefer to work with." The actual charting or diagraming of these social contacts or preferential choices is called a sociogram.

Sociometric methods are extremely useful to management in that by means of sociograms the following sorts of information are revealed:

(1) The number of cliques, triangles, mutual admiration societies, stars and isolates within the work group are identified. Cliques represent a series of individuals, ranging in number from 4 usually to about a dozen, who associate with one another. A triangle consists of 3 individuals who only associate with one another. A mutual admiration society is composed of two individuals who exclusively associate with each other. A star represents an individual who is most sought out or is most often associated with, and thus is usually the informal leader. An isolate is a person who does not associate with anyone.

(2) The size of each clique as well as its configuration is established, i.e., the relationship of each individual to every other individual clique member in terms of his relative position in the hierarchy of that clique.

(3) The natural, informal leaders or the star are readily identifiable.

(4) The cohesiveness or strength of cliques, or the entire work group, is indicated by the presence or the absence of clique formations, and, thereby, the relative level of morale can be determined.

(5) The identification of compatible work teams for purposes of regrouping or manning new jobs or operations is easily established.

(6) Isolates, troublemakers or lone wolves in need of remedial counselling or guidance are pinpointed.

(7) A complete mapping of the informal organization makes it possible for a new manager to take over a department and immediately know the nature and extent of its interpersonal structure.

Once a manager charts the informal organization the sociograms clearly define each clique structure and its leadership (invariably the hidden leader is at the center of the clique structure). His next function is to ascertain the attitudes, feelings, and goals of each hidden leader. This function can best be carried out by informal discussions with each clique leader. In effect, the manager can rather easily establish the general tendencies and expectations of each clique leader and thereby identify those whose interests and aims are either compatible or opposed to managements. A manager trained in the non-directive counselling approach can, by adroit questioning and listening techniques, elicit invaluable information with respect to the particular needs and motives of these informal leaders.

The sociogram graphically depicts the structure (the specific individuals in their juxtaposition to the leader of the clique), yet the manager must uncover the nature and scope of each clique's interests and activities if the most effective use is to be made of the sociometric method. The sociogram tells the manager who the hidden leaders are in the work force, the size of each clique in terms of particular individuals in it, and who among the hidden leaders executes most control over the other clique leaders. After a determination has been made of each clique leader's position the manager is put on notice as to which leaders are pulling and which are pushing with him.

Basically, a manager's job is to attain a set of objectives. His measure of success is based upon harmonious interpersonal relations being maintained, and a state of cooperation existing within and among the various levels of personnel in the organization. When the manager discovers individuals, i.e., the hidden leaders, who are opposed to or in some fashion obstruct teamwork, his job is to bring such individuals into line, to acquaint them fully with the organization's objectives, and to bring about a change in attitude if possible. If these informal leaders are predisposed to work within the framework of management's ojectives on the other hand, it is the manager's responsibility to sustain and reinforce the importance of teamwork and cooperation both by deed and action.

Once specific hidden leaders who are not in step with management's objectives have been identified, the manager is faced with the task of talking through, educating, and changing attitudes. Sometimes it is just a matter of giving the clique leader a more complete picture of the plans and expectations of the organization, whereas on other occasions a well-calculated plan of re-education and attitude change must be undertaken. Certainly, from a pragmatic point of view, it is a less time-consuming and effort-conserving

proposition to re-educate a clique leader than to re-educate the individual members of the clique. The Law of Parsimony operates here in such a way that it is easier for the clique leader to influence the clique than for any outsider; therefore, if the manager can influence the clique leader he in turn can more effectively "sell" his own clique members on the need to go along.

How can managers use this hidden leadership to accomplish their objectives? In most intances a recognition of the influence and power an informal leader wields within his particular clique, and personal dealings with this leader is all that is required to cement understanding between the formal and informal leader. Thus, if, as an example, the manager's objective is to reduce scrappage by 2%, the most effective means of doing this is by clearly spelling out two important factors:

(1) How, technique or methodwise, scrappage can be reduced without more work being done, speeding up the work, or adversely affecting the paycheck;

(2) How the hidden leader stands to gain from helping the manager meet his established objective.

The entire relationship then hinges upon a satisfactory quid pro quo arrangement being maintained with each of the hidden leaders. Once such a relationship is firmed up the manager no longer needs to appeal individually to his employees, but can rely upon the clique leaders to efficiently carry out management's objectives.

The long and short of such an approach is this; it makes the manager's job easier if he can work through the hidden leaders once they are known. Characteristically, all management jobs involve working with and through people rather than with machines or materials. Now it is possible for management to enjoy the same channel of accessability. At the heart of the matter lies a knowledge and understanding of the uniqueness of individual differences and making adequate use of this precious characteristic in one's own personal work-a-day activities.

Every person considers himself to be at the center of his own universe—he is important, he is useful, he is different—yet he needs to be praised, extended identification, and accorded recognition. The manager who knows his work groups and their informal leaders—the hidden leaders—makes use of this knowledge. He does so in full awareness he is making his job less arduous and less time-consuming. He does this because he knows full well a hidden leader can expend a good deal of pressure and effort over his clique or group members—perhaps more, in most cases,—than the manager can. This is a significant fact!

In most instances the hidden leaders of the cliques and groups are extremely powerful and influential individuals. They are the eyes and ears and mouths of a number of people—they represent others. They can, thus, help or hinder management in their activities. If they can be won over or made to side with management, harmony will preside; if they cannot be aligned with management's views, discord will prevail. The key to management's success then resides in the ability of managers to get the hidden leaders to go along with them.

Conclusions

It is evident to any individual in a managerial capacity that certain persons—the hidden leaders—in the work force control and guide the range of actions and activities of others. They are leaders because of any one or a combination of factors (which may include the ability to set goals and create needs up to and including being the patriarch type). Regardless of the reasons or causes for the existence of the hidden leader, as long as he continues to provide acceptable (not necessarily capable) leadership, his clique or group will back him up and he, in turn, will lend succor to his membership. The stability of the clique and the steadfastness of its membership thus depends upon the mutuality of purpose and the stick-to-itiveness of each individual with respect to the course of action as outlined or directed by its leadership.

In the final analysis, because group or clique membership is so meaningful, vital and necessary (most probably due to the free determination element, i.e., the individual's freedom to belong being made on his own volition) group or clique leaders contribute a good deal more to the individual's stature and sense of well-being than any manager can contribute. In effect, the individual feels it more important to please his group or clique than his manager. It is equally well established that the clique or group leader can be and is more persuasive than the manager in seeing to it that certain things are done or left undone.

In a sense, the hidden leaders really determine the relative effectiveness of a manager in meeting production schedules, maintaining quality standards, cutting costs, and the like. They can make a manager look good or bad. The extent of the control and influence which each hidden leader wields over his particular group or clique depends upon sundry factors (many of which are still not fully understood by social scientists); but, at the very least, he plays a predisposing part in setting the social and work climate.

The clique leader is instrumental in directing all activities, in creating the conditions under which discipline and reward are administered, in bring-

ing about opinion formation, in forging attitudes, in making demands of management, etc. In brief, the hidden leader is the catalyst that affects the entire structure and functioning of a group or clique.

Management which can effectively chart the interpersonal relations existing within their work forces are in an advantageous position to know "what is what" and "who is who." They can determine the clique or group leaders, the membership size and extent, and its interrelatedness to other cliques and groups. They can discover which leaders and groups or cliques need to be cultivated, broken up, supported, or played one against the other. A sociometric charting, furthermore, reveals the various levels or echelons existing within the structure of a clique or group, its channels of communication, and its cohesiveness index. It also identifies the "isolates" as well as the "messenger boys"—the ones who apparently float from clique to clique. The nub of the problem of leadership identification and recognition hence boils down to management's ability to objectively study their work forces, to single out the hidden leaders, and work with and through them in order to attain their (management's) goals.

AUDIENCE IN ACTION THROUGH PSYCHODRAMA

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I. INTRODUCTION

In psychodrama as practiced by Moreno and those he has trained, the importance of the skilled psychodramatic director and the need for his having a strong background in psychological theory and therapy techniques seems obvious since the persons they treat on the stage and in the audience have problems that range from situational difficulties in everyday life through psychoses that require their confinement in mental institutions.

Since the approach to the stated problem is to seek a means of bringing psychotherapy to those for whom it might not otherwise be available, which might thus exclude hospitalized patients, and since psychodrama was seen as a means of achieving this goal through placing emphasis on a large audience toward which therapy would be directed, the question remains as to just what it is that effects this therapy, as well as how it is brought about. The "what," of course, is the *acting out,* by means of which "Moreno has launched a technological revolution in psychotherapy."[1] Thus, according to Smith, "by isolating, clarifying, and utilizing the most plaguing problem, the problem of acting out, he has contributed perhaps the most original and profound change in the theory and technique of psychotherapy since its incipience."[2] Stated another way, in the view of Haas and Moreno himself, is that "one of Moreno's greatest therapeutic achievements has been to break the deadlock of the traditional secretive interview situation and to open the counseling session to a selected group of participant actors and participant observers who may take part in and actually facilitate the therapy."[3] The question of the "how" is explained, simply enough, through the concept of *catharsis*; yet much more is involved. In this regard, Klapman states:

> Dr. J. L. Moreno, who introduced the dramatic technic [*Sic*] into therapy, conceives it to encompass all or most of the values of psychotherapy. It is, in his opinion, the psychiatric interview equivalent, with

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[1] W. Lynn Smith, "Discussion," in J. L. Moreno, *Psychodrama, II* (Beacon, N.Y.: Beacon House, 1959), p. 107.

[2] *Ibid.*

[3] Robert Bartlett Haas and J. L. Moreno, "Psychodrama as a Projective Technique," Chapter 23 of Harold H. Anderson and Gladys L. Anderson, *An Introduction to Projective Techniques* (Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1961), p. 672.

> the additional advantage that all the others, cast and audience, also participate. It is, too, a lecture on a carefully chosen topic, a discussion, a catharsis, an analysis of acted-out events as the audience is allowed to discuss the dramatic action presented, and lastly, it is re-education.[4]

In other words, the acting-out effects catharsis, both in the patient and the participant observers, while insight or re-education occurs as a result of discussion afterward. Nevertheless, Moreno's theory is not quite so simple.

II. Theoretical Concepts in Psychodrama

The three concepts fundamental to Moreno's general theory of psychotherapy are (1) *spontaneity,* (2) *tele,* and (3) *catharsis,* each of which interacts with the others in a causal relationship, with the result of the whole tending to bring to the participants in a psychodramatic session new insight and understanding, as well as new and more mature modes of behavior. Simply stated, spontaneity (known also as the s-factor) refers to the creative, uninhibited action that occurs on the stage; tele refers to the interaction between two or more persons in a manner than transcends the Freudian concept of *transference,* and catharsis may be thought in the Aristotelian sense of an emotional purgation, except that not only the audience but also the actor experiences it.

Because Moreno's concepts are what appear superficially to be based on some of the conclusions drawn by both Freud and Adler some theorists seek to classify him among the early dynamic psychologists, with the Adlerians foremost among those tending to claim Moreno as one of their own. One Adlerian[5] attempts to do this by maintaining that Moreno's tele concept is equivalent to what Adler calls *social interest* or *social feeling.* But Moreno will have none of this. He states:

> One may wonder how I evaluate myself within the context of Freud, Jung and Adler. I was, and still am, in a different position because I started without any special identification. When I began I was identified with myself. This was a predicament and a big chance to take, it was an "either-or"; either I would be entirely forgotten—and for a long time it looked that way, or I would pull through with all my gadgets, neologisms, and create a new school of thought. Whereas Adler, Jung, Rank, Horney, Sullivan, however much in disagreement in one point or another, they always had as a last resort the security of being identified

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[4] J. W. Klapman, *Group Psychotherapy: Theory and Practice* (2d ed.) (New York: Grune & Stratton, 1959), p. 144.

[5] H. L. Ansbacher, "Discussion," in Moreno, *Psychodrama, Vol. II, op. cit.,* pp. 113-115.

with the Freudian school of psychoanalysis, at least as rebels and ungrateful sons. But I had no such residual security. My anxiety was therefore much greater than that of Adler. I was forced to create a place of my own in the world of psychotherapy and social science, or perish. He who is not a son has to become a father himself. This is why I became a father very early.[6]

Yet, though Moreno, "an intuitive thinking extravert,"[7] has the strength to stand alone, there is much within his system that may be equated with counterparts in those of both Freud and Adler. Walker writes in this respect thus:

Although Moreno dissociated himself firmly from psychoanalysis, his terminology owes a great deal to Freud and Adler. The assistants who act the parts in the patient's drama are called 'auxiliary egos,' and he also talks of 'projection,' 'resistance,' 'reality-testing' and (an Adlerian term) the patient's 'life-line.' In essence his theory is a very simple combination of the early Freudian notion of catharsis and the Adlerian notion of 'community-feeling.' Aristotle pointed out the cathartic effect of drama upon the audience; Moreno insists that as a means of inducing the emotions of which the patient is to be purged, acting is superior to talking; the stage is mightier than the consulting-room. He also believes that acting in the presence of an audience, who are encouraged to comment freely and even take part in the drama, helps to bring the patient into closer touch with the society in which he ought to be able to live comfortably.[8]

Nevertheless, Moreno's concepts are such that they cannot justifiably be classified as a part of, or in terms of, other theoretical schools, even if his procedures were similar, which they are not. As Bromberg notes, Moreno's psychodramatic techniques are effective in achieving therapeutic goals, primarily in that the emphasis is on the patient's level of awareness, rather than on unconscious motivations, and cites Moreno[9] himself in downgrading the importance of the latter, not only in his own, but in other systems of therapy. Bromberg summarizes this as follows:

. . . . Psychodrama is an intuitive and artistic form of interpersonal relationship, still not completely formulated in sociopsychological terms, but withal humanly valid and therapeutically effective. In fact, psychodrama has been held to embody all factors of group therapy. Other types

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[6] Moreno, *Psychodrama, Vol. II, Ibid.*, pp. 130-131.

[7] John W. Turner, "Discussion," *Ibid.*, p. 73.

[8] Nigel Walker, *A Short History of Psychotherapy in Theory and Practice* (New York: The Noonday Press, 1960), p. 138.

[9] J. L. Moreno, "The Ascendancy of Group Psychotherapy and the Declining Influence of Psychoanalysis," *Group Psychotherapy* (4:243, 1952).

> of group therapists have felt that recognition of unconscious sources of conflict should find a place in this therapy, a view which Moreno concludes to be unnecessary and, in fact, doomed in the psychotherapy of the future.[10]

Therefore, individualist that he is and standing alone as he does, Moreno has placed himself in such a position that he has—because of the nature of this position—thrust away whatever support he might have found in other systems to buttress his own. He thus stands alone, unbowed, and unrepentant, supported by the combined strength of the three foundation stones on which his own therapeutic theory is based, namely, spontaneity, tele, and catharsis. These then call for brief but conclusive examination.

A. *Spontaneity*

The manner in which a person conducts himself when confronted by a new situation or the novelty and adequacy with which he deals with an old situation may be considered a measure of his spontaneity at the moment, according to Moreno's operational definition.[11] The "ad libbing" that a stage actor does when involved in a situation without a *role conserve* (pattern of behavior the particular role calls for) is a reflection of his ability "to turn to experiences which are not performed and readymade, but are still buried within . . . in an unformed stage [and] in order to mobilize and shape them . . . a transformer and catalyst [is needed], a kind of intelligence which operates here and now, *hic et nunc,* 'spontaneity.' "[12]

The forms of spontaneity Moreno has found through experimental study in variously designed psychodramatic test situations are fourfold. He describes as follows:

> a) the spontaneity which goes into the activation of cultural conserves and social stereotypes; b) the spontaneity which goes into creating new organisms, new forms of art, and new patterns of environment; c) the spontaneity which goes into the formation of free expressions of personality; and d) the spontaneity which goes into the formation of adequate responses to novel situations.[13]

The experimental situations from which the forms were derived were conducted for the most part on Moreno's psychodramatic stage at his sanitarium

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[10] Walter Bromberg, *The Mind of Man: A History of Psychotherapy and Psychoanalysis* (New York: Harper Colophon Books, 1963), p. 293.

[11] J. L. Moreno, *Psychodrama, Vol. I* (3d ed.) (Beacon, N.Y.: Beacon House, Inc., 1964; first published, 1946), p. XII.

[12] *Ibid.*

[13] *Ibid.*, p. 89.

in Beacon, N.Y., but the theory on which they are based may be traced back to his Theatre for Spontaneity in Vienna during the early 1920's. At that time, Moreno found a certain similarity between his theory of spontaneity and the Stanislavskian method of improvisation, but it was primarily in the difference of purpose of the two techniques that brought about the crystalization of Moreno's concept in his own mind. "The element of spontaneity is here to serve the cultural conserve, to revitalize it,"[14] Moreno states of Stanislavski's approach. The great Russian director employed the spontaneity of improvisation to enable actors to reach deep within their own beings to bring something of themselves to the stage roles (or *cultural conserves*) they were to enact and re-enact. Thus, says Moreno of Stanislavski:

> He limited the factor of spontaneity to the re-activation of memories loaded with affect. This approach tied improvisation to a past experience instead of to the moment. But as we know it was the category of the moment which gave spontaneity work and the psychodrama its fundamental revision and direction.[15]

By conceiving "an *art of the moment* in contrast to the *art of the conserve*,"[16] Moreno took his first step toward what he formulated to be spontaneous acting-out, a definite departure from the tradition of both the drama of civilized societies and the religious ritual of primitive and ancient cultures. (Moreno notes[17] that the 16th and 17th century Commedia dell Arte of Italy is a form of drama—although "farce" or "burlesque" would be a more apt description—that approaches his concept of spontaneity, since the actor made up their lines as the plays progressed, but the presentations always involved stock situations and stereotyped characters, as did the like buffoonery of the ancient Greek and Roman mimes.) Moreno describes the further development of his concept as follows:

> The step toward complete spontaneity of the actor brought about the next step, the intermittent *de-conserving* of the actor from cliches which might have accumulated in the course of his production or of his living, and then finally the third step, conscious and systematic spontaneity training. . . . I recognized gradually the therapeutic value this kind of presentation had for the actor himself and when properly manipulated, the therapeutic value it had for the audience.[18]

Although "spontaneity training" obviously seems to be self-contradic-

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[14] *Ibid.*, p. 38.
[15] *Ibid.*, pp. 38-39.
[16] *Ibid.*, p. 40.
[17] *Ibid.*
[18] *Ibid.*

tory, the expression is paramount not only to Moreno's theory of psychotherapy but also to his almost cosmological view of mankind and its ultimate development. Moreno explains that the two phases of training for spontaneity consist of (1) deconserving the individual organism or liberating it from cliches to make it receptive to the s-factor and (2) facilitating "new dimensions of personality development"[19] as a result of having increased receptivity and readiness of the organism.

It is through spontaneity training that Moreno sees man making his greatest advance in the future, rather than through psychotherapy through spontaneity, which to Moreno, is merely the means of meeting a present need. It is almost as if by means of spontaneity training Moreno sees an evolutionary avenue toward man's attaining the heights of the Nietzschean Zarathustra, becoming a new kind of being, one who is free from his anxieties, unconstrained in his thinking, uninhibited in his actions—in short, a spontaneous being within a society of spontaneous beings, one who is in complete control of himself and his environment. Moreno arrived at his conclusion in his celebrated work, *Who Shall Survive?,* as detailed in the following statement:

> Another tragic insufficiency of man is his failure to produce a well integrated society. The difference between the social structure in which he functions and the psychological structure which is an expression of his organic choice and the tension arising between the two constantly threaten to disrupt the social machinery so painfully built up by him. It was from a study of the integrating and disrupting forces in the development of society, by which means they operate and by what techniques they can be controlled, that these inner disturbances were disclosed as a permanent feature of social organization. We found it characteristic for the most undifferentiated as well as for the least differentiated groups. It must have been an attribute of human society since its early days. The weakness of human society appears to have the same cause as the weakness of the individual organism. The question is therefore not only the survival or passing of the present form of human society but the destiny of man. As all races suffer in this respect from a common insufficiency they are going to live or perish together. An alternative and a solution may come from the conclusion that man has a resource which is inherent in his own organism and in the organization of human society which he has never used beyond the rudimentary stage—his spontaneability. To bring this to full development requires the concentration of all agencies —technological, psychological, and eugenic.[20]

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[19] *Ibid.*, p. 101.

[20] J. L. Moreno, *Who Shall Survive?* (Washington, D.C.: Nervous and Mental Disease Publishing Co., 1934), pp. 366-367.

Whether or not one is prepared to accept spontaneity as the key to man's and society's ultimate salvation is, in the here and now, not so important as the fact that this therapeutic concept has proved to be successful in the psychodramatic situation, according to empirical data gathered by Moreno during the more than 40 years he has practiced this technique, as well as that gathered by his many disciples.

B. *Tele*

The word *tele,* which comes from the Greek word for "far" or "influence into distance,"[21] can be defined in many ways, but basically it is a "feeling of individuals into one another, the cement which holds groups together."[22] It is also an "interaction,"[23] a mutual transference,[24] an "appreciation,"[25] an "insight,"[26] and a "feeling into one another"[27] between two or more individuals. Moreno gives an even more dramatic definition of tele, thus:

> . . . . It is therapeutic love as I defined it forty years ago: "A meeting of two: eye to eye, face to face. And when you are near I will tear your eyes out and place them instead of mine, and you will tear my eyes out and will place them instead of yours, then I will look at you with your eyes and you will look at me with mine."[28]

Tele, therefore, is a mutual exchange of empathy and appreciation, and in the psychodramatic situation it can be considered a direct outgrowth of spontaneity. *"The telic relationships between protagonist, therapist, auxiliary egos, and the significant dramatis personae of the world which they portray are crucial for the therapeutic progress."*[29]

Tele is neither *transference* nor *countertransference* in the Freudian sense, both of which are uni-directional phenomena, the former based on an unconscious acting out of a previous situational or fantasy response by the patient, the latter an emotional reaction to the patient by the therapist. Both Freudian terms are included as minor parts of Moreno's tele concept, but as they are parts they cannot be considered equated with the whole in

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21 Moreno, *Psychodrama, Vol. I, op. cit.,* XI.
22 *Ibid.*
23 Moreno, *Psychodrama, Vol. II, op. cit.,* p. 4.
24 *Ibid.,* p. 5.
25 *Ibid.,* p. 6.
26 *Ibid.*
27 *Ibid.,* p. 7.
28 *Ibid.*
29 Moreno, *Psychodrama, Vol. I, op. cit.,* p. XI.

Moreno's theoretical framework.[30] Moreno does equate transference and tele in one explanation, but he does this to provide one of many examples as to how the two terms may be differentiated. Thus, he writes:

> . . . . Transference, like tele, has a cognitive as well as a conative aspect. It takes tele to choose the right therapist and group partner, it takes transference to misjudge the therapist and to choose group partners who produce unstable relationships in a given activity.[31]

Therefore, it stands to reason that "the stability of a therapeutic relationship depends upon the strength of the tele cohesion operating between the two participants."[32] Other types of tele relationships include those among members of a family, those between lovers, between employer and employee, and among the parts of any other types of couples or combinations that are found in society.

For this reason, tele has always been a part of therapy, "whether the therapeutic meeting is conducted on the couch, sitting on a chair, gathered around a table or acting on a stage, the principal hypothesis in all cases is that the interaction produces therapeutic results."[33] And, for this reason, tele, the spontaneous interaction through role-playing, was instrumental in the development of psychodrama. Moreno states in this regard:

> . . . . It was the depth of his emotions, the power of his hypnosis, the lucidity of his analytic interpretation, in other words, he, the psychiatrist was always the medium to which the subject responded and who in the last analysis, determined the mental status which the patient had attained. It was, therefore, quite a revolutionary change, after disrobing the therapist of his uniqueness, showing for instance that in a group of 100 individuals every individual participant *can* be made a therapeutic agent of one another in the group and even to the therapist himself, to go one step further and to disrobe all the group therapeutic agents themselves of being the medium through which the treatment is directed. The psychiatrist as well as the audience of patients are often left outside of the medium.[34]

It is thereby seen that psychotherapy, for the individual patient or for an entire group of participants, is accomplished through the phenomenon of tele, itself a product of spontaneity. But tele itself is not the end result in

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[30] Moreno, *Psychodrama, Vol. II, op. cit.*, p. 6.
[31] *Ibid.*, p. 12.
[32] *Ibid.*, p. 7.
[33] *Ibid.*, p. 3.
[34] Moreno, *Psychodrama, Vol. I, op. cit.*, p. 317.

the psychotherapeutic process. It is simply the important intermediary between spontaneity and catharsis.

C. *Catharsis*

As already defined, catharsis is the counterpart to spontaneity, both being balanced on the fulcrum of the tele; therefore, as Bromberg notes in his discussion of psychodrama, "The emotional catharsis which the actor achieved through spontaneous dramatic action moved to the audience as the audience-member automatically placed himself in the role of the actor."[35] This is the same cathartic concept that Freud adopted from Aristotle's famous definition of tragedy, which is (*Poetics*, VI) stated as follows:

> Tragedy, then, is an imitation of an action that is serious, complete, and of a certain magnitude; in language embellished with each kind of artistic ornament, the several kinds being found in separate parts of the play; in the form of action, not of narrative; through pity and fear effecting the proper purgation of these emotions.[36]

There is a striking difference, however, in Moreno's application of the concept and that employed by Aristotle, and that is, for Moreno, catharsis has a two-fold effect: in the first, as is found in the Aristotelean definition, it is experienced by the psychodramatic audience, caught up as it is by the spontaneity of the action on the stage; in the second case, it is also experienced by the acting patient as he brings to life various aspects of his problem, a result that was neither looked for nor considered in the tragedies of classical antiquity.

Moreno's explanation for the audience reaction to the awesome tragedies of ancient Athens and the pathetic tragedies of many of his patients is that "a spectator is capable of experiencing the role process on the stage because every role in him has two sides, a collective side and a private differential,"[37] and how the enactment affects this spectator is a reflection of the spontaneity strength and the tele strength that are involved in the therapeutic session as a whole. Thus is the circular chain of spontaneity-tele-catharsis brought to a close at the place where it began. Moreno does this more conclusively when he introduces the matter:

> . . . . As practically every human activity can be the source of some degree of catharsis the problem is to determine in what catharsis con-

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[35] Bromberg, *The Mind of Man, op. cit.*, p. 293.

[36] Aristotle, *Poetics*, VI; in Barrett H. Clark, *European Theories of the Drama* (New York: Crown Publishers, Inc., 1947), p. 9.

[37] Moreno, *Psychodrama, Vol. I, op. cit.*, p. 389.

sists, in which way it differs for instance, from happiness, contentment, ecstasy, need satisfaction, and so forth, and whether one source is superior in the production of catharsis to another source; indeed, whether there is an element common to all sources which operates in the production of catharsis. . . . I discovered the common principle producing catharsis in spontaneity, spontaneous dramatic action.[38]

III. Functional Concepts in Psychodrama

A. *Director*

The role of the psychodramatic director is one of much responsibility in a variety of situations and therefore calls for qualities that may be lacking in an otherwise capable psychotherapist who might operate optimally in an individual or small group setting. Not only must he have the training, skill, and sensitivity—a requisite of all psychotherapists—that is essential in helping the patient solve his problems and act more in accordance with his potentialities, but the therapist must be able to function effectively in a highly volatile situation, and yet keep control at all times.

The director can be compared to the juggler who must constantly keep several Indian clubs in the air, while at the same time keeping an eye on the audience, planning several acts for the future, and observing and evaluating what is going on backstage. Moreno divides the functions of the director into three categories: (1) producer, (2) chief therapist, (3) social analyst. He explains:

> As a producer he is an engineer of coordination and production. Unlike a playwright he tries to find his audience and characters first, drawing from them the material for a plot. With their assistance he turns out a production which meets the personal and collective needs of the characters as well as of the audience at hand. As a therapeutic agent, the last responsibility for the therapeutic value of the total production rests upon his shoulders. It is a function of over-all guidance whose manipulations are often carefully disguised. His task is to make the subjects act, to act on that spontaneous level which benefits their total equilibrium, to prompt the auxiliary egos and to stir up the audience to a cathartic experience. As a social analyst he used the auxiliary egos as extensions of himself to draw information from the subjects on the stage to test them, and to carry influence to them.[39]

In order to arouse the spontaneity adequate to create a climate in which therapy occurs, the director must first accomplish what Moreno refers to as

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[38] *Ibid.*, pp. 17-18.

[39] Moreno, *Psychodrama, Vol. I, op. cit.*, p. 252.

the *warm-up,* the purposes of which are to open up channels of communication among the entire group of participants, to bring forth a sense of emotional excitement and intellectual interest, and to determine the purposes or goals of the many present, as well as to make the various individuals a part of the purposes and goals of the group. The warm-up usually is brought about by general discussion led by the director, free association to a suggested topic, or specific instruction by the director. The director's questioning of a patient, either in the presence of an audience or merely in the presence of the assistant therapists who will act with the patient, also is a part of the warm-up process.

At the conclusion of a scene on the psychodramatic stage, the director may again interview the patient in order to further clarify the action just carried out, while in the group form of psychodrama the director often will open a discussion with the audience about what was recently enacted. Audience members may give their observations and evaluations, which the patient may or may not accept, with the interaction often therapeutic for all. Moreno notes in this regard:

> . . . . They [audience members] may refer to their own problems as to the extent that it is identical with or varies from the situation on the stage. This leads often to any individual in the group stepping upon the stage and presenting his own version of the same conflict. Three or more subjects may confront each other and the rest of the audience with the various ways of living out their problems.[40]

The new subjects thus provide the director with an opportunity that he should seize immediately by analyzing the additional material obtained and to "try to arouse every member of the audience to define his own place and identity among the categories of role behavior witnessed."[41] Moreno adds that such multiple and total therapy for the group "is often facilitated by a group-chosen 'audience director,' especially when dealing with large audiences."[42] Elsewhere, Moreno emphasizes that, *"Admittedly, to function in the role of the professional therapist and at the same time mobilize his own private personality in order to help another individual requires careful strategy."*[43]

The director then must be a therapist of keen insight, quick imagination, warm sensitivity, abundant energy, and an outgoing nature. In other words, he must have charisma, that mysterious something that draws people to

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[40] *Ibid.*, p. 258.

[41] *Ibid.*, p. 258.

[42] *Ibid.*, pp. 258-259.

[43] Moreno, *Psychodrama, Vol. II, op. cit.*, p. 56.

him, gains their respect, and makes them want to follow his direction, and enables them to expose themselves to him before an audience, and knowing that they will be safe in his hands. The effective psychodramatic director must be a person who enjoys interacting with people individually or *en masse,* who thrives on excitement, and who glories in unexpected challenges. The introverted analyst or the introverted therapist might find the role of a psychodramatic director not only highly uncomfortable but considerably beyond the competence of his particular personality. Moreno, of course, could never be considered an introvert. Though bookish in the scholarly sense, he is far from being bashful; as a matter of fact, it seems hardly likely that a "shrinking violet" type could have written of himself in the following tongue-in-cheek manner:

> The legend of Moreno's megalomania is widely spread, but the legend of his modesty is little known. Between 1918 and 1925 he published ten books anonymously. Among them were his more famous books —"Theatre of Spontaneity," "Philosophy Here and Now," and "The Words of the Father." This *idee fixe* had disastrous consequences. Many took his ideas and made them their own. For years afterward Moreno had to fight his head off to prove to the world that he was the creator of these books and of the ideas they contain. . . . Moreno went to the extreme with the idea of megalomania as the birthright of every man by proclaiming that "I am God, the creator of the universe." By the way, in this Moreno was a prophet of our age, long before its time. Today every therapist thinks he is God and tries to play God. They owe Moreno a debt for this idea for which he was frequently attacked by his enemies.[44]

In a more serious vein, Turner's description of Moreno and the assessment he makes of qualities necessary to the successful psychodramatic director seem appropriate. Turner writes: "Moreno's psychic energy flows outward, his interest and attention are centered in people; he is anchored in objective relations . . . [also] parenthetically it may be added that a knowledge of psychological types suggests that it is not improbable that the extraverted attitude is a prerequisite if not a real sine qua non for a most efficient group therapist."[45]

B. *Protagonist*

The patient is the protagonist in the psychodramatic production, and his purpose is not to "act" in the theatrical connotation of the word but simply

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[44] J. L. Morena and Zerka and Jonathan Moreno, *The First Psychodramatic Family* (Beacon, N.Y.: Beacon House, Inc., 1964), p. 12.

[45] John W. Turner, "Discussion," in Moreno, *Psychodrama, Vol. II, op cit.*, pp. 73-74.

to portray scenes and incidents from his own private world, which for each person is a unique world. Moreno has found that once a patient has been warmed up to the task, the enactment is comparatively easy for him, especially since nobody knows him, his experiencies, and his manner of reacting to them as he himself does. "Every individual, just as he has at all times a set of friends and a set of enemies," notes Moreno, "also has a range of roles and faces a range of counter-roles . . . in their various stages of development [and] *the tangible aspects of what is known as 'ego' are the roles in which he operates.*"[46] Spontaneity, which is brought out by the warm up, helps the patient give free expression to the thoughts that come to mind while he is on the stage. In many instances, except for setting the scene, the patient is able to re-enact or portray an incident after he has immersed himself into the psychodramatic situation and in the scene experiencing the reality of the enacted event, whether it was one that occurred in the past, was a part of his imagination, or is something he is projecting into the future. Moreno stresses, however:

> There is one misunderstanding which must be carefully avoided. Psychodrama is not an "acting" cure, as an alternative to a "talking" cure. The idea is not that the subjects act out with one another everything on their minds—off guard, in a limitless exhibitionism—as if this sort of activity, in itself could produce results. Indeed, it is here that the experience of the director in the art of psychodrama will count most. Just as the surgeon who knows the physical state of his patient will limit an operation to the extent which the patient's condition can withstand, the psychodramatic director may leave many territories of his subjects' personalities unexpressed and unexplored if their energies are not, at the time, equal to the strain.[47]

Among the patient-oriented techniques in psychodrama is the *soliloquy,* in which the protagonist is enabled to work his way through emotional difficulties and states of tension by airing his innermost feelings, either in staccato-like outbursts of anger or disgust (similar to the theatrical "aside"), or in more lengthy expressions of what he feels. Other techniques include the *double,* the *reversal of roles,* and the *mirror.* The technique of the double is a supportive device and is called for when the director sees that the subject is having a difficult time "holding his own" against the other actors, whether they are auxiliary egos (assistant therapists) or actual persons who are involved with the patient (such as a spouse, a parent, or friend). The director

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[46] *Ibid.,* p. 8.

[47] Moreno, *Psychodrama, Vol. I, op. cit.,* p. 330.

simply designates another person, or several, to stand with or behind the patient and act with him so that there are two of them, the designated one "doubling" for the patient. In reversing roles, the patient exchanges roles with the auxiliary ego so that the assistant therapist acts out of the life or fantasy situation of the patient while the patient takes the part of an "important other," in his life, thereby gaining new insight and understanding. The mirror technique also is used to help the patient gain insight and understanding. When this is called for, the patient stands aside and observes another actor take his role, and thus the patient is able to see something of himself from a new point of view, from the point of view of how others may see him or of how others see him as seeing himself; in either case, he gets the opportunity of being able to see himself in an entirely different light, as mirrored by another.

It frequently happens in psychodramatic sessions that the patient, who is present because he is seeking therapy, may not at the time be emotionally prepared to assume the role of the protagonist. In such instances, the director often will ask the patient, or several of them, to participate in another patient's scene as auxiliary egos or doubles, which is another method in which the reluctant one is assisted in warming up for his own enactment. "The key persons in charge will know from their own understanding of the histories and dynamics of the actors what degrees of participation is useful at the moment for further elaboration of the play's action,"[48] Klapman explains.

Thus, the employment of patients within the limits of their ability to assume the protagonist's role is an essential consideration in psychodramatic therapy, since the violation of these patient limitations can delay, if not defeat, the achievement of therapeutic goals. But when the patient is permitted to work within his range of roles, significant therapeutic rewards are obtained. Bromberg states in this respect that "it is difficult to reconcile Moreno's concept and his singular terminology with traditional psychological views of personal relationships, but the warmth and human empathy and the matter-of-fact realism of the protagonists displayed in a psychodramatic session bring to view an aspect of people not perceptible in other types of therapy."[49]

C. *Auxiliary Egos*

Moreno defines auxiliary egos as "actors who represent absentee persons as they appear in the private world of the patient,"[50] adding, that the best

[48] Klapman, *Group Psychotherapy, op. cit.*, pp. 147-148.

[49] Bromberg, *The Mind of Man, op. cit.*, p. 293.

[50] Moreno, *Psychodrama, Vol. I, op. cit.*, p. XVII.

auxiliary egos tend to be either former mental patients who have made some recovery or professional therapists whose social and cultural environment resembles that of the patient. In either instance, whether the auxiliary ego is a partially recovered mental patient or a professional therapist, in his capacity as an auxiliary ego he is serving as an assistant therapist in the particular enactment he is involved in.

The auxiliary ego functions in a dual capacity in that he is simultaneousy an extension of the director or chief therapist in his interactions with the patient, as well as an extension of the patient in that he helps portray the patient's inner experiences and in this way makes it possible for the patient "to encounter his own internal figures externally."[51] Generally it is the patient who selects the auxiliary egos who are to portray significant roles in his life, but, according to the rules of classic psychodrama, the person so selected has the right to reject the role if he does not feel he can meet its demands. While taking part in the stage action, the auxiliary ego must be alert to adapt his behavior in accordance with the verbal and body signals he receives from the director, as well as to a variety of cues he picks up from the protagonist.

While in part remaining outside his stage role in order to fulfill his functions as an assistant, the auxiliary ego must at the same time endeavor to "live" his stage role so intensively that the protagonist is able to interact with the character being portrayed as much as he would with the actual or the fantasy person it represents. "The hypothesis here," Moreno explains, "is that what certain patients need, more than anything else, is to enter into contact with people who apparently have a profound and warm feeling for them."[52] Thus, for example, if the patient did not have a father as a child "in a therapeutic situation the one who takes the part of the father should create in the patient the impression that here is a man who acts as he [the patient] would like to have had his father act; that here is a woman, especially if he never had a mother when he was young, who acts and is like what he wishes his mother to have been, etc."[53] Moreno concludes:

> The warmer, more intimate, and genuine the contact is, the greater are the advantages which the patient can derive from the psychodramatic episode. The all-out involvement of the auxiliary ego is indicated for the patient who has been frustrated by the absence of such maternal, paternal, or other constructive and socializing figures in his lifetime. If

[51] *Ibid.*

[52] *Ibid.*, pp. 60-61.

[53] *Ibid.*, p. 61.

> indicated, the auxiliary ego is permitted to be as active as the patient needs. 'Bodily contact' is a basic form of communication.[54]

There are, of course, occasions where body contact would not be called for, as in the case of certain schizophrenics who might be threatened by it and who would prefer interacting with symbolic and specifically non-human characters, or in a situation where body contact might serve to satisfy erotic needs of either auxiliary ego or patient but might be detrimental to the therapeutic progress.

The auxiliary ego role, therefore, is a demanding function, whether it is fulfilled by a trained psychotherapist, a patient who has been trained to perform in it, or by an inexperienced audience member, but at all times the auxiliary is an extension of the director and the responsibility is entirely his that the auxiliary ego operate within a framework that will enable the protagonist, the audience, the auxiliary ego himself, and even the therapist director to secure emotional gains and personality growth from the psychodramatic experience.

D. *Audience*

Like the auxiliary egos, the audience at a psychodramatic session also has two purposes. It serves the patient when it reacts critically or supportively to what is occurring on the stage, and it serves itself through experiencing what is taking place on the stage and thereby gaining insight into its own motivations and conflicts, both as a collective whole and in its individual parts. Thus, in the one instance the audience serves as a therapist, while in the other it becomes the patient, and under skilled direction the audience serves both purposes simultaneously. Moreno explains the audience's two-fold function as follows:

> In helping the patient it is a sounding board of public opinion. Its responses and comments are as extemporaneous as those of the patient, they may vary from laughter to violent protest. The more isolated the patient is, for instance because his drama on the stage is shaped by delusions and hallucinations, the more important becomes to him, the presence of an audience which is willing to accept and understand him. When the audience is helped by the subject, thus becoming the patient itself, the situation is reversed. The audience sees itself, that is, one of its collective syndromes portrayed on the stage.[55]

The audience-patient does not simply react to what is taking place on the

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[54] *Ibid.*

[55] Moreno, "Psychodrama and Group Psychotherapy," *op. cit.*, pp. 2-3.

stage, but it draws from within itself the past experiences and associations that thereby enable it to interact with the protagonist, his auxiliary egos, and the director. Thus, each individual audience member, as well as the collective group, must give in order to get, must contribute from within his own essence so as to gain from without, must be able to bare himself—if only in his own mind—in order to better bear his particular burden and eventually to break free from it. This release is brought about through the spontaneity of the psychodramatic situation, and the result of his interaction and subsequent self-evaluation can help in his development of a stronger self-concept, of improved and more meaningful relationships with others, and of a joyful and more creative mode of living. Moreno describes the process as follows:

> In a spectator every role, private or collective, must have at least a minimum degree of development in order that he may have a perception for a parallel role process taking place on the stage. However, this embryonic experience in the spectator is wholly inferior to the super-human, integrated and gigantic expression to which it has been carried by the playwright and the actors. What powers enable him to jump to such heights with such little investment of his own to work with? One of these powers is the s. factor (spontaneity). The spectator undergoes a process of warming up, the production on the stage operating as a mental starter. There is sufficient of the role in him to accept this starter. . . . It is obvious, however, that the greater the productivity in the role creating of a spectator is toward a version of his own, the less will be his receptivity to any version of the same role in the production, which does not coincide with his own trend of warming up.[56]

The audience member enjoys an advantage in the psychodramatic session which he, as a patient, could find in no other form of psychotherapy that is practiced today. The advantage is that though it enables him to reach various stages of spontaneity, tele, and catharsis, he alone makes the decision as to how actively he wishes to take part in the total procedure. He may, at one extreme, spring up to the stage during or after the discussion of another's enactment in order to work out a problem of his own, or he may merely take part in the discussion, as heatedly or as aloofly as he might wish. At the other extreme, he has the right to remain hidden in his anonymity, a nameless member in a large gathering. No matter how active or passive his participation may be, the spectator, by the mere fact of his presence, is in a position to gain insight into his problems through having experienced to some degree spontaneity, tele, and catharsis. As Johnson describes it, "Psychodrama in group form is designed to make the subject [spectator] his own authority over his

[56] Moreno, *Psychodrama, Vol. I, op. cit.*, pp. 388-389.

experiences, feelings and wishes and is designed to assist him actively or directly if necessary in a group setting without violation of his identity."[57]

E. *Applications*

The application of psychodrama and its techniques seems to be as limitless as the variety of situations in which people inter-relate with each other, often effortlessly shifting from one role to another as circumstances, customs, and degrees of affinity require. Aside from employment in psychotherapy, which is its primary purpose, psychodramatic techniques have been used in industrial and sales training programs, in the areas of community, race, and labor-management relations (often in the forms of sociodramas and sociograms, as described in Moreno's *Who Shall Survive?*), in educational institutions as teaching devices, in prisons and in playgrounds, and in personnel and other offices as a method to help screen applicants for a variety of positions. The list of uses for psychodrama and its techniques can be as long as one's imagination will make it, and the literature is filled with many and varied examples of its utilization. One area where psychodramatic and role-playing techniques have been advantageously employed is that of education, but even here the applications might be considered infinitesimal, as compared to the potential.

Torrance finds a similarity between the basic philosophies of collegiate student personnel work and those of psychodrama, sociodrama, and sociometry in that "both are interested in the 'whole' individuals and not in just one narrow segment of their development [and] that both are interested in the welfare of whole institutions, not just in this and that individual or this and that group."[58] Torrance lists[59] the following services which educational leaders consider essential to a collegiate student personnel program and which he says offer "considerable opportunity" for the application of psychodramatic techniques: diagnosis and counseling, orientation, pre-college counseling, remedial assistance, supervision of student activities, supervision of living, placement, and coordination of religious activities. In regard the problems of

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[57] V. Johnson, abstract of "The Function of an Audience Analyst in Psychodrama," by Gerard Schauer, *Psychological Abstracts,* Vol. 26 (Lancaster, Pa.: American Psychological Association, 1952), No. 7040. (The quotation did not appear in the original report.—I.G.)

[58] Paul Torrance, "Psychodramatic Methods in the College," Chapter 22 of *Psychodrama and Sociodrama in American Education,* Paul Bartlett Haas (ed.) (Beacon, N.Y.: Beacon House, 1949), p. 180.

[59] *Ibid.*

the paraphernalia of psychodrama, Torrance presents several suggestions to show how these difficulties could be overcome, as he outlines his case which recommends that this tool be added to the resources of a college counseling center. He states:

> The chief difficulties ordinarily presenting themselves in the college guidance clinic are provisions for "auxiliary egos" and space. Secretaries, student assistants, psychometrists and other staff members can be trained as "auxiliary egos," and a directory of idle classrooms in the building may provide the space. The usual counselor's office is ill-suited to action counseling, except in an extremely limited fashion. The desired solution would be the construction of a small theater as a part of the physical set-up of the college counseling and testing, seminars, and as a laboratory for action research.[60]

Moreno supports with considerable fervor this idea of bringing psychodrama to the campus and sees it in this type of setting as a means of helping man solve current and future problems. "The establishment of psychodramatic units within educational institutions is not only feasible but imperative at this moment," he writes. "The world-wide crisis in which the entire nation is enmeshed affects the younger generation more gravely than any other part of the nation."[61] In a later passage, he adds, "Learning by doing has been replaced or perhaps better said remodeled, with learning by spontaneity training and psychodramatic procedure, in which therapy and doing go hand in hand, one being an intrinsic part of the other."[62]

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[60] *Ibid.*, p. 181.

[61] Moreno, *Psychodrama Vol. I, op. cit.*, p. 145.

[62] *Ibid.*, p. 152.

DIAGNOSTIC PSYCHODRAMA WITH A COLLEGE FRESHMAN

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Washington University operates as an adjunct of the Dean's office, a student counseling service where students who are experiencing difficulties in their educational progress are referred or bring themselves for assistance to overcome these problems, and proceed as far towards their goals as is possible.

Jill, the subject of the psychodrama, was first seen approximately two months after the beginning of her freshman term. She demonstrated some anxiety in coming to the counseling service. She inquired about the counseling service first, made an appointment, broke it, and finally appeared for a third time, and was seen in an intake interview. Her complaint concerned her inability to complete papers for English composition, a course required of all freshman students. She was at that time enrolled in a scientific curriculum, because of her interest in high school science courses and her ability in mathematics. She also indicated that high school English had been easy for her, and was interesting in its literature aspects, somewhat more than in its creative composition aspects.

Jill explained that in the first paper she wrote for English class she received a C grade, which was as much as she expected, and seemed to be in line with the achievement of the rest of her class. However, in a series of papers developing on the theme of courage, Jill attempted to use as an example of courage an incident from her own personal life and experience. The teacher rejected Jill's example of courage and this experience so shook her that in subsequent assignments on the same theme, and in new assignments in new themes, Jill had been unable to complete and turn in to the teacher any of the assignments which followed. A number of papers she had written several times but could never satisfy herself with their quality, and could never bear to turn them in.

In the course of relating these events Jill's feelings became so overpowering that she began to weep copiously. The writer felt that it was important to investigate the reasons for such an extreme reaction to what had begun as a small incident which nearly every student of English faces.

HISTORY

Jill is the eldest daughter of a Jewish family living in a southern city. The mother received three years of college, with a major in English, before

quitting school to marry. It is the mother's desire that the daughters be able to complete four years of schooling, and receive a degree, as she had not. Jill has three sisters, each spaced roughly a year and a half apart, who follow her and for whom the mother is equally desirous that they receive a college education. In Jill's mind this necessitated on her own initiative the winning of a scholarship aid on the basis of good achievement her freshman year, so that she will not use too large a share of the money which is available for their education.

Jill's father is a physician, who until very recently held a teaching and research post in the local Medical School. According to Jill, he has given up this post to enter private practice, in hopes that he would be able to earn more money, so that all four children might be supported in college. She was aware of the initial expenses of setting up a private practice, and because of her father's limited specialty did not feel that he would be financially successful too soon. She felt very strongly that she wanted to win a scholarship in order to help with the family finances.

Jill enjoyed excellent relationships with peers both in high school and so far in college. She had apparently not experienced any conflicts over Jewish-Gentile relationships as they occur in Southern cities, and had enjoyed sufficiently satisfying relationships with peers of both sex, throughout. She did reveal to the writer that she had influenced a close friend to attend this University on a larger scholarship rather than another school of high renown on a smaller stipend. The obvious implication of this was more than financial, but also to be near Jill in order that they could make overtures to their possible eventual marriage. Both the boy and Jill were cognizant of this relationship but had not verbalized it to each other.

It was decided that Jill should come to see the counselor weekly during the time she attempted to work on her English papers and that she would be seen in a supportive relationship since the counselor felt that she had sufficient ego strength in spite of her present difficulties to recover her former skill. Several weeks of contacts failed to show any change in the situation. At intervals she had worked completely through the night to complete a paper but had not been able to compose her thoughts adequately nor to express herself as she had wanted to, so as to finish any paper.

The Psychodrama

Jill was asked if she would like to participate in a rather different kind of experience with several other individuals. It was explained to her that there were several sympathetic people who were counselors-in-training with whom,

she, under the writer's direction could attempt to role-play her difficulties and perhaps find some solution or reduction of anxiety accompanying her problem. In her characteristically enthusiastic manner, Jill agreed to participate.

It was decided that since her anxiety had seemed too strong for her situation, the psychodrama would necessarily have to be an exploratory or diagnostic one. Three sectors of her life were selected to be played out for Jill to see more clearly. They were the interactions and feelings about the English instructor, the interactions and feelings over her situation with regard to her family, and finally, her feelings and relationships with the boy friend whom she had attracted into attending the University with her.

The auxiliary egos were three counselors-in-training, mature persons with a background of public school teaching, and present duties as secondary school counselors, two men and one woman, all unsophisticated in the techniques of psychodrama. The warmup consisted of introductions all around and some general conversation about Jill's background and the background and interests of the auxiliary egos. Jill was then asked about some of the events which had transpired between herself and her English professor. As she began to relate the situation in which she had conferred with the teacher over her first failing grade, Jill was asked to show us how she had acted in the situation. The female auxiliary was placed in service as the English instructor and Jill reversed roles in order to demonstrate how the instructor had behaved in the situation. Jill was able to show the group that the instructor had been eminently fair in her handling of Jill's writing and her difficulties following the first incomplete paper, and that she did not harbor any hostile feelings toward the teacher.

The next area into which the group moved was Jill's relationships with her parents. The writer felt that Jill might have a need to compete with an image of her mother's success as a student of English, and roles were assigned and played out to investigate the possibilities. Jill ably conveyed to the group that she felt highly accepted by her mother, whether or not she would fail in her mother's particular field.

A scene was then worked out from a future orientation portraying Jill informing her father of poor grades. Through instructions to the auxiliaries the father was presented as outraged over the failing grade and the necessity of spending more money in order to continue Jill in school when money was obviously at a premium. Jill rejected this scene entirely as she believed it could not happen.

The next material explored the relationship with the boy friend, knowing that Jill had been influential in bringing the boy to this school. It was sup-

posed that she might feel acute guilt should she fail so badly that she might have to leave school, thereby leaving him at a school which was not his first choice but with no alternatives to pursue his former first choice. While Jill did seem to accept the potential for this situation as valid, she was able to convince us that she was not in danger of being removed from the school, and that her failing grades were occurring only in the circumscribed area of English composition.

At this point the psychodrama was nearly concluded as being unuseful, having explored all of the hypotheses of the director without success. It was decided to follow up on one additional hypothesis, concerning the possibility that Jill had considerable inadequacy feelings which she had been veiling successfully until the time of the first failing grade. She had in the intake interview made a point of telling the counselor that she had in high school had an obesity problem over which she had to be careful to exercise control. For this situation an auxiliary was assigned the role to express an "inner voice" which spoke very forcefully but quietly the doubts and fears that nearly any freshman in a new college would experience, had enlarged upon them to the point of asserting that her failure in one course really confirmed her true inadequacy. Jill became quite involved in an active denial that this was the case. While the auxiliary was role-playing an inner voice, Jill was not role-playing, but was expressing feelings as sincerely and with more intensity than she had in either individual interviews or the group technique to this point. Finally, the inner voice role became so distressing to Jill that she shouted out with much emotion that she did not feel inadequacies, that she did not feel guilt feelings toward her parents, or her boy friend, but rather she felt it toward herself.

The writer felt that it was highly possible that Jill's ability to organize her thoughts and express herself on paper had indeed been inhibited by the angry feelings toward herself. It was further decided that some symbolic expression of these angry feelings toward herself was necessary to free her and permit her to be as effective as before the time of the first failure. The scene which followed was very intense. Using only the materials at hand, such as would be found in a group therapy room, Jill's name was written on a paper which was hung on the door.

She was urged not only by the director but by the auxiliaries to commit some act of aggression against the symbolic self. The only available mode seemed to be to throw some object at the name. Her inability to handle her anger with herself was poignantly illustrated by her inability to accept any

object for this purpose. Kleenex, pencil, and note pad were all thrust into her hand, and all were promptly dropped by her as she received them.

Finally, she accepted a medium-sized and rather heavy pad of paper. It was realized that she was sitting very limply in her chair and that she would be unable to throw the object with any force while she was sitting. She was urged to stand up and really throw the object at her symbolic self on the wall. This met with the same difficulty as getting her to grasp the object. The director interceded with another auxiliary by assisting Jill to her feet and all four auxiliaries stood closely behind her with at least one hand actively, firmly supporting her back, shoulders, and arms. It was still anticipated by the director at this time, that Jill would only make a symbolic effort at throwing the note pad at her name, and that this would have to be sufficient to attempt to provide a dramatic finish to her self-anger. Instead, to the director's and the auxiliaries surprise, Jill hesitated a few moments and then threw the object with all the force and obvious emotion she could muster. There was sufficient force in the throw to result in a resounding noise, the paper was knocked from the wall and parts of the scratch pad fluttered everywhere as they fell.

Instantly Jill turned to the woman auxiliary and broke into deep sobbing tears, which persisted for several minutes. No words were said and she was offerred the physical comfort of this auxiliary until she began to calm herself. She attempted to apologize for her behavior but the apology was hardly recognized by the director or the auxiliaries. Instead, to attempt to capitalize on the gains the scene might have accomplished, Jill was asked to describe her task for her next English class. She sat down calmly and then gave a verbal explanation of the theme plan and content of the next paper which she had been assigned to write. It demonstrated to those present a high degree of understanding and careful planning and tight cogent logic concerning the emotional aspects of the assigned topic. Everyone in the room was impressed with this and tried to convey to Jill their confidence that she would perform adequately, and that she would most certainly be able to complete this paper.

The session having proceeded roughly two hours, by this time, and with the apparent exhaustion of not only Jill but the auxiliaries, it was terminated at this time. There were many repeated "I'm so sorry for troubling you" and "Thank yous" on the part of Jill. It was agreed before she left that she would return in another week to discuss how her school work had proceeded in that time. In that next meeting with the counselor, Jill again wished to convey her thanks and appreciation for the help that had been given her by the group. Without being asked, Jill reported that she had been able to work on her as-

signment with considerably more ease than she had found since her first failure and that she anticipated that she would be able to continue this through the remainder of this semester.

Conclusions

It is the opinion of the writer that this psychodrama, originally conceived as a diagnostic session, after a near-concession to failure became a very meaningful and instrumental catharsis. The lack of formal training of the auxiliaries presented no serious problem in the situation because of the intense level of participation which finally evolved. The usefulness of psychodrama in uncovering study inhibitions among college students and its facility for intensifying and accelerating the process was aptly demonstrated by this session.

PSYCHODIVORCE—A PSYCHODRAMATIC TECHNIQUE

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I. INTRODUCTION

Almost everyone who has observed the way in which our society and culture handles divorce has felt that there is room for improvement.

Probably one of the most detrimental aspects of our present procedure is that it is almost universally based on the matrimonial offense. If such an offense can be proven in a court, then the marriage is terminated. What a guaranteed method to turn troubled marriages into armed camps. We need to take the war, the guilt, and the punishment out of divorce. A marriage should be simply dissolved when it has ceased to function.

But marriage is sacred, you say. No! A good marriage is sacred; a bad marriage is sacrilegious. Goode,[2] in a study of divorce, reports that of some 425 divorced individuals, in spite of many difficulties, 90% reported that the situation was improved. There *shouldn't be* anything shocking about this; this is only too obvious to anyone working with people.

I am sure many of you will agree that divorce should be a matter of fact process. Yet even some of you have reservations. But what about the lonely child-of-divorce? In a study of the trauma experienced by children when their parents divorce, Landis[4] reported that 20% of the children coming from unhappy homes reported "they were glad when the divorce was a fact," and of the entire group, 65% reported they were as happy or happier than before the divorce.

What all of this points to is society's basic disapproval of divorce. What this should mean to the therapist is that when someone comes to him concerning divorce, he needs to examine his own feelings—does he disapprove? can he provide positive support for the individual during this emotionally traumatic time? and perhaps most importantly, can he show the client that divorce is not necessarily failure? All too often, when couples come to a marriage counselor and can't resolve their difficulties, they say, "We are sorry we have failed; we have decided to go ahead and get the divorce. *We won't be needing you anymore.*"

They may well be needing you more than they have ever needed you, but their expectations too, are that you, the therapist, view divorce as failure by them, in their marriage, and (most threatening to you) your failure too.

What we need is a way to break through the client's expectation that *divorce* is wrong; here is the need of an active approach for people seeking divorce—psychodivorce.

II. Psychodivorce, What Is It?

Psychodivorce is a psychodramatic technique in which the focus is on the values and sacrifices occasioned by the divorce. The action is bound up in the question, "What is your life like now that you are free?"

Doubling, mirroring, and role reversals are all utilized (see Moreno—[5]). It is essential that the protagonist experience the new life as fully as can be achieved, for only in this way can he develop a clearer picture of the "life ahead." If he starts to distort, over-dramatize, over-simplify, etc., the experiences ahead, it is the director's function to utilize whatever psychodramatic techniques are available to give the individual a more accurate expectation percept.

III. Post Divorce Emotions and Psychodivorce

One of the aspects of divorce which the new divorcee is usually unprepared for is the wave of emotion which is often experienced after the divorce. Some of these feelings and statements regarding the psychodivorce technique as a method of coping therapeutically with these feelings will be presented:

1. *Loneliness:*

Ilgen Fritz[3] has described this feeling, "The most common experience seemed to be the dread of going places alone and then going home alone after an evening in a crowd. Yet they disliked being 'dragged along' by friends, always being the extra woman. The pain and the loneliness (of being out with old shared friends) make it almost not worth the effort. . ."

In an analysis of divorce, Goode[2] reported that some 43% of the divorcees reported lower work efficiency; some 62% reported difficulty sleeping; and some 67% reported loneliness. Freudenthal,[1] in a report of the problems of the one parent family stated, "Loneliness emerged as probably her most outstanding single characteristic. Loneliness would have to be considered as part of the reality occasioned by divorce; however, through psychodrama the individual can come to realize that others have felt as they do. Through audience reaction, the individual first can see that he or she is not alone, and further, may be able to get meaningful suggestions, elicited by the director when he poses the question, 'What have some of you done which enabled you to cope with the feeling of loneliness'?"

2. *Hostility toward opposite sex:*

Anger toward the divorced husband or wife is to be expected. The individual often feels betrayed, tricked, suspicious; these feelings often run beyond what is reasonable and is often directed toward the entire sex. Haven't you heard the expression, "Well, what can you expect, he is only a man," far too often a doubt that many a divorcee is left with (perhaps began with) hostility toward the opposite sex.

Psychodivorce is utilized here to first expel the accumulated aggressive feelings, and second, to explore how much of this hostility is justified, and how much is a "spread of effect." This shall also serve toward examining how these feelings are *now* affecting the client's life, on the job, at home, socially, etc.; to be hoping to remarry, and hating the opposite sex certainly are incompatible feelings.

3. *Guilt reactions:*

This is a typical emotional reaction following the divorce. Now that the anger, the recriminations, the blaming is past, comes a new feeling. "How much of the situation was really my fault, like he said?" "Did I really drive him away, like he said?" "What was my fault?"

The psychodivorce at this time can go back and more realistically see the individual's part in the break-up. Some guilt in the divorce should be expected. The individual's true role in the marriage's failure needs to be accepted and understood. Some 85% of divorced women under 30 can be expected to remarry, and to repeat the whole performance unless they have been afforded the opportunity to "see ourselves."

Another aspect of the guilt reaction is society's disapproval. The simple truth is that many people think that divorce is a terrible thing, these people are going to communicate this to the "not-so-gay-after-all" divorcee, and this will in turn confirm some of her own doubts.

The psychodramatic use of the audience offers the director an opportunity to attenuate some of this aspect of the guilt reaction in a more powerful way than any other technique presently devised. In the wrap-up, the audience is encouraged to show the protagonist that they (society) understand, and approve and applaud the action.

4. *Intensification of feelings of personal inadequacy:*

Concommitant with the personal guilt feeling is the intensification of the feelings of personal inadequacy. "If I had been a real woman, he wouldn't have strayed." A divorcee, under even the best of circumstances, is going to be left with an image of self-doubt. "Maybe I just can't satisfy any man." It is this kind of feeling which has propelled many a divorcee into sexual liasons, which only intensify their feelings of guilt, reaffirm many of their feelings about the undependability of men, and left them with greater feelings of shame, inadequacy, and depression.

Psychodivorce allows the individual to share his feelings of inadequacy, to "reality test" them, and to draw strength from the renewed knowledge that we are all imperfect. If the psychodramatic divorce would only allow the individual to explore the value and the price of such a liason, it would more often justify its use.

5. *Confusion, due to loss of identity, plus frustration because of the demands of a dual role:*

Freudenthal,[1] in an article discussing the problems of being a widow or a divorcee parent, presents many of the role difficulties which will probably be experienced. It quickly becomes clear that a family is a dual role. Often the divorcee finds that it is necessary to work to support the family, and still try to be a full-time mother. Who takes care of the sick child, and runs them to girl scouts? Who cuts the grass, puts up the screens, and talks to the teen aged boy about the facts of life? Perhaps the most threatening, as one widow explained is, "I really don't want to start all over again, being a lone female who has to be attractive to men."[3]

All of this is talking about the roles which will be demanded of the individual. Certainly it shouldn't need to be pointed out that the psychodrama will give the individual experience in handling these new complex roles.

IV. Pre-Divorce Emotions and Psychodivorce

Psychodivorce certainly can be a marriage counseling tool.

The writer hesitates to suggest this aspect of the use of psychodivorce, but it nevertheless warrants saying. However, to leave no doubt of the position taken, let me point out that for the individual considering a divorce, a marriage counselor is *not* in a reasonable position to understand the client; we need a new connotation—*Divorce Counseling*. With this made clear, it is important to recognize that the emotional effects described, usually occur long before the divorce is granted. Goode[2] presented evidence which seems to indicate that the emotional storm may be at its peak at the time of separation. What this suggests is that psychodramatists should be prepared to handle these problems in working with those clients considering divorce.

Another aspect of the pre-divorce client is the possibility that it is ill considered. "The vast majority obviously go into divorce without thinking through what it may entail. They think that a divorce will automatically solve all their problems, but they are shocked and bewildered when they discover that it not only failed to cure everything, but started a whole new set of problems and heartaches. . . ."

Impulse, pride, anger, stubbornness, and misunderstandings lead couples into divorces which deep down they do not really wish."[6]

The use of the psychodivorce technique allows the therapist to break through the wall of pride, anger, stubbornness, and misunderstanding, and focus on the future. "Your petition for divorce . . . is granted! Where are you going to be living? Hmmm! Will the alimony and child support be late in arriving, etc." This technique then, will allow the individual to examine in the cold light of tomorrow, whether they really need this divorce and perhaps more importantly, if they then decide to go ahead will allow them to meet their new life with greater awareness and hopefully, an increased chance for a meaningful and fulfilling future.

V. Conclusion

In conclusion, it should be pointed out that three central themes were presented:

1. A plea for a new attitude from society and certainly from the therapist in relating with the divorcee. A divorce is neither a sin, nor a crime, and we should stop treating it like it was both.

2. The psychodramatic approach to the emotional problems surrounding divorce-psychodivorce, offers the therapist an opportunity to deal with a much broader span of the individual's emotional problems, and in a more meaningful way than other therapeutic approaches.

3. Some of the attitudes and feelings which can be expected to be encountered in the psychodivorce have been presented, with a preliminary suggestion as to how these feelings can be handled.

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PRELIMINARY REPORT ON PSYCHODRAMA

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At the present time there are 36 employees training in psychodrama. This number is divided into three groups, each meeting once a week for one and a half hour sessions. In addition, there is one patient group led by Mrs. Hanks and Dr. Deane, meeting twice a week for a total of three hours. Also the affiliate nurses, under the direction of Miss Magee and Dr. Deane are meeting in two groups once a week for an hour and a half; their training centers about using psychodrama as an aid to the learning of defense mechanisms and in giving assistance in nursing problems. Periodically, various demonstrations are given for other staff people in the hospital.

The staff training groups will, upon their completion of their training, have available to them certain techniques which should be of therapeutic value for patients.

I. THEORY OF PSYCHODRAMA

The essential purpose of psychodramatic techniques is to add an action dimension to the therapeutic process. The traditional group therapy session essentially utilizes verbal techniques almost exclusively. There is reason to feel that verbal techniques, although useful are limited and that the insight which might be gained through a verbal session may have to await implementation through action at some later time. In psychodrama, however, action can be undertaken which can enhance insight or lead to insight in the current situation, while at the same time offering protection since the psychodramatic setting is artificial and can be viewed as a training ground for life.

II. EXAMPLES OF PSYCHODRAMATIC TECHNIQUES

A. *Role Training*. Some types of patients, particularly those with rather specific problems, e.g., alcoholism, can through psychodrama begin to learn patterns of behavior which may later be applicable to situations in the community. Thus, for example, an alcoholic who comes to admit in a group situation that he can not drink and may even make a verbal promise to himself and others that he will not drink, can be shown some of the situations which he may encounter and which may tax his resolve. A scene can be enacted in which the patient portrays himself, sitting in a restaurant. Other patients (or the therapists) play the roles of the drunken friends who use all

sorts of lures to get the patient to accept a drink. Such action will demonstrate to the patient what he may be up against and what sorts of responses he will have to learn to make in order to avoid drinking.

Although this example is hypothetical and artificial, it is reasonable to suppose that a variety of such scenes may come rather close to the reality which the alcoholic might face outside the hospital and that he in turn might learn certain procedures which can be applied in order to help him avoid drinking.

Another type of patient perhaps has anticipatory anxiety centering about fear of failure on the job. Here again the enactment of a scene in which the patient is employed by a very tyrannical boss who constantly harrasses him might be sufficiently real and hit sufficiently close to the anticipatory anxiety as to assist in desensitizing the patient so that he can later leave the hospital and be prepared for problems at work with some defenses prelearned which he can use as necessary.

III. Materials

B. *Working with Depth Material.* Very often patients may, in a verbal group setting, refer to deep-seated problems but in a way which leaves their nature unclear and vague. It is frequently possible by psychodramatic action to clarify these problem areas and to suggest some constructive action to overcome them.

For example, a patient may say enough for the therapist to know that certain events of family life in the distant past were traumatic. Possibly, then the therapist can ask the patient to describe a typrical day in his early life wherein all the family members were present. The various roles can be taken by other patients and positions taken on the stage which reflect the various relationships with the patient through distance, closeness and height. On the basis of what the patient describes, past actions can then be acted out.

From this perhaps some clarity can be gained as to the nature of family dyamics and what these have meant to the patient. Possibly if this is meaningfully done, the material from the past can be related to the present in terms of some continuing problem which the patient may have with some family members, or which instead may involve transference of archaic patterns of behavior to different actors who may symbolize family figures.

Mrs. Hanks and Dr. Deane have found these two techniques; role training and depth techniques as described above, to be expecially fruitful in leading them to a better understanding of some of their patients and in leading certain patients to a quickened awareness of their problems.

C. *Projective Fantasy.* Many patients are helped to express their hopes, fears and mental anguish by very simple projective fantasies. For example, there is the magic shop in which the therapist may act as the proprietor of a shop in which anything from chewing gum to health and happiness may be purchased. Patients are invited as they wish to come into the shop and buy whatever they would like. We have noted that patients frequently will ask to buy mental health or ask to get rid of their voices or to feel less frightened, etc. When such things have been admitted it then becomes very easy to work with the action which will dramatize the nature of the expressed wish. Similar important material can be gained from a variety of other projective techniques including telling stories about TAT cards, etc.

D. *Role Reversal and Doubling.* We have found very often that when patients are playing themselves in a given scene that it is useful to ask them also to play the parts of other significant actors. Thus we might ask the central patient (protaganist) to play the part of the father and in turn ask the father to play the part of the central patient. This technique has the function of letting one know something about how he may appear to another person, i.e., to see someone else's point of view and reactions. It also helps to enlarge the scope of the social scene and may lead to a greater appreciation not only of ones own problems but those of others in a given setting.

Doubles are used frequently to encourage actors to greater spontaneity and honesty of expression. It seems to me that in almost any therapeutic situation the patient may very often be thinking a great deal more than he is saying and that therapy may lag a bit if he is holding back vital information. The function of the double in psychodrama is to say those things for an actor which he is not saying but is thinking. The double normally stands behind an actor and speaks aloud what he thinks are the actor's unexpressed thoughts. This technique helps to get vital material aired quite quickly and cuts down defenses which may hinder therapeutic progress.

It must be emphasized that these techniques are employed in a very protective setting and that any harmful traumatic effect is always mitigated by this fact. Also much time is spent whenever necessary in helping the patient to consolidate any insight by verbal summary of the action. This helps to remove any undue anxiety or hostility which might have been aroused in the session.

There are, of course, many other techniques which can be used in psychodrama but the above seem to be the ones which basically describe the therapy and seem to be essential to its practice.

In the training groups all of these techniques are being taught plus instruction in spontaneous use of the stage, techniques of lighting and staging and the use of non-verbal methods which may be very helpful in working with chronic patients whose verbal output is very limited.

IV. Preliminary Results

It is far too early to assess the results of the psychodrama program. Mrs. Hanks and Dr. Deane both feel that the patient group with which they are working has moved very rapidly in the few weeks that psychodrama has been employed. A variety of material dealing with traumatic incidents of the past, expressions of pathology, hopes and fears, have all emerged; most of which had remained hidden during the long period during which the group operated at a strictly verbal level. It is not implied here that these patients will necessarily get well any faster, although we hope that might happen, but only that the spirit of this group has changed very greatly since psychodrama was begun.

The staff training groups are immensely excited about the techniques and there is in fact a demand for training in psychodrama which exceeds the available instruction time. My feeling is that the trainees who include social workers, nurses, attendants, and clergy, will become much better therapists as a result of this even if the techniques should be employed by them only in a limited fashion. I feel that one of the great boons lies in the fact that people who are working with patients are very interested in psychodrama techniques and many therapists who were running out of ideas and beginning to get bored are now hightly motivated. The end result of this enthusiasm can not but be useful to patient and therapist alike.

I would like to add that the staff training groups are instructed in such a fashion that it will be possible for the trainee to utilize the techniques in any setting. There is no absolute necessity that psychodrama be conducted in a specially designed theatre although the impact of the room is valuable. However, the ward or a bare room is adequate for all purposes.

RULES AND REGULATIONS FOR OBSERVING PSYCHODRAMA SESSIONS

As a general practice the observer is not encouraged to be in the room with the group but makes observations through the one-way mirror in the room directly behind the psychodrama theatre which is equipped with sound.

1. Any individual affiliated with Vermont State Hospital may observe sessions provided that the purpose is for professional furtherance of training or educational purposes.

2. Anyone meeting the above criteria wishing to observe should contact Dr. Deane at least 24 hours ahead of the desired session. This is necessary because the observation room is also used for mimeograph work and conflicts in scheduling must be avoided.

3. Observers should be in the observation room 10 minutes before the session begins and either leave before the session ends or remain after it closes, until told to leave the room. The reason for this regulation is that all groups are told when they are being observed but are not told who is making the observation, thus, it is important that the observer protect his anonymity.

4. Trainees may observe patient and affiliate nurse groups but not other trainee groups.

5. Due to the smallness of the observation quarters no more than two persons will be able to observe at any given time.

THE THERAPEUTIC HOUR OF PSYCHODRAMA AND THE REST OF THE WEEK*

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THE PROBLEM

As everyone knows, psychotherapy differs from medical treatment.

His activity quotient increasing constantly as he proceeds from complaint and history notation to palpation, auscultation, scoping, testing, and such, the physician culminates the consultation(s) with his distinct and maximally explicit PRESCRIPTION: Take such and such, so many times a day; do this; and steer clear of that.

Under normal conditions of mutual agreement and tacit trust, various spans of the patient's future are fully regulated by his expectant compliance with those imperative do's and don't's, by the 'doctor's orders.'

The psychotherapeutic session, on the other hand, winds up in cliff-hanger suspense.

Even if the deliberately passive therapist does at certain moments during the confrontation react to, or interpret the flow of the patient's communication, or the lack of it, he always withholds from the patient in the end what the latter craves most: A clear-cut program of attitudes, performances and abstentions to follow and to live by.

Now, whatever the underlying principle, rationale, necessity, or justification may be from the psychodynamic and therapeutic points of view, the procedure inevitably results for the patient in a rift between the therapeutic session—the fifty minute hour—and the rest of the week.

As the time relation between the week and the session is something like seven times twenty-four to one, the patient finds himself in a situation not entirely unlike, though considerably less fun than that of learning to read, write, understand, and speak a foreign language by taking one weekly non-Berlitz lesson.

The proportion is only quantitatively but not essentially different when the number of therapeutic sessions per week is greater than one. Moreover, the disproportion, great as it is, is not merely between time quantities.

While in session, the patient faces only one individual who is, at his worst, a benevolently committed neutral; the therapeutic encounter, over-theorized transference notwithstanding, generically reflects, but is neither

* Presented at the annual meeting of the World Academy, Los Angeles, Calif., May 4, 1964.

the outcome of, nor concomitant with, nor a prelude to inescapable action and existential affection within its own framework, as the therapist and the patient characteristically discuss and evaluate the latter's co-existence and interaction with shadowy figures out there in time and space; and the patient verbalizes states of mind, inner events, and emotional conflicts and tensions in a strictly non-judgmental, in-absentia, glass menagerie atmosphere which is diametrically opposed to the market place of life where the patient faces a multitude of individuals and groups, where he MUST act and interact, and where he confronts situations wholly or greatly beyond his control.

The Psychodramatic Solution

Of all known forms of psychotherapy only Psychodrama makes a systematic and rational attempt at bridging the gap between the short therapeutic hour and the long non-therapeutic—or counter-therapeutic—week. And it does so not by taking refuge in a pre-fabricated theory straining under an overload of neither provable nor probable assumptions but through its intrinsic mode of therapeutic operation, through its open-end set of devices and techniques. (The bulk of psychodramatic praxis is applicable to most therapeutic theories, if only the latter could be made to renounce their exclusive rigidity and belligerence.)

Of all known forms of psychotherapy Psychodrama alone is not only trying to gain and to make available to the patient insight into his mental and behavioral past, not only does it deal with the patient's 'here and now', but it has FUTURITY built in into its therapeutic procedure. In fact, Psychodrama casts off the straightjacket of verbalization, transference, time, and space, while making them flexibly subservient to given therapeutic needs and variant exigencies.

Suppose a male patient with a psychosomatic syndrome cries out in despair, Listen, Doc, I *know* I'll get up tomorrow ... TOMORROW ... and my neck will be stiff and hurt like the dickens, so what should I do? Analyze its onset? Turn on my heat lamp? Massage the damn neck? Ignore it? Or *WHAT*?

At the agonized sight and sound of any such incident in his office every therapist will feel that he is just as handicapped by the hands off-assistance ambiguity of psychotherapy as is the patient by his neurosis, or very nearly so. And no matter what sophisticated maneuvers the therapist may revert to there will necessarily be something inherently evasive in his verbal tactics, the only ones at his disposal.

A psychodramatist, on the other hand, besides denying a behavioral prescription, besides refusing to live the patient's life for him, has something

positive to offer the distressed patient. He offers him a community of fellow patients, a group of sensitive Auxiliary Egos, and above all a replica arena of life: The Psychodramatic Stage.

This stage is EVERY PLACE, the time on it is ANY TIME, and WHOSOEVER may inhabit it.

The mentioned exemplary psychosomatic patient delineates on the stage his bedroom. From among the Auxiliary Egos or his fellow patients he selects the person or persons who share the room with him or dwell disturbingly in his mind. He lies down to sleep. As he closes his eyes, he may want to relive a recent daytime or far-off childhood episode that suddenly pops into his mind. He may dream if he chooses to. He may never get around to waking up with an aching neck, as the shock of discrepancy between introspection and enactment shakes the premises of his anxieties. If he does wake up on the stage 'next morning' and has a stiff neck, he may analyze its onset, apply heat, 'massage the damn neck,' ignore it, or do whatever else occurs to him—and he, and the Auxiliary Egos, and the little therapeutic community jointly experience and evaluate the welter of life-like reactional alternatives and behavioral choices spontaneously enacted by the patient with the help of the group.

Thus the psychodramatic session enables the past-burdened patient to anticipate here and now future contingencies.

On the psychodramatic stage—with its unique ability to fluidify and to convert into an observable process the discreteness of space, the intermittence of time, and the topography of psychic layers—future life situations can be fore-cast with a great degree of probability of actual occurrence or of similarity with the patient's morbid expectation. The therapist can supply significant figure substitutes to approximate closely family configuration, work milieu, and intra-psychic and social environment. He is actually in a position to 'dosage' the difficulties of future task fulfillments which normally are both effect and cause of emotional disintegration, and controllably scale from neutral to hostile the intensity of counterforces the patient is delusionally threatened by or is realistically apt to encounter.

Thus the patient spontaneously and gradually 'learns' to cope with life beyond the stubby therapeutic session and the narrow, sheltered clinical enclosure, and he does so by dint of maximally experiential, self- initiated, and total, that is, verbal and motoric, rational and emotional, onlook and insight nurtured action.

In other words, the psychodramatist, using even less authoritative or ego-alien intervention than any other psychotherapist, enables the patient

to break out of the vicious circle of constantly recurrent defeats and frustrations which neurosis basically presents onto the road of successfully creative or adequately adaptive growth.

(There is the promise of another by-product of the described procedural advantage which can only be alluded here to. Although not yet experimentally extracted and systematized, there is in future-incorporating psychodrama the inherent potential of developing a practicable therapometry to assess quantitatively the therapeutic progress, to scale the remedial process, to define the terminal phase, and to predict the outcome with relative probabilistic precision.)

Summary

By offering a co-actional group setting of fellow-patients, therapist-director, and Auxiliary Egos-significant figures, and thus making available face-to-face as well as individual-group confrontations, within the limits of the session;

by maximally converting verbalization and interpretation into life-like experiential endeavor;

by counterbalancing past-bound failure analysis with ongoing and future-directed ego strength-spontaneity training—.

Psychodrama presents the only non-prescriptive way of bridging, for the patient, the gap between the isolated and insulated shelter of the therapeutic session and the tidal anxieties of the much larger expanses of non-therapeutic time and space.

In psychodrama psychotherapy becomes training on the job of living with oneself and the others.

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PERSONAL AND FAMILY STRENGTH RESEARCH AND SPONTANEITY TRAINING

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Although since the turn of the century a colossal amount of effort plus tremendous sums of money have been spent on the study, detection and treatment of emotional illness, very little is known about the development of strengths and resources in individuals and families. Knowledge about the range and nature of human strengths, resources, and potentialities is minimal.

The concepts of individual and family strength are currently being widely used by the professions of social work, psychiatry and psychology. However, on closer examination it is evident there is no clear-cut recognition as to what precisely constitutes strengths. Very little is known about the development of strengths and how they can be detected and identified. Our understanding of how we can stimulate and foster growth of individual and family strengths is again quite minimal. Since many strengths in individuals or families seem to exist in latent or unrecognized form, research in the strength area is essentially linked to work in human potentialities. In this connection, it is of interest to note that within the past decade some of the leading thinkers in the behavioral and social sciences have concluded that the normal or so-called "healthy" individual is operating at fifteen to thirty per cent of his optimum capacity. In other words, everyone, regardless of his present state of development, has a tremendous potential which, with very few exceptions, will lie fallow never to be realized.

For the past two years a series of research projects have been conducted at the Graduate School of Social Work, the University of Utah, entitled the Personal Resource Development Program and the Family Resource Development Program. As previously indicated, this research in personal and family strengths is also related to studies in the area of human potentialities such as the explorations of J.L. Moreno (7, 8, 9, 10, 11), Abraham Maslow (1), Erich Fromm (2), and Gardner Murphy (3). As a part of the Personal and Family Resource Development Programs at the University of Utah, a total of thirteen experimental groups have been conducted to date. Purpose of this research has been to find some of the answers to the following questions:

1. What do we mean by family strengths?
2. What are personal strengths?

3. What techniques and methods can be discovered which will help individuals and families to utilize a greater portion of their strengths and potential—their hidden capacities, resources, talent and abilities?
4. Expressed somewhat differently than above; what methods can be developed designed to maximize ego strength?

Methodology, outcomes and findings of the two research programs have been described in detail elsewhere (4, 5, 6). A group approach is utilized as an integral part of the Personal and Family Resource Development Programs. Groups meet for a two hour period once weekly during the school quarter. Groups are limited to a maximum of twenty members. The combined thinking and support of the group is used by group members as a means of helping them to identify, develop and make better use of strengths and potentialities. In the initial session it is pointed out to the group that little can be accomplished in relation to personal strengths and potentialities on the basis of a once a week two hour meeting regardless of the depth of the interpersonal experience, *unless participants work on individual and group goals in the interim between meetings*. The emphasis is, therefore, on "Action Programs," or using strengths at home, on the job, or in other concrete ways, rather than talking about them. Action Programs are defined as "any activity, program, or interpersonal experience which the participant engages in outside of the group in order to facilitate the development of strengths or utilization of his potential." Group members are asked to use their best judgment in selecting that action program "which would do most for them."

Successes or failures with Action Programs are then reported to the group by the individual members and evaluation of these programs is constantly undertaken to determine to what extent the individual is helped to develop strengths and encouraged to use potentialities. If blocks and difficulties in sustaining Action Programs are encountered, group members are urged to ask the assistance of the total group who will then bring their sensitivity and perceptivity to bear in an effort to help the individual reach an increased understanding of his difficulty and to help him to remove the obstacle. *Through Action Programs, the therapeutic process is extended into the process of living and health vectors in the physical and inter-personal environment of the participant can be constructively utilized.*

Early in the research project it became quite evident that lack of spontaneity in members of experimental groups seemed to be linked to difficulties in utilizing strengths and "actualizing" potentialities. It was our assumption that our educational system and methods progressively "trains out" sponta-

neity from the personality make-up of the individual. It was a further assumption that our social system with its tremendous emphasis on conformity and leader-centeredness creates additional strong pressures and forces designed to keep spontaneous expression in the individual to a minimum. A survey of the literature on spontaneity training revealed Moreno's (7, 8, 9) extensive and pioneering contributions and prolific productivity in this area.

Moreno's concept of *spontaneous time* and *cultural conserves* were of particular value in relation to the research projects. Moreno defines spontaneous time as:

> Spontaneous states are of short duration, extremely eventful, sometimes crowded with inspirations. They are a form of time which is actually lived by an individual, not only perceived or constructed. It is methodologically useful to differentiate it from other forms of time and call it *spontaneous time*. The high frequency of events during spontaneous time units, the crowding with acts and intentions, may be responsible for that peculiar threshold-sensation that they are "coming" from somewhere, from a metapsychological source, from an unconscious(10).

Moreno describes cultural conserves as follows:

> . . . .There are *cultural conserves* underlying all forms of creative activities—the alphabet conserve, the number conserve, the language conserve, and musical notations. These conserves determine our forms of creative expression. *They may operate at one time as a disciplining force—at another time, as a hindrance* . . . (11). (Italics added.)

It, therefore, became an objective of the experimental program to explore means and methods which would lead to the creative use of cultural conserves and spontaneous time as a means of "actualizing" human potentialities. A series of such methods and techniques were developed. These methods are the use of free association tapes, strength roles, and the Multiple Strength Perception Method. These will be described briefly.

Use of Free Association Tapes

The free association tapes are used in an effort to help group participants attain increased spontaneity and to provide exercise in the use of imagination. These are tape recordings of brief excerpts of music selected for their high emotional content. Bursts of music are followed by periods of silence. For example, twenty seconds of music which may be a jazz, symphony, or folk music selection, is followed by thirty-five seconds of silence. Group members are asked to share their fantasies and associations to the music with the group. They are told to do this without "thinking about it too much" and to share

"any image that comes to your mind." This is done in a rapid fashion so that images and associations often overlap as participants express their fantasies aloud. Another variation of the free association tapes is to ask participants to share their feelings—"What sorts of feelings does this music give you?"

Strength Roles

Strength roles, a socio-dramatic technique, are used as an integral part of the group experience. Depending on the group's readiness to undertake such a venture, a set of 4 × 5 cards is passed around on which are inscribed a variety of "strength roles." Group members are asked to examine the pack of cards and select the role which they feel would do most to strengthen them. At a given signal, all members are asked to spontaneously act out their strength roles. Samples of such strength roles are as follows:

A. "You are a person who tells the truth to everybody and you are completely honest with everyone."
B. "You are a fun-loving person, like to tell jokes or be humorous, and you have a good time—beginning now."
C. "You are an artist and you will paint your inner feelings and share these with those who watch you." (Finger paints are routinely used.)
D. "You are a happy housewife (or husband), you love and are very proud of your husband (or wife) and children and enthusiastic about life and living. You tell the group about strengths in your family life."

Following the use of strength roles, group members are encouraged to discuss why they selected a specific strength role and the implication of the selection in terms of utilizing their potentialities.

The Multiple Strength Perception Method

The Multiple Strength Perception Method (12) is one of the most promising contributions of the research in the area of personal and family strengths and human potentialities. The method has been used and evaluated extensively over a two year period.

Briefly, the Multiple Strength Perception Method consists of the following procedure—a group member volunteers to "be it." This "target person" begins by sharing with the group what he considers to be his strengths and personality resources. He must then ask the group to share with him what they perceive as being his strengths by using the following or similar words: "What other strengths or potentialities do you see me as having and what do you see as keeping me from using strengths and potentialities?" *Sharing of strengths then proceeds in an informal and spontaneous manner with all group members*

contributing their perceptions of the strengths of the individual who had volunteered to be the focus for this process. As indicated, use of the Multiple Strength Perception Method involves not only a listing of strengths. Prior to the use of the method the group faces and works through to the recognition that the facing of problems or unrecognized aspects of self is necessary as a means of getting at strengths and potentialities. Consequently, group members feel free to also contribute their perceptions of a person's weaknesses and problems which keep the target person from utilizing strengths and resources. However, the focus is essentially strength centered and the participants consciously attempt to use these insights as a means of helping the person "who is it" to make full use of his potentialities. The process of being "bombarded" with strengths usually takes from thirty minutes to an hour and has consistently been described as a deeply emotionally significant experience by participants.

A significant refinement of the Multiple Strength Perception Method was developed during the second year of experimental use in groups. This refinement is related to Moreno's technique of "future projection." Moreno describes future projection as follows: "This technique is one in which the patient shows 'how he thinks his future will shape itself' " (13).

However, instead of using Moreno's technique of asking the target person or protaganist to act out his future by picking a point in time and space and selecting the people who he believes will be involved in the situation, *group fantasy is used. The group leaders ask the group to share their "fantasies" about the target person.* Approximately the following instructions are given—"Now that we have taken a look at John's (or Mary's) strengths and potentialities, how do we see him functioning and what do we see him doing ten years from now?" After the group has shared their fantasy, the target person is then asked to contribute his own fantasy about himself. The process of sharing group fantasy appears to be deeply significant ego building and ego supportive for the person who is the focus of the group fantasy. In many instances, the group displayed a surprising sensitivity by putting into words the deepest "wish dreams" the person had about himself. As one target person remarked, "You don't know what it means to me to hear you tell me about so many parts of the deepest dreams which I have for myself. It says that others can see this in me and that I can realize them."

Summary and Conclusions

The relationship of research in the area of personal and family strengths and human potentialities to spontaneity training has been briefly explored.

Three methods developed in the course of this program; Strength Roles, The Use of Free Association Tapes, and the Multiple Strength Perception Method have been described.

These methods can be of particular value to the broad range of programs which have as one of their goals the maximizing of ego strengths of patients or program participants. Application to group therapy and group counseling as well as rehabilitative programs suggests itself. Leadership training, spontaneity training and related programs may benefit by use of these methods. Further experimental use of the methods in a variety of settings is especially desirable. It is hoped that as a result of this report, interest will be generated to initiate on-going research projects in the area of personal and family strengths and human potentialities.

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THE THIRD PSYCHIATRIC REVOLUTION AND THE SCOPE OF PSYCHODRAMA

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I

THE THIRD PSYCHIATRIC REVOLUTION

A. *Introduction*

Why is the First International Congress of Psychodrama held in Paris and not in Moscow, London or New York? Because Paris is the world capital of revolutions. It is the precocious genius of France, its sense of timing, which has made it in our Western civilization the breeding place of many political, social, scientific and artistic revolutions. The most important of the great political revolutions in Europe was the French Revolution of 1789 which set in motion a new vision for the world, Liberté, Egalité, Fraternité, and became a model for similar revolutions elsewhere.

It is in the atmosphere of the great revolution that the emancipation of the insane from chains, symbolized by Philippe Pinel, took place (1793). Many modern recent innovations like the open door, the day hospital, the night hospital, the halfway-house and the community clinic, can be considered as extension and reverberations of that original rebellion.

It is an interesting coincidence that my first demonstration of psychodrama in France was at the Salpetriere in 1954, the same hospital where Pinel liberated the mental patients from chains.

The next important step, the era of the Second Psychiatric Revolution[1] in the course of the nineteenth century was the development of psychotherapy. It extended from Mesmer to Charcot and Janet, to the leaders of the psychoanalytic movement.

The era of the Third Psychiatric Revolution,[2] with an élan therapeu-

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[1] The suggestion to speak of a First and Second Psychiatric Revolution came from Zilboorg (see Gregory Zilboorg, M.D., *A History of Medical Psychology,* W.W. Norton & Co. Inc., 1941, New York).

[2] I introduced this term in 1952 so as to indicate the turning point in the development of psychiatry (see "Philisophy of the Third Psychiatric Revolution, with Special Emphasis on Group Psychotherapy and Psychodrama" by J. L. Moreno in *Progress in Psychotherapy,* edited by Frieda Fromm-Reichmann and J. L. Moreno, 1956, published by Grune & Stratton, New York).

tique of its own, is now in progress and is still developing in our time. While the changes brought about by the First Revolution were institutional, those brought about by the Second were psychodynamic. In our century, a new revolution is taking place which, largely due to the impact of social forces, has transformed the meaning and practice of psychiatry. It showed its first signs with the advent of group- and action-methods, especially with the development of the triadic system, sociometry, group psychotherapy and psychodrama. The change is taking place on many fronts, in physiology, pharmacology, communication, mass psychiatry and sociatry. Its ultimate goal is a therapeutic society, a therapeutic world order.

B. *The Three Revolutions and Their Place in the History of Psychiatry*

A study of the main trends in the development of psychiatry in the last three centuries make it seem advantageous to divide it into three major periods: the first psychiatric revolution is hospital-centered, the second is psyche-centered, the third is community- and world-centered. The leading concept of the first was freedom and emancipation, of the second it was the unconscious, and the leading concept of the third was spontaneity-creativity. The three revolutions must be seen as a continuity, each representing a different stage of a progressive process of liberation and each overlapping in chronological time.

The first revolution of unchaining the insane is still operating in the second and in the third stage but with lesser intensity, for instance in the open door policy of mental hospitals, participation of the patients in the administration, self government policies, etc., and preference for small, well intergrated hospitals. The psychotherapeutic methods of the second revolution, hypnosis and psychoanalysis, are still operating in the eclectic methods of the third but their originality has petered out.

The leaders of the first psychiatric period such as Pinel, Esquirol, De Ferrus and Sauvages in France attempted to develop in addition to hospital reforms, classification systems of mental diseases. Although these systems reached their highest development in Germany in the nineteenth century in men like Kraepelin, Grisinger, Moebius and Kahlbaum, they should be classified as part of the first psychiatric period. Weyer, although active in the sixteenth century, belongs psychologically to the second psychiatric revolution because of his emphatic separation of medical psychology from theology. The same goes for George Stahl (1660), who, because of his views on psychodynamics, belongs in spirit to the eighteenth century. Johann Christian Reil (1759-1813), although chronologically in

the first psychiatric revolution, belongs in spirit to the third psychiatric revolution because of proposing a therapeutic theater. Johann Gall, chronoligically in the second psychiatric revolution (1758-1828), because of his anatomic studies of the brain and his system of cerebral localization, is a forerunner of the brain studies of the third psychiatric revolution.

Every turning point in the history of science has a characteristic story attached to it. A legend which illustrates the first psychiatric revolution has Pinel as a legendary figure (1793) (R. Semalaigne: *Les Grands Alienists Francais*, Vol. I, pp. 41-43). Pinel restored "the freedom of the body" when he decided to remove the chains and fetters of the insanes at the Bicetre, which he repeated afterwards on a large scale at the Salpetriere.

The second psychiatric revolution culminates in the legends of Mesmer, the discoverer of hypnotism (1784), and of Freud, the discoverer of psychoanalysis (1893). The new chain of influences in this era was Mesmer-Liebault-Berheim-Charcot-Janet-Breuer-Freud.

C. *The Third Psychiatric Revolution*

Marx, Kierkegaard, Nietzsche, and Bergson may be considered among the forerunners of the Third Psychiatric Revolution, since their writings were a prelude to group and action methods. For example, Karl Marx with his dictum in *Das Kapital* (1867): "A dozen persons when working together will, in their collective working day of 144 hours, produce far more than 12 isolated men, each working 12 hours, or than one man who works 12 days in succession," was a forerunner of industrial sociometry. Kierkegaard's religious fastasies, striving toward an heroic existentialism was a prelude to action, to action techniques and psychodrama. Nietzsche, in *Zarathustra* and *Ecce Homo*, desperately tried to move into an heroic life. He was another forerunner of action. Although Kierkegaard and Nietzsche did not attain their hopes and dreams, they triggered a call to action. Another precursor was Henri Bergson, author of *L'evolution creatrice*, who paved the way for the modern concept of spontaneity.

Although these men lived prior to, parallel with, or after Freud, they belong in tempo and spirit to a later era, that of the twentieth century which was the century of many liberations—such as the Russian Revolution of 1917 of the masses of people from the economic fetters of their landlords and the bourgeoisie, the liberation of children from the fetters of their parents, the liberation of adolescents from the authority of their elders, the emancipation of women from their subordination to men, the revolution of sex and birth control, the emancipation of religion, revision of old mytholo-

gies, new interpretations of the bible to meet the demands of our age, modernization of the Catholic church and the Ecumenic Council, the wars of liberation in Africa and Asia, and the civil rights struggle of the Negroes in the U.S.A.

During the early years of this century, I formulated the concept of the encounter, which triggered me to a number of existential actions: liberation of the actor from the script—I broke into a theater during a performance and stopped it (1911), demanding that the actors throw away their scripts and begin playing their own selves; liberation of the minister from the bible conserve—I broke into a church during a sermon and stopped the minister, demanding that he practice love and charity in the here and now (1912); liberation of children from their parents—a forerunner of the sociometric test in a gathering of children and parents in which the children were given the privilege of choosing new parents or keeping their own (1909). In addition, I introduced role playing in the gardens of Vienna as a forerunner of psychodrama, group psychotherapy, mass psychiatry, and therapeutic theater. As conductor of psychodramas in the free setting of the Viennese gardens, I triggered a form of mass catharsis, anticipating the therapeutic television for the masses, mass group psychotherapy, and mass psychodrama, which are among the goals and strivings of the Third Psychiatric Revolution.

This revolution has many facets. The one is the psychophysiological revolution, pioneered by Pavlov and Berger—the conditioned reflex and the electro-encephelogram. The second facet is the psycho-pharmacological revolution—pioneered by Sackel, Cerletti, Hoffman, and Delay, among others —with the development of insulin- and electro-shock treatment, the tranquilizers and hallucinogens. The third facet is the psycho-technological revolution, represented by space travel, automation, cybernetics, and the methods of birth control. The fourth facet is the mass media of communication—radio, motion pictures, television and their impact upon the behavior of individuals and masses. However, the final and most important facet is the development of group and action methods, because they facilitated and integrated the benefits of all the revolutionary methods enumerated above—the physiological, pharmacological, technological, and sociological, into a single package, so that they could reach and aid the masses of the people towards a mass psychiatry.

One of the greatest achievements of this era is the discovery of methods of measurement through calculated experimental methods—the measurement of small groups, the measurement of the brain, and the measurement

of human relations. Social measurement, with sociometry as its exponent, established the first solid bridge beyond psychiatry into sociology. It proposed "sociatry," a concept of healing which transcends psychiatry. Sociatry aims at a science of the normality and pathology of large masses of individuals, of entire communities and nations, and perhaps, someday in the future, of the entire mankind. Psychiatric concepts such as neurosis and psychosis are not applicable to group and mass processes. A group of individuals may become "normotic" or "sociotic" and the syndromes producing this condition have been called "normosis" or "sociosis."

II

Psychodrama and Its Scope

A. *Legendary background of Psychodrama*

As I was walking through the streets and beautiful gardens of Vienna, now more than half a century ago (1908-1914), a very anonymous and intensive young man, observing and playing with children, I had a vision which triggered my entire lifework and which gave me a precocious anticipation of the great changes which have since taken place in our world.

I meditated about the meaning of the universe and about my place in it. According to legend, Buddha, when he was reborn, did not return as Buddha but as Bodhisattva, Buddha who instead of fleeing from the world, moved into it to live in it and, if necessary, to change it. I remembered the efforts of Freud, whom I met in the Vienna Psychiatric Clinic (1911), to analyze himself and the world to its very depth and, like a modern Buddha, to find a way out of his misery. But if Freud would be reborn, would he continue to analyze himself, or would he take a new turn, as Buddha did, and become a psychoanalytic Bodhisattva? I asked myself: If an "analysis" is successfully terminated, what is the next step? One has to live! The technique of psychoanalysis may be good for an analysis on the couch, but what does it offer the cosmos into which we enter as modern Bodhisattvas? We need techniques of living. There must be methods of living which satisfy the deepest needs of personality, of our society and of the world. Psychodrama offers such methods. They are applied and are effective *hic et nunc*, "in the midst of life." We call these methods *psychodrama in situ*, that is, not applied within a therapeutic setting but in the "kairos of living," in the daily challenges and transactions within oneself (soliloquy techniques and monologues), between husband and wife, parents and children, around the dining table, in the bedroom, in the workshop,

wherever life is lived productively, assisted by role reversal, mirror, double, future techniques, etc. Illustrations for psychodrama in situ I have given repeatedly in my recent publications, *The Discovery of the Spontaneous Man,* 1956, *The First Psychodramatic Family,* 1964, and my earliest writings (1911-1925), such as my dialogues in a church setting, in a library setting, in a theater, in actu and in situ; the earlier period included a psychodrama in situ between a husband and wife, in a family setting in *Das Stegreiftheater,* 1923, p. 74-78.[3]

Two questions bewildered me and I could not rest until I found an answer: (1) How can I communicate with the entire world, with all people, and how can all people communicate with me? (2) How can this be done in the here and now? How can I emancipate myself from the past and create in the moment and for the future, with the people I encounter? Then and there the miracle happened, at least in my fertile imagination; the "encounter" took place: I met all the people and the people met me. I spoke to the people in India, in China and in America, in Africa, to the people in Russia and to the people in France. And they spoke back to me. I saw them and heard them and felt them.

As I see it now what happened to me was not exactly what we call delusion and hallucination; it was a healthy, goal-directed experience. It was rather an anticipation of the future which fifty years later has become feasible. I just saw the future and I was experiencing it, without telegraph and radio, without taperecordings and without computers, without mass two-way television, without any of the miracles of the machine being at my disposal. Because I had that vision, I began to work so as to make that vision come true. I began to work on electro-magnetic fields and developed the radio-film (radio-telephone tape recording).[4] I worked with small groups and developed inter-actional and co-actional group psychotherapy. I began to work on the invisible underground of mankind and developed sociometry. Then came psychodrama, as a climax.

B. *Legendary Background of Group Psychotherapy*

After freeing the children from their parents' rigid views of life I knew intuitively every next step I should make in order to bring the new world to realization. I looked after the weakest links in the chain of our social existence and found the most vulnerable and helpless victims—in the streets of Vienna—the prostitutes. I followed them into their sexual ghetto, Am

[3] Available as *The Theater of Spontaneity,* 1947, p. 89-92.

[4] *New York Times,* February 2, 1925.

Spittelberg, (1913), in which they lived in small groups in individual houses. The question was: what can be done to free them from their chains and to give their life true meaning? They wanted to appeal to the sexual appetites of men and sell their body to them. The answer was simple: as the body is their property give them the privilege to do whatever they wish to do with their body, give them freedom of sex. But I found out rapidly that to establish sex as a commodity met with enormous resistance and the barriers were practically unsurmountable. The logical step seemed to be to follow the spirit of our time and to put the problem on an economic basis. We established a "union of prostitutes," just as there are other labor unions. But the revolution of complete sexual freedom appeared to be a greater revolution still than the revolution of the proletariat. The labor unions of the communist and socialist parties did not recognize them as equals; the religions and their charity organizations did not accept them unless they were willing to give up their identity and look for respectable occupations. We had meetings from time to time in their houses during which economic and legal problems were first discussed. Gradually their personal sufferings became the most important aspect of the meetings. Their emotional needs pushed the idea of a labor union into the background and group psychotherapy "in situ" took over. It is interesting that what was an absurdity and a paradoxon in the Vienna of 1913 has taken a novel appearance in our time. What is the meaning otherwise of the sexual explosion of our time except a further move towards the freedom of the body?

Group psychotherapy in our time started in the sexual ghetto of Vienna in a natural setting in situ (1913), and not in a clinical setting as it developed in the U.S.A. in the nineteen thirties where professional experts—psychiatrists, psychologists, social workers, etc., took over therapeutic leadership.

The forerunners of the modern group psychotherapy movement of professional groups took different forms in various cultures. In early Christianity it grew out of the monasteries in which comparatively small groups of monks or nuns lived in intimate ensembles. Although the value systems and aims were religious, the results were often unconsciously therapeutic. It was to save the soul and not to heal the sick. The idea of mental illness is a modern concept. One monk helped another within the religious ritual of the monastic hierarchy (see J. L. Moreno, *Application of the Group Method to Classification*, 1932, and *Who Shall Survive?*, 1934).

It is interesting to compare the autonomous group movements of lay people in our time, the movement among the prostitutes in Austria, 1913,

with the Alcoholics Anonymous Movement (A.A.) in the U.S.A., 1934, and the Synanon Movement among drug addicts, 1960. The movement among the prostitutes started with the principle of affirmation and acceptance of the body as an indisputable property of every man, so to speak as the first natural law. They did not want to give up sex as a commodity, but to be recognized as having the professional and legal right to practice prostitution. The tendency in the autonomous movements in the U.S.A. are quite different. Similar to the early Christian movements to heal the soul from impurities, also the modern movements in the U.S.A. express themselves in *denial* rather than *affirmation.* This trend expresses itself in diet; do not eat what you like and as much as you like, but follow dietetic rules. Do not drink alcoholic beverages because they make you sick. Do not take drugs because they make you pathological. Do not indulge in sex, because its immoral, unless it is sanctioned by marriage. We see here the old value conflict between upholding the natural law and the natural rights of the body and mind, the sanctity of food, of sleep, of love, of creativity versus the tendency to control them and restrain them by principles which are unnatural or at least unproven as to their validity.

C. *Legendary Background of Sociometry*

When the first World War broke out in 1914, I was employed by the Department of the Interior of the Austro-Hungarian monarchy as an Officer of Health in a camp, a community of refugees near Vienna. My determination to find new solutions to difficult social problems found here a fascinating and unexplored target. I recognized that just as the prostitutes lived in two worlds, the community of Mitterndorf had an official and an invisible part. In order to resolve the tensions between these two aspects of this sick community I began to make graphs of the structure of every house, "sociometric diagrams," and gradually developed the system of sociometry which has become a basic science of sociology.

D. *The Triadic System, Sociometry-Group Psychotherapy-Psychodrama*

I merged group psychotherapy, sociometry and psychodrama into a single system: the Triadic System.

The triadic system is the integration of three theories: the science of the group, the science of sociometry and the science of action. These are interrelated and indispensable to one another.

1. The first discovery was that interaction of individuals in groups has a therapeutic potential. Social interaction can lead to indifference, to vio-

lence and destruction, but also to integration and catharsis. The result was the concept of "therapeutic interaction" (one man a therapeutic agent of the other) and interactional, co-actional group psychotherapy, which has become the foundation of all forms of group psychotherapy.

2. Therapeutic interaction found a solid scientific basis in the science of sociometry.

3. The greatest benefits accrue to group psychotherapy and sociometry through the action methods, therapeutic psychodrama, psychodrama in situ, and behavior training.

The experimental methods of group and action therapy did not prosper in university laboratories; they require the open communities as fields of testing and research. One can distinguish between two directions of experimental methods, (a) in the atmosphere of a university laboratory, for instance, Pavlov's experiment, and (b) in the atmosphere of the open community, as sociodrama, group psychotherapy, sociometry, family therapy, etc.

Conditions of the open experiment are: the visible body in space, in the here and now, real life, on the spot, in situ, the group, action and interaction, acting out, action and social catharsis.

E. *The Universe as a Frame of Reference, Creativity, Spontaneity, Cultural Conserves*

It is difficult to construct a meaningful social experiment without an approximate image of man. A science of man, in turn, should start with an approximate image of the universe. A central model of the universe, however incomplete, is unavoidable if we are to construct a model of man's world. An incomplete or deficient model of the universe is better than none. Einstein and the new atomic science have made us more conscious than ever of our place in and dependence upon the larger universe. The technological developments of communication have made the inhabitants of our planet look smaller than a medieval family. Freud saw the position of man as the one of a traveler between birth and death. He saw nothing beyond, except silence. Marx saw the position of man as that of a member of human society, the struggle within it as his ultimate destiny; for him too, the cosmos beyond was shattered. I moved man back into the universe.

Man is more than a psychologic, social or biologic being. He is a cosmic being. Reducing man's responsibility to the psychologic, social or biologic department of living makes him an outcast. Man is co-responsible for the entire universe. The life and future of the universe is important; indeed, the only thing which matters—more important than the life and death of man

as an individual, as a particular civilization or as a species. Behind the utter dependence of the most perishable human infant upon others lies the paradoxic fact of his grandeur, his ultimate responsibility for the entire universe. There is no guarantee for his existence unless the existence of the entire universe is guaranteed. There is perhaps no guarantee for the existence of the universe unless man's continued existence is guaranteed.

The universe is infinite creativity. Creativity is *the* problem of the universe; it is, therefore, *the* problem of all existence, *the* problem of every religion, science; creativity is *the* problem of psychology, sociometry and human relations. But creativity is not a "separate" mystic, aristocratic, esthetic or theological category; if it is on top, it is also on the bottom; if it is in the macrocosmos, it is also in the microcosmos; if it is in the largest, it is also in the smallest; in the physical and social atom, it permeates the common and the trivial; it is in the eternal and the most transitory forms of existence; it operates in the here-and-now, as I am speaking to you.

Creativity manifests itself in any series of creativity states or creative acts. Spontaneity and creativity are not identical or similar processes. They are different categories, although strategically linked. In the case of man, his spontaneity may be diametrically opposite to his creativity; an individual may have a high degree of spontaneity but be entirely uncreative, a spontaneous idiot. Creativity belongs to the categories of the substance—the arch substance. It is the elementary X without any specialized connotation, the X which may be recognized by its acts. In order to become effective, it needs a catalyzer. The catalyzer of creativity is spontaneity.

The future of a culture is finally decided by the creativity of its carriers. If a disease of creative functions, a creativity neurosis, has afflicted the most primary group, the creative men of the human race, then it is of supreme importance that the principle of creativity be redefined and that its perverted forms be compared with creativity in its original states. There are higher and lower forms of creativity. The highest forms of human creativity are manifest in the lives of prophets, poets, saints and scientists.

Creativity is the core of all organic existence. Trees, flowers, vegetables, paramecia, and people must be creative in order to survive. This factor of creativity is general throughout the universe and is general in the daily existence of all living things.

It is for these reasons that I emphasize the therapeutic technique of spontaneity-creativity. If one accepts the assumptions that the more creative the personality, the more problems it can solve, and that the more

creative it is the better it can structure and predict the future, then it seems mandatory that we must train for creativity.

Spontaneity is the variable degree of adequate response to a situation of a variable degree of novelty. Novelty of behavior by itself is not the measure of spontaneity. Novelty has to be qualified against its adequacy in situ. Adequacy of behavior by itself is also not the measure of spontaneity. Adequacy has to be qualified against its novelty. The novelty, for instance, of extreme psychotic behavior may be to such a degree incoherent that the actor is unable to solve any concrete problem, to plan an act of suicide, to cut a piece of bread or to solve a thought problem. We speak then of pathological spontaneity. The adequacy of behavior may be unnovel to a degree which results in strict, rigid, or automatic conformity to a cultural conserve. Such adherence may gradually obliterate the ability of the organism and the talent of the actor to change. Spontaneity operates in the here and now. The novelty of a moment demands a past which does not contain this particular novelty. Spontaneity research has enabled us to recognize the various phases and degrees of spontaneity as one continuous process, the reduction and loss of spontaneity, impulsive abreactions and the pathological excess as well as adequate and disciplined spontaneity, productive and creative spontaneity. It recognized also that spontaneity does not operate in a vacuum but in relation to already structured phenomena, cultural and social conserves.

Cultural conserves are products of creativity; they are antipodal to the spontaneous creative matrices which emerge every time a creative process is in the making, in the intensive heat of status nascendi. They aim at being the finished products of a creative process and, as such, have assumed an almost sacred quality. The cultural conserve is the epitome of man's irresistible drive toward immortality. It renders to the individual a service similar to that which it renders as an historic category to culture at large—continuity of heritage—securing for him the preservation and the continuity of his creative ego. But spontaneity and creativity never cease entirely to affect cultural conserves, some "amount" of them enters into every one of its renderings, in a greater or lesser degree. By "amount" of spontaneity, we do not mean amounts which are stored up or conserved. Even the greatest possible amount of stored-up spontaneity and creativity could not make a butterfly anything more than a butterfly.

More than any other single factor the conserve has stimulated the development of the robot. The current, well publicized, highspeed electric computers are not able to warm up and develop the spark of spontaneity.

These gigantic electric brains possess phenomenal conditioned responses but lack the ingenuity of man's creative inspiration and spontaneous reciprocity to unexpected situations.[5]

A conditioned response produces only a singular behavior pattern, whereas the warming up procedure is involved in preparing the subject for an act as well as in structuring the action. The personality which is not creative is very much like the robot. The robot conserves and reacts to situations but cannot create new situations. It is in the treachery of assuming too much from automatons that the personality is likely to defeat itself and fail to survive in a changing world situation. The personality must not only meet new situations, but it must create new situations.

The danger of the cultural conserve lies both in its state of finality and in the abuse of it by mankind. In the first place, once spontaneity and creativity have been conserved in the culture of people, the twin factors of spontaneity and creativity no longer exist as an actuality in the universe. In the second place, the sanctification of conserves is a hard habit to break. The conserve is comforting and maternal but to idealize it is to regress.

Such valuable conserves as the Bible, great books and symphonies, etc., may become objects of worship in themselves, and be ignored for the good they can accomplish as warming up and spontaneity stimuli for current creative living. Yet even the smallest amount of "free" spontaneity, summoned and created by a being on the spur of the moment—a product, in other words, of the moment—is of greater value than all the treasures of the past, of past "moments." Spontaneous creativity—however supreme it may be in itself—once conserved is, by definition, no longer spontaneity; it has lost its actuality in the universe. What "conserved" creativity truly represents, at best, is power, a means of expressing superiority when actual superiority has ceased to be available.

The objective and measurable manifestation of spontaneity is the warming up process. It operates in several directions:

1. In situations which are meaningful to the actor, from which he draws pleasure or displeasure and which have at the moment of enactment a strong emotional appeal to him. This is the simplest way of getting involved in his *own* psychodrama.
2. The actor can be his own starter. He can put himself into motion by using bodily or mental starters; this is a form of "self condi-

[5] See Ledford J. Bischof, *Interpreting Personality Theories,* Harper & Row, 1964.

tioning" like an auto which could start driving itself without a driver.

3. *Another person* can be his starter. a friend, the director, an auxiliary ego, etc., triggering him off to act in the direction of his need.
4. The warm up to portray another person closely related to him, his father or mother, his brother, his girlfriend, his child, or a person unrelated but known to him, a waiter in a downtown hotel, or a person unrelated and unknown to him, someone's neighbor.
5. The director can ask students to *simulate situations* of various sort. Simulation techniques are essential in role presentation, and widely used in such diverse fields as military warfare, training of astronauts, training of management and industrial personnel and training of diplomats.

One of the effects of warming up and spontaneity training is mental catharsis. Mental catharsis has attained a new meaning with the development of psychodrama. It differs from Aristotle's, which was aroused in the spectators by drama conserves of the Greek theater and from Breuer's hypnocathartic methid: (1) acting out, action insight, action change, action training; (2) catharsis of the actor versus the catharsis of the spectator; (3) in contrast with a catharsis of abreaction, a catharsis of integration; and (4) catharsis through acting out following up by self-interpretation in contrast to catharsis through free associations followed up by interpretation of the therapist.

But the relationship of spontaneity to creativity and the cultural conserve as well as their place in the universe merits additional clarification.

What is spontaneity? Is it a kind of energy? If it is energy it is *unconservable*, if the meaning of spontaneity should be kept consistent. We must, therefore, differentiate between two varieties of energy, conservable and unconservable energy. Conservable energy is found in the form of the "cultural" conserves, which can be saved up, which can be spent at will in selected parts and used at different points in time; it is like a robot at the disposal of its owner. There is another form of energy which emerges and which is spent in a moment, which must emerge to be spent and which must be spent to make place for emergence, like the life of some animals which are born and die in the love-act.

It is a truism to say that the universe cannot exist without physical and mental energy which can be preserved. But it is more important to realize that without the other kind of energy, the unconservable kind—spontaneity—

the creativity of the universe could not start and could not run, it would come to a standstill.

There is apparently little spontaneity in the universe, or, by contrast, if there is any abundance of it, only a small particle is available to man, hardly enough to keep him surviving. In the past he has done everything to discourage its development. He could not rely upon the instability and insecurity of the moment, with an organism which was not ready to deal with it adequately; he encouraged the development of such devices as intelligence, memory, social and cultural conserves, which would give him the needed support, with the result that he gradually became the slave of his own crutches.

If there is a neurological localization of the spontaneity-creativity process it is the least developed function of man's nervous system. The difficulty is that one cannot store spontaneity, one either is spontaneous at a given moment or one is not. If spontaneity is such an important factor for man's world why is it so little developed? The answer is: man *fears* spontaneity, just like his ancestor in the jungle feared fire; he feared fire until he learned how to make it. Man will fear spontaneity until he will learn how to train it.

When the nineteenth century came to an end and the final accounting was made, what emerged as its greatest contribution to the mental and social sciences was to many minds the idea of the unconscious and its cathexes. When the twentieth century will close its doors that which will come out as the greatest achievement is the idea of spontaneity and creativity, and the significant, indelible link between them. It may be said that the efforts of the two centuries complement one another. If the nineteenth century looked for the "lowest" common denominator of mankind, the unconscious, the twentieth century discovered, or rediscovered its "highest" common denominator—spontaneity and creativity.

Anxiety is a function of spontaneity-creativity. It is an existential condition of living; it increases or decreases with the fall and rise of spontaneity—but it is active, regardless ow whether any traumas or frustrations ever emerge in the life of an individual. Traumas accentuate or intensify but do not produce anxiety. The origin of anxiety is the separation of the individual from the rest of the universe—the result of being cut off. Being cut off is concomitant with helplessness and death. "Cut off" should not imply that a unity pre-existed—that a paradise got lost—but rather that the individual *finds* himself separated from an indispensable, unlimited context of relations —the universe, which is at times familiar and loving, at times strange and

threatening. The individual is "in the universe" just as much or more than he is in his body or is a member within a social group.

F. *Begegnung: Encounter, Origins of Heroic Existentialism*

The first step into the universe is the *encounter.* My encounter dialogues (1911-1919) in the settings of a church, a theater and a library were reports of actual session demonstrations. Encounter was not meant to be a nominal designation but a dynamic, living encounter. Begegnung was postulated as the basis for all genuine therapeutic action. I introduced the concept of the Begegnung first in 1914 and carried it through systematically in all my German publications until 1925. It was particularly presented in the Daimon Magazine (1918) in which I had many collaborators, Werfel, Kafka, Brod, Martin Buber and others. Buber borrowed from me the concept of the encounter between I and Thou and between I and God, and applied it ten years later in his *I and Thou.* In order to eliminate any doubt as to the vitality of every encounter, each of my books was initiated by the inscription "Invitation to an Encounter," directed towards every reader.

"Begegnung" is an effort made by man to restore the union of the individual with the universe. It is a German word, difficult to translate, like Gestalt (configuration), Einfühlung (empathy) and Stegreif (spontaneity). It has attained many connotations which no single Anglo-Saxon word conveys; several English words have to be used to express its atmosphere. It means confronting or facing each other, contact of bodies, countering and battling, seeing and perceiving, touching and entering into each other, sharing and loving, communicating with each other in a primary, intuitive manner by speech or gesture, by kiss and embrace, becoming one—una cum uno. The word Begegnung contains the root for the word "gegen," which means "against." It thus encompasses not only loving, but also hostile and threatening relationships. "Encounter," which derives from the French "rencontre," is the nearest translation of Begegnung.

Begegnung conveys that two or more persons meet, not only to face one another, but to live and experience one another—as actors, each in his own right. It is not only emotional rapport, like the professional meeting of a physician or therapist or patient, or an intellectual rapport, like teacher and student, or a scientific rapport, like a participant observer with his subject. It is a meeting on the most intensive level of communication. The persons are there, in space; they may meet for the first time, with all their strengths and weaknesses—human actors seething with spontaneity and zest. It is not Einfühlung; it is Zweifühlung—togetherness, sharing life. It is an

intuitive reversal of roles, a realization of the self through the other; it is identity, the rare, unforgotten experience of total reciprocity.

In the beginning was existence. But existence without anyone or anything that exists has no meaning. In the beginning was the word, the idea—but the deed was prior to it. In the beginning was the deed, but the deed is not possible without the doer, without an object towards which the doer moves and a thou whom he encounters. In the beginning was the encounter; as I described it in my earliest writings (1914): "And when you are near I will tear your eyes out and use them instead of mine, and you will tear my eyes out and use them instead of yours; then I will look at you with your eyes and you will look at me with mine."

The encounter is extemporaneous, unstructured, unplanned, unrehearsed —it occurs on the spur of the moment. It is "in the moment," "in the here" and "in the now." It can be thought of as the preamble, the universal frame of all forms of structured meeting, the common matrix of all the psychotherapies, from the total subordination of the patient (as in the hypnotic situation) to the superiority and autonomy of the protagonist (as in psychodrama).

G. *Telic Sensitivity*

There is need for an objective criterion for telic sensitivity. It is comparable with penicillin sensitivity. Tele is per se not responsible for undesirable reactions of supersensitivity. We must assume that the offending units are degradation products of transference.

Telic sensitivity operates in all forms of psychotherapy: in the self-therapies, the Begegnung, the dyadic methods as well as in all group methods as group psychotherapy, and in all action methods as psychodrama.

According to telic theory, the development of telic sensitivity is closely linked with the matrix of identity, and the development of the cerebral cortex. As maternal figures and infants slowly grow apart, and the identity pattern weakens, telic reciprocity steps in and operates as the residual function. Telic reciprocity proposes that A and B are an interactional, cooperational unit; that they are two parts of the same process, although occasionally at different points in space and time. Telic sensitivity is therefore, a two-way process-sensitivity of the parts "for one another." It is by experience mutual and reciprocal—what benefits one benefits the other. It is productive because it is both ways and continuous. It can be compared with "tele-phonic communication." Empathy is a telic fragment which emerges in the course of individuation and self-integration: it proposes that A and B

are separate individuals, that they are acting side by side; it is a one-way process—sensitivity which one has for the other.

Telic reciprocity is the common characteristic of all encounter experience. It is the intuitive "click" between the participants—no words need be spoken between mother and infant, or two lovers. An intimate feeling envelops them; it is an uncanny sensitivity for each other which welds individuals into unity. In genuine love relations the partners share each other's cleverness as well as each other's limitations. Love is a telic relationship. Mother and infant or two lovers, A and B, do not only "identify," *they share in an act.* That is what "part"-icipation means.

In life itself we are expected to be sensitive to the feelings of the person with whom we are interacting at the time. Watching the behavior of partners and putting ourselves into their situations, mentally reversing roles with them, we are continuously getting clues as to how they expect us to act. In turn, we are giving them clues as to how we expect them to act. In many of the stereotyped and humdrum situations of life, it is insensitivity of partners for clues in significant situations which leads to serious interpersonal conflicts, often difficult to repair.

The relation between therapist and patient, whether in individual or group psychotherapy, requires telic sensitivity. Telic sensitivity is "trainable." It is tele which establishes natural "correspondence" between therapist and patient. It is an absence of this factor in professional therapeutic relations which is responsible for therapeutic failures; it must be regained in order to make any technology work. Transference of the patient may relate him to a person who is not there; transference of the therapist may relate him to a patient who is not there. The result is that patient and therapist talk past each other, instead of to each other. Similarly, empathy and counterempathy do not add up to tele; they may run parallel, and never mix, that is, never become a telic relationship.

An individual with empathic sensitivity is able to penetrate and understand another individual, but this experience is possible without mutual love. If one partner empathizes with the other, he may be able to take advantage of her, be injurious or make her dependent upon himself because of his sheer ability to use his "empathic cunning." This is why training of empathic ability, as in the case of psychopathic individuals, frequently leads to the opposite of what is expected. Just because they are able to feel themselves into the thoughts of their victim, they may become better equipped for their criminal plots. It is reported by his biographers that Adolf Hitler was endowed with a high degree of empathy, but he used his talent to hurt

rather than to help his associates. Empathy, like intelligence, therefore, can be used for social as well as for antisocial ends.

Telic sensitivity is of importance in all forms of training but is particularly important in psychodramatic production. The director, in the position of the participant observer, may empathize himself into the protagonist's present needs, and decide on a general plan of action. But it is not he who has to interact with the protagonist; it is the auxiliary ego, who, for instance, takes the role of the patient's mother. In the transition from the level of observation to the level of interaction the orientation may change. The problem of the auxiliary ego is therefore to think both ways—not only what is a good clue for her, but also what is a good clue for the protagonist. If the auxiliary ego prefers, or is biased in favor of, certain clues, the interaction will be flat and disoriented; no true communication will take place. On the other hand, the protagonist may pass along to the auxiliary ego, in the course of structuring the situation, two or three clues within a few seconds. The director and auxiliary egos are confronted with not only which clues to use, but which clues to let "pass"; they have to let pass far more clues than they can use. The "timing" of the right clue is another aspect of the problem. Once the protagonist and auxiliary ego decide which clue is right and appropriate, they must rapidly use it before it is too late; otherwise, they may lose "contact" with each other. Adequate interpersonal communication results from the help which one individual can give to another at a certain moment and in a certain locus.

H. *Co-Unconscious States and the "Inter-Psyche"*

Natural groupings behave differently from groups of strangers. Mother and child, members of a family, matrimonial partners, two lovers, friends and business partners of long standing and similar intimate interpersonal ensembles have a common matrix of silent understanding. The members of such groups have a common past, they expect a common future and they share a life together in their home. When, for instance, husband and wife re-enact in a psychodramatic session an intimate episode in which they have been involved, one appears to know the experience of the other with surprising accuracy; the same clairvoyance is evident in the enactment of present episodes and future projections. It is as if they would have developed in the course of years a long and intricate chain of quasi-unconscious states. If one of the dyad or triad begins to draw from one phase of the common experience, the other one has no difficulty in continuing the same thread supplementing the other, as if they were one person and "as if"

they would have a common unconscious life. They appear to share in what I have called "co-conscious" and "co-unconscious" states. But the insight which one person has about what goes on in the other person's mind is often sketchy. They live simultaneously in different worlds which communicate only at times and even then incompletely. The psyche is not transparent. We see man and wife acting out in a psychodrama, side by side, some feelings and thoughts which they never knew in regard to each other. They were themselves taken by surprise upon hearing and seeing what the other party felt, hitherto fully unnoticed. The checking, reminding, and analyzing of each by the other is carried out by the patients themselves. They add parts which one or the other had left out in the particular scene. At times what seemed important to him did not seem important to her. In consequence they placed emphasis upon different points. Indeed, in the interpretation of free associations of a single individual, the psychoanalyst has no control of validity except the assertion of that particular patient that a certain episode has the meaning the therapist ascribes to it. But in the symbiotic responses of co-unconscious states, one acts like a mirror and extension of the other. There are here two actors and two observers concurring on the accuracy of an event.

Neither the concept of unconscious states of Freud nor that of the collective unconscious states of Jung can be easily applied to these problems without stretching the meaning of the terms. The free associations of "A" may be a path to the unconscious states of "A"; the free associations of "B" may be a path to the unconscious states of "B"; but can the unconscious material of "A" ever link naturally and directly with the unconscious material of "B" unless they share in unconscious states? The concept of individual unconscious states becomes unsatisfactory for explaining both movements, from the present situation of "A," and in reverse to the present situation of "B." We must look for a concept which is so constructed that the objective indication for the existence of this two-way process does not come from a single psyche but from a still deeper reality in which the unconscious states of two or several individuals are interlocked with a system of "co-unconscious" states. Jung postulated that every individual has besides a personal, a collective unconscious. Although the distinction may be useful, it does not help in solving the dilemma described. Jung does not apply the collective unconscious to the concrete collectivities in which people live. There is nothing gained in turning from a personal to a "collective unconscious" if by doing this the anchorage to the *concrete,* whether individual or group, is lost. Had he turned to the group by

developing techniques like group psychotherapy or sociodrama, he might have gained a concrete position for his theory of the collective unconscious; as it is, however, he underplayed the individual anchorage but did not establish a safe "collective anchorage" as a counterposition. The problem here is not the collective images of a given culture or of mankind, but the *specific* relatedness and cohesivenes of a group of individuals. In the system of co-unconscious states, extended into the interpersonal networks of the group we have found a *rationale* for the significance and effectiveness of role reversal, double, mirror and other psychodramatic techniques. Now we understand that they are the natural instruments for exploring, modifying and retraining. But this still leaves a question open. Phenomena like hallucinations and dreams require elaborate symbolic systems of interpretation as long as we limit our communications with the patients to language and free association of words. It is because they originated in a period of our mental growth when acts have a priority over words, in the "no-man's land" of physical signs, act-hunger and spontaneous role playing, that direct operational methods and action techniques like psychodrama are better fitted for exploring them.

I. *Role Reversal*

The indispensable nature of role reversal has been amply demonstrated in experiments with psychodrama in situ. Some of my role reversal hypotheses are as follows:

1. Role reversal is a technique of socialization and self-integration. It is an invaluable teaching and learning device and may be used as a corrective for unsocial behavior.
2. The technique of role reversal is the more effective the nearer in psychological, social and ethnic proximity the two individuals are: mother-child, father-son, husband-wife.
3. Role reversal tends to diminish the dependency of the child upon the parent.
4. Role reversal increases role perception. The more roles the individual plays in life, the greater his capacity to reverse roles.
5. In the social growth of the child role reversal may go through three critical stages, such as inability to reverse roles with:
   a. Inferior subhuman beings such as animals or insects.
   b. Nonhuman objects as machines, trees, stones, water.
   c. Superior and powerful beings like parents, teachers, God, or the devil.

6. Role reversal is indispensable for the exploration of interpersonal relations and small group research.
7. Role reversal requires specific techniques which must be mastered in order to benefit from the viewpoint of the other person. Although every parent is a natural, but untrained auxiliary ego, to be able to employ role reversal effectively to one's own child every parent needs psychodramatic training.
8. Role reversal increases sociometric status.

There is a close reciprocal relationship between role playing and spontaneity-creativity. Role playing is the avenue to the making of a truly spontaneous individual. Out of spontaneity comes the creativity that man needs to exist in this world. However, if an individual tightly structures his role, he creates a form of cultural conserve. By "storing up" his capacity to play a role in which the individual does not deviate from a set pattern of behavior, he loses the advantage of further spontaneity-creativity.

J. *The Need for Mass Psychiatry*

When the need for mass psychiatry emerged in our time, there were two questions: (1) Why is the need for mass treatment greater and more urgent now than perhaps at any other time in history? (2) By what methods can we reach the masses effectively?

Let us first answer question one: The development of mass media of transportation and communication have projected and filtered into every home innumerable ideas, perceptions and persuasions which have reduced the influence of the immediate family. It is not an accident that the sociometrists have introduced the term "tele" which means "influence at a distance" as a basic concept. Of course, mass media such as television and motion pictures are influences at a distance, but they are notoriously one-way relationships. Therefore it is implied in the tele concept that two-way relationships be established between two individuals, however far distant from one another, so as to restore the intimacy which exists in the dyads of the family group.

It is not the family which we necessarily want to preserve forever, it may someday be replaced by something more adequate, but what we want to preserve is the immediate contact between me and you, the encounter. The encounter shall never perish from the earth.

Question two has been answered in two ways: (a) By methods which can reach the small groups. (b) By methods which can reach large masses of people, in the literal sense, the entire living community.

Among the methods which are being developed in our time to reach large masses of people is the modern theater which is increasingly following the psychodramatic model.

As the International Congress of Psychodrama is in progress here in Paris simultaneously at the Lincoln Center in New York City a play is being presented "After the Fall" by Arthur Miller produced by E. Kazan, which is a kind of a psychodrama conserve, and in London, performed by the Repertory Company of the Royal Shakespeare Society, a play is presented directed by Peter Hall and Peter Brook "The Persecution and Assassination of Marot as performed by the inmates of the Asylum of Charenton under the direction of Marquis de Sade." It is not a psychodrama in the true meaning of the word but it applies some of its methods. Marquis de Sade was not a psychodramatist, he wrote the play like any other playwright but the patients of the asylum were permitted to perform in it. In this aspect he can be considered as a forerunner. Another theater in London presents "Poor Bitos," a play by Anouilh, in which psychodramatic principles are applied. This play uses extensively psychodramatic techniques like soliloquy, mirror techniques, role reversal, double, etc. Here in Paris in collaboration with the Italian Director Roberto Rossellini, I made a psychodramatic motion picture sponsored by the French Government Radio et Television a few years ago. Mr. Rouch, the producer in the French Cinema, has approached psychodramatic rules many times in his productions. Last not least, we in the USA portray events of everyday life on the television screen, for instance the popular program, "The Eleventh Hour." Recently I taped in behalf of the Camarillo State Hospital in California a one-hour television program called "Psychodrama in Action." These are all signs of the time indicating how mass media of communication are used for therapeutic and esthetic aims.

The television-psychodrama is at present the future method par excellence. But other, better methods will emerge in the future. The commandment is that all beings be included in the therapy, all mankind.

In the psychodrama of action groups, in the synthetic group formations in clinics, in natural groupings like families and community settlements, in forms of psychodrama in situ, on the spot in the here and now, the small group approach has spread all over the world and is practiced in many varieties. The treatment of large masses, consciously or unconsciously, is already in full swing in many places waiting to be organized in an overall system of operations. The treatment of the entire living humanity,

which was at the time of *Who Shall Survive?* a utopian dream, is moving now towards becoming a practical reality.

Every group psychotherapy session can be viewed as a modified Stegreiftheater, a modified theatre of spontaneity. The original dictum of the psychodramatic process was that there are "no" spectators permitted in the theatre of psychodrama. All participants are to play their own roles and to switch roles with every member in the group, each acting out his perception of the other fellow. The idea of psychodrama, reaching back to the dimmest memories of earliest civilizations, presents the first modern model of mass psychiatry. Although limited in the numbers of people who could participate in person, it contained the seed which could be taken up by the mass media of communication, especially by television, to be developed further into the televised psychodrama.

Now my friends, during the course of this Congress you will have the opportunity to participate in several psychodrama sessions in the Permanent Theatre. I hope you will have the courage to explore, by means of the psychodramatic process, not only the big problems of the world but also some of your own problems. They do not necessarily have to be the big past traumas of your life, but they may be just the small, nagging, repetitive problems of everyday life, problems which can often be more pestiforous and frustrating than the great traumatic experiences of the past. Traumas are not necessarily defined as nightmares but may be very positive, productive experiences.

If there is any past trauma worth considering, it is not the birth trauma, it is not the trauma of sexual procreation, it is not the trauma of conception—but it is the trauma of all traumas, the trauma of the birth of the entire universe on the first day of creation, when the world was begun by whatever circumstances or accident. And should there be no such thing as a beginning, then the travaille goes on and on without end, a la recherche du "trauma" perdu. If this travaille is infinite and futile—as it appears to common sense—then we are forever thrown back into this moment, hic et nunc, the moment of living, the trauma of this moment, of this encounter, the moment which we have to face and for the sake of which we have to struggle, our most ultimate responsibility.

By whatever name we call this living and creating in the moment, psychodrama is *the method of our last stand,* into which we pack all our resources, magic and scientific, physiological, pharmacological, sociological, cultural, and cosmic, so as to successfully encounter and answer the demands of life in this moment, the here and now.

AMERICAN SOCIETY OF GROUP PSYCHOTHERAPY AND PSYCHODRAMA

Annual Meeting, March 19-21, 1965

The annual meeting of the American Society of Group Psychotherapy and Psychodrama will take place at the Barbizon Plaza Hotel in New York City from March 19 through 21, 1965.

1. A *permanent rotating Theater of Psychodrama* will function in the large auditorium of the Barbizon Plaza Hotel for the duration of the annual meeting. On Sunday, March 21st, a permanent Theater of Psychodrama will function at the Moreno Institute Inc., 236 West 78 Street, New York City. 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.

ANNOUNCEMENTS

The First International Congress of Psychodrama in Paris, France was a world success. 1100 Delegates attended and an additional 200 from eastern Europe could not attend in person because of visa and monetary difficulties. It was attended by participants from 45 countries and culminated in a reception given by the Mayor of Paris. France at the City Hall for foreign delegates.

J. L. Moreno, M.D., Honorary President of the Congress, was accompanied by Mrs. Zerka T. Moreno and Jonathan. Many distinguished psychodramatists and sociometrists from the USA were present among them James M. Enneis from St. Elizabeths Hospital, Washington, D.C., Miss Hannah B. Weiner, Dr. James M. Sacks, Dr. Joseph I. Meiers and Mr. and Mrs. William Moreno from New York City, Dr. Anna Brind from Los Angeles, California, Rev. Allan N. Zacher from St. Louis, Missouri, Professor Doris Twitchell Allen from Cincinnati, Ohio, Dr. and Mrs. Dean G. Elefthery from Macclenny, Florida, among others.

The decision was reached at the First International Congress of Psychodrama to organize the Second International Congress of Psychodrama in Paris, France, for a stretch of six days from August 25 to September 1, 1966. (See preliminary registration blank enclosed.)