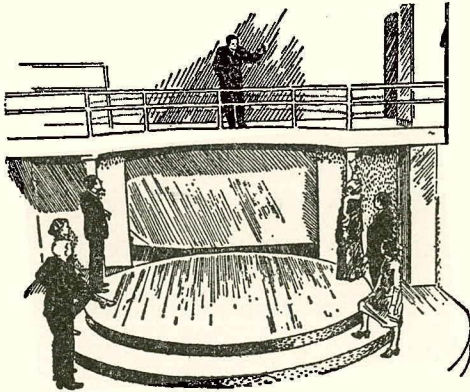


# GROUP PSYCHOTHERAPY

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# CONJUNCTIVE USE OF PSYCHODRAMA AND GROUP PSYCHOTHERAPY IN A GROUP LIVING PROGRAM WITH SCHIZOPHRENIC PATIENTS<sup>1</sup>

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## I. INTRODUCTION

Although Moreno and Toeman (1942), and Yablonsky and Enneis (1956) have pointed out that psychodramatic group therapy and discussional group therapy can be meaningfully combined, some reports describe them as different in techniques and goals, and suggest that they constitute mutually exclusive types of treatment.

Slavson (1955) referred to psychodrama as a catharsis inducer rather than a form of total therapy. He distinguishes psychodrama as more effective with psychotic patients, while analytic group therapy which emphasizes self-exploration, as more effective for neurotic patients. Goldberg et al. (1955) treated one group of hospitalized psychotic patients with psychodramatic group therapy, and a similar group with discussional group therapy. Their results indicated that psychodramatic group therapy was the more favorable technique as it elicited greater focussing of attention and a stronger group identification. More recently psychodrama and discussional group therapy have been used together as part of the same treatment program. Kinder and Daniels (1962) used group therapy and psychodrama as two concurrent forms of psychotherapy provided in their day center. Boszormenyi-Nagy and Framo (1962) also describe the joint use of group therapy and psychodrama among other therapies, in the family treatment of schizophrenia. These recent treatment programs which utilize psychodrama and group therapy do not elaborate upon the relationship between them or comment on possible values of their conjunctive use. What follows describes the conjoint, interlocking use of both of these therapies in the same treatment program.

Psychodrama combined with group therapy has played an integral role in intensive group treatment for withdrawn schizophrenic patients known as the Group Living Program. This large research program has been described more fully by Williams et al. (1957, 1962). It consists of intensive therapy

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<sup>1</sup> Appreciation is extended to Rosalie Hunter, R.N., B.S.N., Diane Ponozzo, R.N., and Antoinette Genova, R.N. for their participation in this project.

focussed on a small, closely knit group of 6 to 8 schizophrenics at any one time who had been psychotic from 1 to 5 years, and whose primary symptoms are social withdrawal and isolation. These patients, ranging in age from 20-40, attend all hospital activities as a special treatment group. The group-centered approach is utilized in every activity, and in addition to psychodrama and group therapy, patients attend special programs in occupational therapy, music therapy, recreational therapy, the library and dancing with volunteers. This group of patients attended 5 one-hour group therapy session per week which were augmented by one weekly psychodrama session of approximately 1½ hours duration. The Group Living Program was run as an open-ended, continuous form of group treatment in the Inpatient Psychiatric Service of a large General Medical and Surgical Hospital. Length of patient stay in the program was variable, ranging from 2 to 8 months per patient. During this phase of the program, which covers approximately 2 years, 34 patients participated and completed treatment.

The psychodrama activity was led by a well experienced director; an interdisciplinary heterosexual group drawn from psychology, social service, and nursing comprised the psychodramatic team. The social worker had fairly frequent contact with patient relatives, and was able to present the reality of the patient's familial situation. The nurse brought to the session a knowledge of the patients' hospital adjustment since she had frequent ward contact with them. The psychodrama team played out necessary roles in familial, social or vocational situations or responded to the enactment of such situations as therapeutic members of the group. In general, the director and team members were relatively direct and free in expressing their own feelings. No observers were utilized, and team members participated for a minimum of 6 months. The director and one psychologist worked continuously with the group for its duration, a period slightly longer than 2 years.

The group therapy sessions were conducted by a male and a female co-therapist who had extensive backgrounds in group treatment and who worked together for the duration of the group. They were clinical psychologists, and, although both were experienced in psychodrama, neither operated as members of the psychodrama team at any time. Both therapists were analytically oriented, and the sessions were conducted along "group-centered" lines as described by Bach (1954) and Mullan and Rosenbaum (1962). In these sessions the therapists provided a minimum of direction and structuring, but strongly encouraged discussion and interaction among group members.

Psychodrama was conducted regularly from 9:00 a.m. to 10:30 a.m.

on Tuesday morning; group psychotherapy was conducted daily from 11:00 a.m. to 12:00 p.m. A discussion among the team and the two co-therapists preceded psychodrama. Events which had happened during the previous week both in and out of the hospital were reviewed, and possible leads for the psychodrama session noted. Immediately after psychodrama, the team met with the co-therapists to discuss the patients' responses. As a result of these two exchanges, it became apparent that psychodrama and "group-centered" therapy played diverse though complementary roles, and met somewhat different needs in given patients.

## II. COMPLEMENTARY ASPECTS OF PSYCHODRAMA AND ANALYTIC GROUP PSYCHOTHERAPY

A. Feelings or relationships verbalized in group psychotherapy could be dealt with situationally in psychodrama. In this way it became an extension of the group therapy process at the action level. During these sessions, the group not only discussed, but acted out old and new modes of behavior. In psychodrama the group focussed intensively on patterns of interaction, scrutinized old value systems and enacted alternative patterns of dealing with problems. While group therapy tended to explore and specify the relationship between feelings and behavior, psychodrama tended to clarify and act out this relationship graphically.

B. An affect or situation experienced in psychodrama could be further probed and its ramifications discussed in group therapy. The discussion of events from psychodrama was not limited to the summary, but frequently carried over into one or more of the following group psychotherapy sessions. After psychodrama the group tended to be warmed up, and their spontaneity level was high at the start of the ensuing group therapy session.

C. Psychodrama provided certain patients opportunity to demonstrate to the group their identity free of its "sick patient" aspects with an associated increase in self-esteem. For example, one of the passive-resistant patients was able to enact a problem from his military career which for the first time revealed his capacity for self-initiated, responsible action. This had not been apparent in group therapy. However, once these adequate aspects of behavior were known to fellow group members and the staff, it was difficult for him to fully retreat to his former position. More important, the narcissistic gain to his ego reduced the need to rely so heavily on pathogenic defenses. Also, when a patient was able to enact a role in another group member's problem, this provided further opportunity to experience normal aspects of personality

functioning. As the group observed and commented upon such a patient's adaptive behavior, it was more clearly sensed as part of his own self-system.

D. The conjunctive use of psychodrama and group therapy tended to provide reciprocal preparation with one form of therapy serving as a catalyst for the other. One patient who was antagonistic to psychodrama, but participated in group therapy, discussed psychodrama in group psychotherapy, and later became active in psychodrama. Another patient reversed this. Once some of his interpersonal difficulties were enacted in psychodrama, his participation in group therapy increased.

E. Psychodrama was therapeutically useful in reaching and assessing the level of operation of two difficult types of patients.

### *1. Effects with Psychotically Disruptive Patients*

The psychodramatic activity permitted flagrantly disturbed patients considerable freedom to interact behaviorally. It provided such patients a vehicle through which they could show their readiness to enact life relationships, however disturbed or distorted they might be. The psychodrama team was able to enter into and act out delusional material the patients presented. The enactment of this delusional material vivified to the group conflicts precipitating such thoughts and subsequent bizarre behavior. The dramatization of grossly psychotic conflicts appeared to increase the group's understanding of and tolerance for the disturbed member.

### *2. Efficacy with Non-verbal Patients*

The playing out of common, well structured situations was used to initially involve certain types of unresponsive, passive patients. For example, patients were frequently asked to enact what they would do were they lost in a strange town. Once engaged at the action level in psychodrama, such patients were more able to approach affectively loaded situations. This action-oriented approach appeared to reach these patients at their current level of functioning which tended to be concrete and non-verbal. During group therapy these individuals repeatedly withdrew into silence or steadfast denial despite efforts by the group and co-therapists to encourage them toward exploration. For example, one 36 year old patient who lived with his mother consistently denied trouble in this relationship when approached at a verbal level in group therapy. In psychodrama he was able to enact not only the conflicted aspects of this relationship, but also the obsessive-compulsive tendencies which immobilized him at the moment of discussion.

### III. ADDITIONAL BENEFITS OF THE CONJUNCTIVE USE OF GROUP PSYCHOTHERAPY AND PSYCHODRAMA

#### A. *Increased Opportunity to Establish Object Relationships*

The conjoint use of group psychotherapy and psychodrama offered patients an unusually wide range of therapist personalities from which to choose. Taken together, both forms of therapy provided a minimum of 6 individuals of both sexes, different professional roles and varying personal backgrounds. Patients not only related differentially to this diversity of staff persons, but some of the more withdrawn, regressed patients were able to select one person to whom they could begin to relate. While psychodrama was used to encourage and enact such relationships in a sociometric sense, group therapy served to explore feelings and transference attitudes which emerged.

#### B. *Situational Training in Social Skills*

Patients treated in this program were withdrawn schizophrenics who were extremely frightened of or deficient in seemingly common social skills. For example, one patient dramatized a scene which showed that in three years of daily luncheon contacts with a woman, he had never asked her name. While the group therapy sessions focussed on a group interpretive approach to feelings of loneliness, in psychodrama patients were encouraged to act out interpersonal frustration. It was then used to demonstrate healthier and more appropriate modes of interpersonal involvement, and help set more realistic expectations in social interaction.

#### C. *Preparation for Exit*

As the more flagrant aspects of a patient's psychosis subsided and he progressed toward discharge and return to the community, both his apprehensions and anticipations were discussed in group therapy. Shortly before discharge many patients showed heightened motivation to use psychodrama as a vehicle to act out, understand and integrate feelings toward the family, particularly as they related to their own return.

Similarly, since more than 50% of the patients treated had been chronically unemployed from 1 year to 5 years, psychodrama provided a place to explore fears about seeking employment or returning to work. Unemployed patients frequently utilized their final psychodrama sessions to rehearse and explore job interviews, particularly the handling of their psychiatric hospitalization. Should the patient have a job, he would frequently use

his final psychodrama sessions to rehearse his return to work and anticipated attitudes of supervisors and co-workers.

#### *D. Effects on Therapists*

In addition to providing a broad therapeutic approach to patients, the conjunctive use of these therapies had positive effects on the functioning and attitudes of the co-therapists and the psychodrama team. The psychodrama team and co-therapists received considerably more feedback about the effects of their respective therapies than would otherwise have been the case. The therapists had a clearer idea of what was happening because of their greater grasp of the dynamics, activity and therapeutic movement of any given patient. In group therapy the co-therapists were more comfortable with the realization that certain non-communicative patients were being worked with in psychodrama. Also, the psychodrama team tended to focus less heavily on closure and the summary, as this session was followed by group therapy. An additional therapist benefit was the support provided to his own ego by virtue of communication with other therapists who were working with the same patients.

#### IV. PATIENT EVALUATION OF THE CONJUNCTIVE USE OF PSYCHODRAMA AND GROUP THERAPY

It has been suggested that psychodrama and group therapy played complementary roles in the treatment of these patients. It is interesting to note that in general, patient perceptions about the Group Living Program bear out this complementarity. After completing treatment, patients were asked to rank order the seven major activities involved in the program according to which activity had helped them the most. Twenty-six of the 33<sup>2</sup> patients or (79%) ranked group therapy or psychodrama as their first or second choice, and all but three individuals (9%) ranked group psychotherapy or psychodrama within the top three activities. In terms of complementarity, 12 individuals (36%) ranked group psychotherapy and psychodrama consecutively, eight individuals (24%) ranked them with one activity intervening, and four individuals (12%) ranked them with two activities intervening. Thus, 24 of 33 individuals (73%) ranked group therapy and psychodrama consecutively or in close proximity, while 9 individuals (27%) ranked them as opposite (three or more activities intervening) in terms of their helpfulness. Only 3 individuals (9%) ranked psychodrama and group psychotherapy as completely polar opposites. Moreover, mean rankings reveal that the total group

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<sup>2</sup> Of the 34 patients involved in this study, one failed to complete these rankings.

ranked group psychotherapy and psychodrama consecutively. Of the seven activities, group therapy had the highest average ranking, and psychodrama had the next highest average ranking. From these data it would appear that the patients experienced both group psychotherapy and psychodrama not only as among the most helpful therapeutic activities, but as highly complementary in their functions. As one of these patients stated, "Group therapy is where you talk about your feelings, and psychodrama is where you act them out. When you put the two together, you really understand yourself."

#### V. RESULTS OF TREATMENT

As indicated earlier, this study covers a period of approximately 2 years, during which time 34 patients participated in and completed treatment. Of these, 32 were discharged from the hospital as improved, while 2 patients failed to improve to the point where they could be discharged. These 2 individuals were transferred to other installations for long term hospitalization. From these data (94% of the patients discharged as improved), it appears clear that a combination of group psychotherapy and psychodrama facilitated hospital discharge.

However, discharge by itself is no longer an adequate criterion to evaluate the results of a hospital treatment program. All of these patients were also followed up 6 months after discharge by a psychiatric social worker who interviewed one of their relatives. At this time 8 (24%) were hospitalized for long term treatment, while the remaining 26 (76%) were continuing to maintain themselves outside of the hospital effectively. The great majority of these individuals revealed improved socialization and comfort in interpersonal relationships, and had sustained positive change in their general mood tone. These findings appear to be particularly important as 21 of the 34 individuals (62%) had had one or more psychiatric hospitalizations prior to participation in the Group Living Program with the length of previous hospitalizations ranging from several months to several years. In short, patients treated in the Group Living Program were those from whom one could expect a series of rapid re-hospitalizations eventuating in long term, custodial care. In this context the combined treatment appeared not only to lead to hospital discharge for the vast majority of patients treated, but definitely appeared to help them avoid re-hospitalizations a substantial time after discharge.

#### VI. DISCUSSION AND CONCLUSIONS

A number of comments are in order as to why these two therapeutic approaches operated in an effective, mutually reinforcing fashion. The joint

use of psychodrama and discussional group psychotherapy was made as integrated as possible, and communication between the psychodrama team and the co-therapists was strongly encouraged. Deliberate attempts were made to interrelate these therapies both in the discussions and in their scheduling. This integrated, discussional approach among therapists also tended to minimize problems arising out of the type of countertransference phenomena which occur when patients are treated in two concurrent forms of psychotherapy. Occasionally, the attitudes of members of the psychodrama team and the co-therapists toward a given patient varied considerably. Such differences which did arise tended to be explored and reconciled in the discussions among therapists. Moreover, difficulties which frequently arise in regard to sharing patients with other therapists were also minimized as a result of these discussions. It is also noteworthy that the variety of personalities and disciplines represented by all of the therapists did not appear to present major disadvantages.

Despite suggestions that psychodrama and analytic group psychotherapy tend to be theoretically opposed, this paper presents empirical evidence to the contrary, particularly when treating schizophrenic patients, and provides a framework which enhances their conjunctive use. There are indications that the advantages of the integrated use of psychodrama and group psychotherapy far outweigh possible disadvantages. In this context psychodrama serves as considerably more than a catharsis-inducer.

The following conclusions can be drawn from this paper.

1. Used conjunctively, discussional group psychotherapy and group psychodrama provide an unusually broad therapeutic approach to the treatment of schizophrenic patients.
2. There are no major contra-indications to using these treatments together. Rather, there appears to be an intimate interrelationship, and they have a strongly complementary effect on each other, when used with a closely knit group of 6-8 patients at one time.
3. When used together psychodrama and group psychotherapy appear to reach with greater effectiveness a wider range of patients than had one of the methods been used exclusively.
4. The psychodrama team and group co-therapists not only had greater understanding of patients and group activity, but were provided with greater security in their dealings with the group.
5. Psychodrama combined with group psychotherapy had a salutary effect on the discharge rate of the patients treated. These were schizophrenic individuals in early stages of chronicity who had ex-

perienced multiple prior hospitalizations and for whom prognoses were poor. The combined treatment program not only facilitated discharge in a maximal number of patients, but also appeared to ameliorate their recidivistic tendencies.

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## EXPLORING PSYCHODRAMATIC TECHNIQUES WITH DEFECTIVE DELINQUENTS\*

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Psychodrama as a therapeutic technique for the mentally retarded has been notably neglected. Stacy and De Martino (3) report that "this is unfortunate since it seems very likely that psychodramatic approaches could be used very successfully with the mentally retarded because of the great amount of freedom, spontaneity, and flexibility which characterize the psychodramatic methods." Tawadros (4) found that role playing and spontaneity training was possible with retarded adolescents with an I.Q. as low as 50. Fliegler (1) used dramatic play in a classroom of retarded children. Many of their class activities centered around the production of a story with which they were familiarized. Psychodramatically, they used spontaneous expression, guided by the teacher, to act out the story. Fliegler felt that the children improved in reading skills, visual memory, auditory memory and discrimination, and listening skills. Moreno (5) used role playing techniques in the treatment of mentally retarded girls, (I.Q. as low as 50), 1934. Sarbin (6) in the article "Spontaneity Training of the Feeble Minded," 1945, reported beneficial results with feeble-minded children.

In an effort to explore some of the possibilities of other psychodramatic techniques, the authors formed an experimental group behind the locked doors of a ward for defective delinquents. Those selected for the group were of AAMD intelligence level one and two. The patients were from fifteen to twenty-eight years old.

There were apprehensions about doing psychodrama on a ward of defective delinquents. The authors suspected that the sessions might be something like a Clyde Beatty routine, in that the added dimension of action could stir up overt hostility. Then too, if action could be handled without uncontrollable aggression, it seemed likely that retarded patients would have difficulty in "seeing where they were going." The movement of action created by spontaneity of the moment is usually thought of as meaningful and creative. Haas (2) noted that "the production of spontaneous action requires

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\* This study was done at Prigg Cottage, a unit of Oregon Fairview Home for defective delinquents. Fairview is the major state institution for the retarded. The work in this article is in connection with a project supported with Public Health Service research grant No. R11 MH01902, from the National Institute of Mental Health.

a much greater emphasis on planning than other types of action require." If patients did not understand the direction in their performance, the result would be little more than spontaneity training. But all the pessimism only increased the eagerness to leave the plains of speculation and begin the climb of exploration.

#### THE PSYCHODRAMATIC TECHNIQUES

It was decided that the psychodrama sessions would be introduced with as little verbal explanation as possible. The group was familiar with psychotherapy; consequently, they were merely told that they were going to have a group meeting, only they would act out the things they wanted to talk about. The patients were immediately able to begin working on a problem. None of the psychodramatic techniques were explained. They were merely introduced and enacted as a natural method for expressing the situation at hand. The techniques used during the first few exploratory sessions will now be presented.

*Identifying Double* and *Contrary Double* were used with a patient who had been accused of stealing a purse. He was unwilling to admit that he had taken the purse, but he did say that he was tempted to take it. The director explained that it would make no difference whether he stole the purse or not. He was encouraged to set up the circumstances which led up to the incident. A visitor in the group was asked to be the owner of the purse, which was represented by a box. The protagonist was then given an identifying double and a contrary double, to represent the "good" and "bad" parts of his thoughts. These two doubles (patients) were encouraged to influence his desire to take the purse. The arguments proposed by both doubles were cleverly presented. The contrary double was especially forceful with his lies and promises. The protagonist carefully examined both sides of the question, but refused to act. The doubles increased the pressure, including physical pulling and pushing.

The director then utilized a form of the *behind the back* technique to induce more pressure on the protagonist. The director told the protagonist to steal the purse and then escape with his contrary double. They were to "escape" to a place with two chairs with their back to the group. They were to hide there and listen but not enter into the conversation. The lady then "discovered" her purse missing. She brought her problem to the group for discussion. She told them that she now did not have a driver's license or identification. Even worse, she had lost her money, which she needed to pay her bills. In fact, she needed the money more than the person who stole the

purse. The group joined with her in putting pressure on the culprits. They urged her to call the police. The protagonist and his double began to show anxiety about having the purse. They passed it back and forth between them, accusing each other of stealing the purse. The double completely backed out on his promises and denied his previous lies. The two were so intent upon their predicament that they were unaware of the group's attention upon them. Finally, the protagonist tried to sneak the purse back to the desk from where he had taken it.

In another session, using role training, a patient was helped in his communication. His initial complaint was that he feared policemen, but he unwittingly showed the group that he had difficulty with communication in general. A patient was chosen to be a policeman. His beat was marked out, and he began to walk back and forth. The protagonist was given the task of asking the location of State Street. He was reluctant to make initial contact with the policeman. He kept talking to the director. "Well, what am I to say? I don't know how to say it. I don't like cops." Finally with the help of the policeman, he found the answer to his question. The protagonist was then sent out of the room. The director proposed that the protagonist probably would not do much better regardless with whom he attempted to communicate. This was to be tested. A scene was set up for the protagonist to ask a preacher the time church service began. The same difficulty of communication was noted.

*Modeling* was then used to help the protagonist evaluate how others interacted with new acquaintances. Two other patients smoothly obtained the information from the preacher. When the protagonist repeated his performance, it was more successful than the first attempt.

The protagonist was then *role trained* with the help of an *auxiliary ego* in different situations. Each time his task was to find information and act upon it. In a candy store he was to ask what candy was for sale and make a purchase. After some proficiency had been gained, the scene was shifted to a lost and found department. The task was simply to report to the policeman in charge that his watch was missing. His performance was greatly improved.

One patient was so bound by his problems that he seemed resistive or inadequate for the roles assigned to him. However, in opening up these problems, other patients were able to work on their own feelings. Appropriate *role selection*, *role reversals*, and a *soliloquy* were useful in dramatizing the problems. The protagonist asked for assistance concerning his desire to carry a weapon. His problems had severely crippled his ability to complete even

simple tasks within his ability range, but his defense mechanism carefully guarded his deficiencies.

A store scene was set up so the protagonist could obtain a gun. A policeman was selected to watch the action without entering into it. The patient chosen for this part was selected because he had attempted to wrestle a gun away from a policeman while on escape from the institution. The protagonist had difficulty participating in his role. He obtained his gun mainly through the help of the store owners. When he finally received his gun, he ran to his chair and sat down. The policeman came in hot pursuit. The protagonist said nothing as he was questioned about the gun. A role reversal was then introduced. The protagonist was given a double who asked, "Why do you have a gun?"

"To protect myself from others, from policeman. Everytime I see a policeman, I run."

The roles are switched back, and the question is reiterated, "Why do you have a gun?"

The protagonist responded, "That's a good question," and then proceeded to talk about revenge in a meaningless fashion.

Later in the session it was revealed that a judge was one person the protagonist desired revenge against. A court scene was set up. The protagonist was seated in the defendant's chair and was pronounced guilty. The protagonist interrupted the action to say that the judge was not playing his part as forcefully as the real judge. A role reversal was quickly effected. A role reversal was developed in this instance for two reasons: (1) Any revenge representations that might follow at this point would only serve to role train the protagonist for revenge. Also (2) it was important that the protagonist get the feeling of receiving revenge, not of giving it.

In the role reversal, the protagonist as judge, pronounced the defendant guilty, and was then shot. Both patients then exhibited significant behavior. The protagonist refused to follow through in his role as judge. He did not "die" when shot, but he did intently follow the reaction of the antagonist. The antagonist was requested to talk about how he felt, now that he had taken revenge. In a soliloquy, he talked about the uselessness of revenge; he knew he had done something very wrong. He knew he would now be put in an institution, and would never be able to forget his revenge.

#### THE PSYCHODRAMATIC SESSIONS

The psychodramatic session has its greatest impact as the psychodramatic techniques are used in appropriate combination.

It seems especially appropriate in working with the retarded that the director be manipulative and directive. The need for closure also seems to be essential with patients who tend to live more on an emotional and reactional basis. The authors would like to present the following session to illustrate the effectiveness of psychodrama on a specific problem.

Three members of the group were known as arsonists. In one session, a patient began a meeting by stating, "I set a fire once." The director immediately asked if he could show the group how he set the fire. He was encouraged to describe the room and think out loud just as if he were setting the fire again. The patient then began to talk about drinking with his girl friend and getting angry because of some statements that were made. He showed the group how he left his girl's house and climbed into a vacant house. He then crumpled some newspapers under a chair, started the fire with his cigarette lighter, and left to buy a newspaper.

The director then asked the other patients to come forward and pretend that they were watching this fire that had just been set. They were asked to express their feelings as they watched the fire. With a great deal of verbal expression, they rapidly discussed the people who owned the house, the inconvenience caused by the fire, and the arsonist.

"Hope nobody got hurt in the fire."

"Look at all that money go up in smoke."

"I'll bet the fire department isn't very happy about all this."

"Why would anybody want to start a fire like that?"

"They ought to lock him up in an institution."

"He must be a nut."

The protagonist was noted to react to the pressures put on him by his peer group acting as people in the street. He indicated he never realized the implications of setting a fire. The pressure was continued in the next scene where he and his brother were taken to the police station for questioning.

In the police station the investigating officer was given an auxiliary, and another patient, unwilling to be left out, suggested that he could be a newspaper reporter. In setting the scene the protagonist revealed that he had argued and denied setting the fire, and that he attacked a policeman. But, in the psychodramatic representation of the situation his attitude changed. After a few minutes of questioning, he meekly admitted setting the fire, and apologized.

When the action was stopped, the protagonist stated that he felt differently about setting the fire now. The group felt he handled the situation

better by confession and apology. They were also able to see that setting the fire brought the patient back into the institution. The consequences were severe. It was brought out that setting a fire was a foolish way of handling a problem. The director said he could show how foolish it looked to set a fire. A patient then *mirrored* back the original action of setting the fire. The group all agreed that this was not an adequate way to handle a problem.

The authors have demonstrated that psychodrama is a tool that can be used with defective delinquents. The methods of treatment on the ward were expanded by its use. However, it is difficult at this stage of investigation to substantiate the degree of therapeutic gain. Several questions are yet to be answered. Was this population, or group, unique among the retarded? Will retarded persons unfamiliar with traditional psychotherapy be less likely to perform as well? Can changes in behavior and attitudes be effected through psychodrama with the retarded? Thus, by demonstrating that defective delinquents can do psychodrama, the authors are left with more questions than they originally posed.

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# COMMENTS ON THE USE OF PSYCHODRAMA AS A TEACHING TECHNIQUE

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## I. INTRODUCTION

Psychodrama, as the term implies, is the dramatic re-enactment in front of an audience of a real or fantasized experience from the life of an individual.\* Developed by Dr. J. L. Moreno, the psychodrama centers on the feelings, thoughts, and motives of one individual—the protagonist. The protagonist relates one or more scenes from his life which then are enacted in front of the audience. In the traditional therapeutic use of psychodrama, the main goal is to activate and cope with the powerful motives which are causing the protagonist to malfunction.

A director chooses people from the audience (not necessarily trained in psychodrama) to play the needed roles. Others in the psychodrama are auxiliary egos who act in the manner in which the protagonist remembers their particular role to have been played in real life. Every scene and its roles must conform to the protagonist's conception of how the role should be played. The protagonist may stop the action any time he feels the role playing is not "realistic" by his standards.

In recreating an emotional environment psychodrama can be made more flexible by using *role reversal*, *doubles*, and *fantasy scenes*. At his discretion, the director may use all three. In *role reversal* the protagonist plays someone other than himself, for example, his father, while an auxiliary ego plays his role. The purpose here is to have the protagonist feel and act as the other, while seeing himself enacted by somebody else. A *double* voices the thoughts and feelings of the role player to whom he is assigned. If the protagonist has great difficulty in expressing his feeling toward his mother, his double may speak for him when he falters or is silent. The double may be silenced or contradicted immediately by the role-player if he says something out of character. The protagonist and all auxiliary egos may have more than one double. *Fantasy scenes* are those which in reality did not happen to the protagonist. They are created by the director to develop and bring out latent motives of the protagonist, and may range from almost

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\* The individual form of psychodrama usually called the "protagonist-centered psychodrama" is the best known variety. There are many other forms, for instance, group psychodrama, sociodrama and simple roleplaying. (Ed.)

completely realistic (for example: "Here is your father. Tell him what you really thought of him in the last scene"), to total fantasy (enacting a scene where the protagonist is God while the others play angels).

Historically, the primary purpose of psychodrama has been the therapy of the protagonist through catharsis and the development of emotional insight. Often, as a consequence, there occurs a change or restructuring of the protagonist's motives. Moreno calls this retraining or a catharsis of integration.

In Moreno's theory of psychodrama, the audience functions as a complex, reacting, but benign, set of others for the protagonist. The emotional landscape which every person carries within himself is made concrete in the form of a neutral but real audience. Especially interesting are Moreno's theories about the effects of psychodrama on the audience. Obviously anything dramatic performed before an audience may cause the audience to identify and eventually to express strong emotion. Aristotle's theory of tragedy spoke of purging the audience of strong emotions. Moreno suggests developing psychodramas about controversial social issues and enacting them so that all points of view are exposed, identified with, and resolved, thereby achieving a kind of mass catharsis and possible mass reeducation of the audience which is emotionally involved with the particular social issue.<sup>1</sup>

## II. TRADITIONAL TEACHING GOALS IN PSYCHOLOGY: A BRIEF SUMMARY AND THREE CRITICISMS

Seldom is something new incorporated which does not actively express dissatisfaction with the old. The use of psychodrama as a teaching technique is an attempt to avoid certain shortcomings in traditional goals and methods in psychology.

Traditionally, courses in psychology have stressed an intellectual mastery of concepts and definitions. At the undergraduate level, especially in the introductory courses, there is a greater stress on definitions; later, the emphasis shifts to concepts and their roots in current research in the field. Typically, readings are assigned which cover the theories and research on particular subject matter while the lecturer discourses on (or occasionally discusses with the class) theoretical contradictions or ambiguities, alternative postulations, critical differences among concepts, and unanswered or

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<sup>1</sup> For the interested reader a more complete presentation of Moreno's theories on psychodrama may be found in the following sources: Ledford J. Bischof, *Interpreting Personality Theories*, Harper & Row, 1964, pp. 355-420; J. L. Moreno *Psychodrama* vol. 1 (1946), vol. 2 (1964) Beacon House.

unformulated theoretical or research questions. Intellectual mastery also demands technical skills particularly for the graduate student. An emphasis on laboratory courses, e.g., statistics, and tests and measurements (apparent at both the University of Wisconsin and Indiana University) supports the curriculum.

In addition, there is an emphasis on experimental techniques—learning, sensory, and physiological—supplemented by clinical courses in child development, social, motivational, and abnormal psychology. To the extent that they can, these latter courses frequently attempt to formulate key concepts in terms of learning and physiological psychology.

Generally, then, psychology courses emphasize scientific procedures, research, and experimentation while attempting to use explanations derivable from learning and physiological psychology as a general frame of reference.

There are in my mind three weaknesses to this approach; (1) the referent problem; (2) the problem of “empty” processes; and (3) responsibility for the students’ understanding and application of the concepts.

The referent problem refers to the inability of the student to apply concepts independent of rote learning. For example, students frequently are unable to illustrate the concept of stimulus generalization by giving examples from their own experience although they can accurately define the term and recall some of the relevant research.

Jensen’s paper<sup>2</sup> provides a stimulating discussion of the referent problem in introductory psychology courses. Of special importance, is his recognition of the severe limitations of verbal description and discussion (as embodied in personal anecdotes, case histories, etc.) in illustrating the referents to complex psychological concepts. (Jensen uses the concept of “infant distress” to illustrate his point.) He recommends actual or facsimile demonstrations of the referent; where this is not possible special demonstration films, tailor-made to the requirements of the individual instructor, should be used.

Jensen’s criticism and proposed remedy might apply at the introductory level where both concepts and referents tend to be simplified, but in more advanced courses where both concept and referent are complex and ramified, solutions to the referent problem via films is to be doubted. In practice, each department of psychology solves the referent problem by requiring extensive laboratory and research courses in a few favored areas—learning, physio-

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<sup>2</sup> Donald D. Jensen, Improvement of large class instruction, *Mimeo*, October 1963, pp. 7-9.

logical, statistical methods, and sensory—where the referent problem is easiest to solve.

In practice, the areas of childhood and adolescence, social, abnormal, clinical, personality, and developmental psychology seldom attempt to solve the referent problem. Little of the rich complexity of human behavior covered by these fields is ever brought into the classroom, resulting in an almost total failure to teach the student to analyze and interpret human behavior with the conceptual tools that he has mastered.

The second major criticism of the traditional psychology curriculum centers around the almost total concern for psychological processes. Granted the obvious importance of the processes of learning, for example, one may sharply question the common practice of ignoring the question "*what* is learned?" Take, for example, the concept of socialization. Psychologists from many areas of psychology use this concept in a variety of ways and for a variety of purposes, but the discussion is always centered around the question of *how* the child comes to internalize the principle modes of parental and institutional behavior. Currently, a great effort is being made to link such explanations of "how" to experimentally buttressed concepts from the field of learning.<sup>3</sup> While such developments are to be encouraged, one looks in vain to find *what* motives are being socialized. By "what," I mean the quality and strength of the central values and motives which make behavior predictable. The tacit assumption being questioned here is that student knowledge of a *how* cause and effect relationship (e.g. partial reinforcement is one of the causes of socialization of the child) automatically entails knowledge of the specific *what* cause and effect relationships (e.g. the earning of needed spending money is one of the causes of individual initiative to earn a great deal of money in later life).

In the abnormal, personality, and social psychology courses which I have taught over a period of five years, it is evident that the empirical content of many of the concepts taught in psychology, assumed to be magically filled in by the student, is almost totally lacking. Students do *not* magically fill in the empirical content to the processes of socialization, ego, repression, sibling rivalry, etc. If psychology is to teach students how to analyze and interpret complex human behavior, at least a start must be made toward teaching the empirical contents (the *what*) of each of the psychological processes under discussion.

The third criticism of the traditional psychology curriculum centers

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<sup>3</sup> The most recent of such books is: Arthur and Carolyn Staats, *Complex Human Behavior*, (Holt, Rinehart, and Winston), 1963.

around the question of how much responsibility the dispenser of knowledge should assume to ensure that the student truly understands the concepts he is taught. The heart of the question lies in the rigorousness with which the student's understanding is tested. The least rigour is embodied in multiple choice and true-false tests where all that is demanded of the student is recognition of the concept. More demanding is the recall process: fill-ins and essay identification (of the type "what is X"); another step up the ladder is the integrative essay ("compare and contrast Hull and Guthrie's views on reinforcement"). At about the same level of understanding as the integrative essay are those questions in the form of a specific example where the student is asked to interpret the example in terms of a particular concept. But the most rigorous test is seldom made, namely, the ability to interpret a complex segment of real behavior.

Why is the ability to interpret real behavior so seldom put to a test? The answers vary but among them are the following: subject areas such as sensory and physiological may not need such rigorous testing; such testing is time-consuming and impractical; the psychology teacher is not responsible for student understanding beyond simple intellectual mastery or for his understanding beyond the confines of the academy. Whatever the weighting of importance is for the various explanations, the result is clear: testing of student understanding of concepts with real behavior very seldom takes place.

What are the consequences of this failure to test most rigorously? From a practical point of view, many of the experimental areas of psychology have little direct reference to everyday life; here the failure is measured in a specific lack of understanding those concepts directly concerned with the subject matter. In the clinical areas of abnormal, social, clinical, child, etc., it is clear that the concepts learned in the classroom will in fact have considerable application in everyday life; in fact these are the courses where the practitioners of psychology (therapists, guidance people, counselors, social workers, etc.) are learning concepts for immediate application to the real behaviors of people whom they will treat professionally. Clearly the failure to test the latter on their understanding of concepts on the basis of analysis of real behavior may have extremely important negative consequences. On the basis of my observations of perhaps twenty graduate students in the MAT (Master of Arts in Teaching) program at Gary (who were in my abnormal and social courses) plus my friends, acquaintances, and colleagues in graduate school at the University of Wisconsin, I can

state categorically that many of the most important concepts in the clinical area were simply non-functional in terms of application to any real behavior situation. Furthermore, these concepts suffered large and serious distortions of meaning because they were linked to powerful pre-college motivational systems.

What emerges clearly is that certain concepts, though mastered intellectually, and non-functional when applied to a real behavioral situation; any direct test of the concept in a real behavior situation demonstrates this. Furthermore the non-functionality is usually not due to just the referent problem but to the systematic distortions of the concept as it is assimilated into the motivational structure of the individual. Under these circumstances, the concept will not be correctly applied until the student has at least some insight into his own motivational structure which is the source of the distortion. It may be that the root cause of the disinclination of psychology teachers to test concepts in real behavior situations is that correct student usage in these situations can only be gained through overcoming a certain amount of student resistance, and providing the student with some emotional insight into the source of his resistance.

My point of view is that psychological concepts which are non-functional in their application to real behavior situations are concepts which are inaccurately learned and constitute false and spurious knowledge. Whatever the risks entailed in having students gain some self-insight, they are far outweighed by the certain and enormous risks of spurious and distorted concepts masquerading under the banner of "scientific knowledge."

### III. SOME POTENTIAL GOALS IN THE CLASSROOM USE OF PSYCHODRAMA

Psychodrama in the classroom has four goals: a) intellectual insight; b) emotional insight; c) catharsis; d) emotional change or reeducation. As far as possible I will try to relate traditional teaching goals to the goals of psychodrama related below.

a) Intellectual insight, as a goal, requires the student to clearly state what happened in the psychodrama and what motives and processes determined the behavior. Interpretations by the student are based on readings in all phases of psychology (for processes) and specific reading in sociology, history and other social sciences (for interpretations of specific motives). Notice that two of the criticisms of the traditional psychology course can be rectified immediately; first, the naming of psychological processes to describe the

complex behavior in the psychodrama constitutes a significant solution to the referent problem; and second the use of sociology, history, and other social sciences specifies the empirical content of the psychological processes.

b) Emotional insight entails all that is included in intellectual insight with the addition of an attempt to point out serious errors of distortion and omission and relate them to the student's motivational structure. Also included under emotional insight would be the goal of self-analysis; the student verbalizes the feelings he had during the psychodrama and attempts to analyze his own motives (as related to those in the psychodrama).

c) Catharsis as a goal in the classroom entails the release of strong emotion on the part of the protagonist and a somewhat similar but different emotional release on the part of some of the members of the class.

d) Emotional change or reeducation entails a change in the motive states and motive structure, usually in the direction of helping the protagonist to cope with powerful motives which cause mal-functioning in his real life situation.

#### IV. PSYCHODRAMA IN THE CLASSROOM—FOUR BRIEF CASE HISTORIES

In four different courses in which psychodrama served as an important didactic device the following took place: a) The first course was Abnormal Psychology taught at Milton College (Milton, Wisconsin) during the spring semester, 1960. The overall goals of the course were: a) to provide intellectual insight into the causes of normative behavior within a particular culture or ethnic group; b) to illustrate the key causes of norms so that the members of the class would be able to have emotional insight into the ways in which norms operate psychologically; c) to provide evidence for abnormal psychological processes as they operate in groups.

Each student in the class read an abnormal text (completed in about six weeks); the remainder of the semester was devoted to the presentation of sociodramas by small groups of students based upon their perceptions of the causes of norms in the particular cultural group about which they had read. Each class subgroup was assigned one domestic cultural subgroup and one foreign culture. Discussions were led by the performers after the completion of each sociodrama. The course grade was based upon two papers written on the causes of normative behavior and abnormal group processes in the particular domestic and foreign cultures researched by the student. The material for the papers was based upon readings drawn from the literature, sociology, history, anthropology and political science of each culture.

The results of this experiment were mixed. Some of the papers showed

genuine intellectual insight, more so for the domestic subcultures than for the foreign cultures. The sociodramas were a failure (except for one on domestic juvenile delinquency) probably because both performers and audience knew too little about the inner motives of the cultures being portrayed. The portrayal of juvenile delinquents was successful in providing some emotional insight for performers and audience because these motives were familiar to the class.<sup>4</sup> Discussions following the sociodramas were also failures, again with the exception of the ones following the portrayal of domestic juvenile delinquency.

The conclusions drawn from this course were to guide future course plans. First intellectual insight into motives was fairly easy to attain on the level of broad overview and particularly in those cultures whose motives were greatly at variance with the motives of the class. Emotional insight was much more difficult to attain, especially when put to the acid test of interpreting individual behavior.

The second course was Abnormal Psychology taught at I.U.—Northwest Campus in the spring semester, 1964. The goals of the course were: to provide intellectual insight into the causes of normative behavior within a particular domestic ethnic group; to portray the normative behavior of this group in such a way as to provide emotional insight into both the group's motives and those of the class; to provide evidence for abnormal psychological processes as they operate in the ethnic group and in various class members.

Each student read an abnormal text (completed in about eight weeks); the remainder of the course was devoted to presentations of seven psychodramas, one each week. A class discussion followed each psychodrama. The course grade was determined by three sets of papers; a midterm paper on the theoretical concepts (drawn from the text and lectures) plus at least one example of each concept drawn from the student's life experiences; seven papers—each one an analysis of the motives exhibited in the seven psychodramas including some student self-analysis; and a final paper summarizing the motives exhibited in class during the psychodramas and class discussions, plus whatever sociological and historical causes for these motives could be ascertained from readings on the particular ethnic group.

The ethnic group chosen for class exploration was the American Negro.

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<sup>4</sup> The five class members who worked on the topic of juvenile delinquency visited every institution for juvenile delinquency in Wisconsin. They interviewed institution officials and inmates, read institutional case histories, and even arranged an additional interview between one institution's officials and myself. Their enthusiasm was reflected in their papers and sociodramas.

A number of considerations dictated this choice: the recent civil rights movement; the fact that both Gary and East Chicago have acute race problems; my own interest and knowledge; the fact that attitudes toward Negroes (by both whites and Negroes) are controlled by normative values; and the fact that such attitudes are strongly related to the central core of dominant social motives within American culture.

The first psychodrama papers clearly showed some of the major defects of the traditional psychology curriculum. In spite of an adequate theoretical introduction to the concepts of abnormal psychology, the first psychodrama analyses contained almost no references to these concepts but showed a great deal of stereotyped abstract conceptualizing. Virtually all interpretations of motives were presented without any supporting evidence from the actual dialogue and behavior in the psychodrama. Most noteworthy were the large and systematic distortions about what happened in the psychodrama and why. Class discussions conducted in a non-directive manner after the first three psychodramas proved unenlightening to the class. Extensive comments by the instructor on every student's psychodrama paper were of no great help in the beginning stages.

Strong class improvement was shown only after several psychodramas were exhaustively analyzed in class with the instructor's direct participation. The pattern of class discussions which evolved was to recall, in sequence, everything that was said in the psychodrama and to attempt to assess the meaning of each action both alone and in relation to preceding actions. Evidence was drawn not only from the psychodrama dialogue but also from non-verbal sources: body positions, voice changes, facial and hand gestures, etc.

Class improvement should be subdivided into several parts which were not uniform in their rate of change. Most rapid improvement took place in the area of identifying and naming the important actions in the psychodrama. Clearly, the referent problem, in this context, was the easiest to solve. In all but a few extreme distorters, self-analysis showed the next most rapid improvement. Students were able to see and feel the similarity of their own feelings to those brought out in the psychodrama and to offer some reasonable interpretations for them. Slowest to change were the analyses of sociological and historical motives; that is, students were most resistant to interpretations based on normative motives. Part of the resistance sprang from the feeling that such interpretations were not psychological but sociological and historical. A large part of the resistance came from the feeling that normative behavior was "good," "right," "proper," "commendable," "appropriate," and "natural" and hence needed no interpretation or analysis. The

assumption that what is widely accepted as morally correct and natural needs no interpretation (it is simply given to the social situation) was most difficult to counteract. Only when this assumption was partially overcome were students able to give specific substantive interpretations of general psychological processes.

In terms of the overall goals of the course, the psychodramas partially succeeded. Most students had gained some intellectual and emotional insight into both personal and normative motives surrounding the race problem. Whether this kind of training on such specific subject matter will generalize to other motivational areas not covered in the course is a moot point. Although catharsis and emotional change were not set up as goals for the course there was definite evidence that some class members had experienced varying degrees of catharsis and one or two may have experienced a small degree of emotional change.

The third course was Social Psychology (P420) taught at the I.U.—Northwest Campus in the summer session, 1964. The overall goals of the course were similar to those of the second course described above except that the focus on abnormal group processes was shifted to the institutional buttressing of normative motives. This latter goal represented an explicit attempt to locate the institutional source of normative motives of the race problem to assess the causes of their self-perpetuating nature.

There were no reading assignments required in the course. Students were told, however, that their analyses had to reach a certain kind of competence which could only be gained through extensive reading. A list of suggested readings was prepared by the instructor. The course grade was based upon ten psychodrama papers plus a final paper summarizing and giving an overview of all the motives relating to the race issue. Self-analysis was recommended but was not required. Class discussions were similar to those in the previously described course: a detailed analysis of what happened in each psychodrama and why.

During this course, the instructor became a much more important shaper of the psychodramas. In previous courses, students were formed into subgroups and asked to present a scene based upon the experiences of one member of the subgroup. Several scenes were presented but the instructor made no attempt to shape the scenes. In this course, after presentation of several scenes, the instructor chose one of the scenes to be developed and proceeded in the traditional fashion of the psychodrama with the use of fantasy scenes, doubles, role reversal, etc. The fundamental difference between these psychodramas and those used for therapeutic purposes was the deliberate

avoidance of personal motives and the active pursuit of normative motives.

Throughout the course perhaps seven of the ten psychodramas led to direct catharsis on the part of the protagonist and less strong catharsis on the part of the class. At least two members of the class showed evidence of emotional change. About half the class showed large increases in emotional and intellectual insight, along the same lines as the previously described course. Only two students showed no increase whatever.<sup>5</sup>

Despite a great deal of class discussion focussed upon it, the course partially succeeded in achieving the goal of institutional analysis. Evidently students have a difficult time connecting the abstract concept of the institutions as described in sociology and history with the day-to-day institutional policies of living which show concretely in their everyday life.

As an instructor, I was well satisfied with the large improvements in emotional and intellectual insight; the evident reality and power of the motives brought forth in the psychodramas (as shown by the large amount of catharsis in both protagonists and audiences); the large gains in ability to isolate, analyze, and interpret behavioral evidence; and finally the powerful esprit which class members developed as a result of the course.

Small classes are an absolute prerequisite for the instructor. The average length of a psychodrama paper increased from three pages to fifteen pages as the semester progressed. Several students regularly wrote two twenty-page papers per week during the last half of the course. Grading time for each paper reached an average of one hour per paper toward the end of the semester. A dozen to fifteen students is probably a maximum load.

The fourth course was Abnormal Psychology (P324) taught at the I.U.—Northwest Campus during the fall semester, 1964. The goals of this course were the same as for the second course described above under b). In addition, the goal of institutional understanding was added, making it similar in this respect to the third course.

Students completed a textbook in abnormal psychology in five weeks and were required to pass a two-part exam based on the readings which all succeeded in doing by the third retest. The final grade was based solely upon nine psychodrama papers, one each week for the remainder of the course. Again there were no required readings but students were told that their

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<sup>5</sup> Total number of students completing all of the psychodrama papers equalled eleven. Two students dropped the course because their low grades failed to improve; one student with large improvement in grades also dropped the course for reasons unknown.

interpretive papers had to reach a certain absolute level of competence. A suggested reading list was provided by the instructor. Twelve students completed the course; four students dropped the course because of low grades.

Psychodramas were structured in exactly the same way as the third course described under c). Results for improvement of intellectual and emotional insight were similar to those described under c). Four students showed some evidence of catharsis although only one of the nine psychodramas achieved direct protagonist-audience catharsis.<sup>6</sup> The relative stress on institutional motives somewhat increased the quality of their interpretation but was achieved at the probable cost of fewer interpretations of abnormal group processes. In spite of great stress on institutional motives, class interpretations of these were no better than fair; student resistance in this area is strong.

Use of several invited guests as protagonists in psychodrama who were community leaders of organizations active in the civil rights struggle (both pro and anti) greatly facilitated interpretation of institutional motives. Such a procedure may be more actively pursued in future courses.

#### V. CATHARSIS AS A TEACHING GOAL IN PSYCHOLOGY

From the foregoing account of the four courses which used psychodrama, it is evident that catharsis is not an occasional by-product but a frequent consequence of dealing with powerful motives in the classroom. This bluntly poses the question: Should catharsis be an explicit teaching goal in psychology? In this brief section some arguments for a positive answer to the question are set forth.

The tradition of the university, throughout its history, has had a consistent emphasis on intellectual mastery. Even Socrates' slogan "know thyself" meant, in Plato's dialogues, the task of exposing through rational argument the fundamental intellectual premises of a position and any contradictions among the premises. Socrates was also concerned with the sharp differences between what moral principles were preached by Athenian leaders and the consistency of their institutional policies in carrying out these principles. For this questioning of the powers-that-be Socrates gave his life—

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<sup>6</sup> The reason for the relative lack of catharsis in this course as compared to c) is probably due to the emotional inhibitions caused by tape-recording all of the psychodramas. The tape-recordings unfortunately give too little indication of what is taking place and will be abandoned. Only fully developed motion pictures would be worth the cost of the extra inhibitions on psychodrama performance.

perhaps the first in a long line of valiant losers of the struggle for academic freedom.

Both the English and German public school and university systems, which strongly influenced the form of the American school systems, stress intellectual mastery. It was not until the 1920's that the progressive education movement began to discuss the educating of the "whole" child. The original motif of the progressive education movement was to harness the bountiful intellectual and emotional spontaneity and creativity of the child in the service of learning about the whole of reality.

The progressive education movement soon became institutionalized in the American secondary school system, although never to any great degree in the universities. Progressive education is now under strong attack from university critics such as Conant and representatives of the military-industrial complex such as Rickover. Basically, say the critics, progressive education failed because in striving to educate the "whole" child, high standards of intellectual performance were forsaken. They contend that, in the end, the child gained neither intellectual nor emotional insight. Formulation of an educational goal other than the purely intellectual ones should be done, taking full account of those criticisms of progressive education. This I have tried to do in the following discussion of catharsis as a teaching goal in psychology.

The strong release of emotion in the classroom adds a dimension of reality to the study of psychological processes which is basic to their understanding. Without access to strong feelings the study of emotional processes tends to have an air of unreality. Catharsis acts as a powerful contributor to intellectual and emotional insight.

But the deeper question of catharsis as a teaching goal, in and of itself, remains. Does the release of strong emotions in the classroom contribute something to a student's knowledge of psychology? From my experimentation it seems apparent that self-knowledge is significantly increased in several ways, due to catharsis. The ability to evoke and experience his own feelings in a relatively neutral atmosphere gives the student powerful emotional insight into some of his own motive states. Only under the conditions of catharsis in a neutral setting can one begin to see oneself objectively, since one is divorced from the particularized setting and actors where the emotions normally appear.

What means "objectively"? Objective appraisal of motivational states requires not only their identification but an accurate assessment of their relative strength. The motives which the protagonist so carefully compart-

mentalizes in real life are often put to a forced choice in psychodramas. When catharsis is achieved during a class psychodrama performance, it is often easy to perceive the relative strengths of competing motives.

Finally, I would argue that the release of strong emotion in a relatively controlled setting is something good per se. In an advanced technological society, there is very little call for the skills needed to provide emotional release. The historical trend is toward ever more modulation and suppression of strong emotion during the process of work. Most interesting is the frantic search for emotional release during relaxation hours which has been noticed increasingly by sociologists. In this connection, a psychology course might be a good starting point for teaching people how to achieve catharsis. The idea that one can teach people to release their feeling appropriately and fully is not new—Moreno calls it “spontaneity training.”

Accepting catharsis as a teaching goal does not necessarily lead to lesser intellectual standards. The primary error that was and still is made by progressive educators is the assumption that concepts are automatically learned through emotional insight. Emotional insight can occur only for those concepts related to the core motives of the individual and even these require hard intellectual work to master. Concepts which are not part of the motivational core must be learned through intellectual insight acquired through arduous, pure intellectual work. Building a windmill and watching it operate does not guarantee a thorough intellectual insight into pumps and vacuums unless a great deal of straight intellectual work has been done on the latter subjects.

#### VI. NORMATIVE BEHAVIOR—THE FUSION OF PSYCHOLOGY, SOCIOLOGY, HISTORY, AND RELATED SOCIAL SCIENCES

There is no doubt in the minds of many intellectuals that contemporary social sciences are compartmentalized and fragmented. Working with interpretations of psychodramas on the race issue, many of the motives were not individualized but were common to many individuals; they were what sociologists call “norms” or normative behavior. To understand the normative behavior of Negroes and whites in America required that both students and instructors read a wide variety of sources from: social psychology, sociology, history, economics, political science, and literature. It is apparent that psychodramas (and sociodramas) offer a rare opportunity to draw upon a number of social science disciplines, all of which fuse in the interpretation of psychodramatic action.

For example, one of the clearest white motives toward Negroes is the

strong feeling that the Negro is subhuman. This motive can be traced within various social science disciplines. Historically, (in the days of slavery) Negroes were treated like animals, bought and sold, fed, bred, and killed, based on their economic remunerativeness. Sociologically, the motive has many faces: the Negro as sexual animal, immoral and impulsive; the Negro as innately inferior intellectually; the Negro as dirty and lazy; the Negro as not fit to live beside whites or work at dignified white collar jobs, as do middle-class whites. Politically, the motive is seen in the successful efforts of white politicians, north and south, to physically segregate the Negro community and reduce its political power to the barest minimum, always driven by the darkest fears of bestial savagery, should the blacks gain political control. In social psychological terms, the motive may be seen in the intense fears that many white females have at being alone with or physically touched by a Negro male; and in the superior feelings whites have that children of a white man-Negro woman sexual relationship raise the quality of Negro genetic stock.

Although this kind of fusion in the social sciences is at a low level of development, and is difficult for the student to grasp without considerable assistance, the intellectual rewards for the student can be very high. Students have often remarked that their newly acquired insight helped them to understand previous sociology courses.

#### VII. PSYCHOLOGY COURSE CONTENT AND THE PSYCHODRAMA

When a psychology course emphasizes psychodrama, what is the effect on the traditional course content goals? Undoubtedly there is less emphasis on psychological processes in the reading assignments and a relative neglect of research readings. This is a consequence of the increased readings in other areas such as sociology, and the heavy emphasis upon emotional insight.

In summary, a psychodrama-oriented curriculum course examines fewer psychological process concepts, stresses their real life referents as opposed to their research base and emphasizes their connection to non-psychological fields. There is no question in my mind that much more purely intellectual preparation needs to be done to prepare students for a psychodrama-oriented course. But a single-minded devotion to purely intellectual preparation neglects important aspects of conceptual learning as was pointed out in my criticism of the traditional teaching in the psychology curriculum (see section II). The conclusion to be drawn from such considerations is that it may be desirable to enlarge certain courses by boosting the number of credit

hours and class periods or by making them a year sequence course (two courses) rather than a single semester's work. The emphasis here is on a balanced course or sequence of courses, not on deemphasizing conceptual work or research findings on psychological processes.

One last comment: the instructor is free to choose whatever theoretical terminology seems most suitable for application. I prefer a neo-Freudian personality approach, etc. Use of the psychodrama as a teaching technique does not limit one to any particular theoretical approach.

#### VIII. GRADING THE PSYCHODRAMA PAPER: STANDARDS AND INSTRUCTOR BIAS

Grading the written interpretation of a psychodrama presents the problems of multiple interpretations, instructor commitment, and propaganda in the classroom, in addition to the grading difficulties usually confronted in the standard term paper.

Multiple interpretations arise because no two people judge a complex behavioral situation identically. Frequently the phenomena to be judged have been incompletely enacted in the psychodrama. The solution is for the instructor to list the most salient motives (which are subject to relatively minor disagreement) and allow contrary interpretations of the more ambiguous behavioral phenomena. Thus the important motives, strongly represented behaviorally, are not subject to widely disparate views; there should be consensus on what the motives are, although some disagreement is permissible as to their relative strengths and interrelationships. For the weaker motives, often lacking substantial behavioral evidence, one gives credit for any interpretation which will account for the evidence so long as it does not flatly contradict the interpretations based upon the stronger motives.

The problems of instructor bias and propagandizing in the classroom are interrelated and are a potential source of trouble. Instructors with strong commitments to a particular theoretical position are by no means rare in psychology and some have done their best to discredit or ignore opposing points of view. Within limits this has been acceptable practice. This is to be expected with the use of psychodrama as well. The difference is that in using psychodramas, extremely powerful motives are being tapped in the classroom and students are more vulnerable to the committed teacher.

As one solution to the problem, I tell my students two things. First, they may hold any view they wish, from strongly pro-integration to strongly pro-segregation; my goals are to make them aware of their own viewpoint and to

be able to interpret the viewpoints of others. Second, I briefly state my own pro-integration point of view. Students are reassured that their interpretations will be graded on their ability to substantiate their own point of view. The problem of subtle instructor cueing or manipulating during the psychodrama itself is difficult to assess. My feeling is that in one course, only partially devoted to psychodramas, it would be difficult to substantially change a student's point of view.

A great help to the student is the student-instructor "dialogue" on the psychodrama papers. On each paper, I comment extensively within the body of the paper, as well as covering at least one  $8\frac{1}{2} \times 11$  sheet of paper with comments on: good points; poorly developed or interpreted points; omissions of fact or interpretation; style and grammar; improvements; outstanding intellectual problems relating to poor interpretations. In the minority of cases where there has been extreme distortion of both the factual behavioral evidence and its interpretation, self-analysis is recommended. In my experience there have been few complaints about any bias in the grading system although students do complain about low grades.

#### IX. ETHICAL PROBLEMS AND CONSIDERATIONS

The use of psychodramas in the classroom poses three ethical problems. First, requiring the student to reveal his private thoughts and feelings in the classroom; second, the limits of instructor prerogative in manipulating the situation to bring forth strong emotions; third, instructor interpretation of student motives as part of the "dialogue" on the psychodrama papers.

The first consideration boils down to the following question: should a student be forced to show his private feelings and thoughts as a requirement for the course? The use of psychodramas in non-required courses only evades the problem. Suppose the course is required for completion of a major or advanced degree in psychology? The answer is that the requirement is ethical if the goals implicit in the use of psychodramas are accepted as legitimate educational goals. Compulsory education of any sort "forces" the student to perform activities to attain goals society feels are important. Students who are bored and intellectually ill-equipped are forced to attend school up to the age of 16 or 18 years, and may go as high as 20 years with the new community college systems. Surely, such students have their personalities harmed in some way by such a system; yet society feels that the net gains outweigh the losses by a considerable margin.

If we apply the same criteria to the use of the psychodrama as a re-

quirement we arrive at the following conclusion. If one avoids obvious personality problems and concentrates on normative behavior, and if one uses a different class member as protagonist for each psychodrama the harm caused by embarrassment is minimized. Normative motives mean that the class shares many of the protagonist's feelings and thoughts and hence becomes a source of sympathy and encouragement. Since most or all members of the class will eventually be chosen to be the protagonist, the class usually forms a protective barrier for the embarrassed or flustered protagonist. Instructor comments directing attention to the relative universality of the motives is helpful. After the first few psychodramas the class accepts the requirement with good grace if not with active cheer.

The second ethical consideration or problem is by far the most important: to what extent should the instructor manipulate the psychodrama to elicit strong motives? It is one thing to require a student to reveal some of his private thoughts and feelings if he retains control of his self-exposure, but quite another when the instructor is devising ways and means of removing at least part of that control. To what lengths is it ethical for an instructor to strive for release of strong emotion in the face of strong student inhibition? The question is historically relevant because the same kinds of ethical considerations apply to: interrogation of prisoners of war, criminals, and political prisoners; thought reform in totalitarian states following political revolution; and the use of fear-producing tactics based upon superior force to affect compliance and internal change; and the use of therapy (both physical and psychological) on those deeply resistant to it (e.g. schizophrenic patients in mental hospitals).

The important distinction here is between catharsis and emotional change. With the use of psychodrama, the goal is portrayal of the central motives to increase understanding rather than for the purpose of emotional change. Catharsis does not necessarily lead to emotional change—this has been known at least as far back as the 1880's when Freud abandoned the hypnotically induced talking-cure. Intellectual and emotional insight also do not necessarily lead to emotional change. Under certain, not well understood circumstances, intellectual and emotional insight and certainly catharsis may be the prerequisite for emotional change.

During five years of experimentation with psychodramas, there has been evidence of some emotional change in a few students (see section III). This is probably more than occurs in the traditional psychology course. If so it should be pointed out that the change is not guided in a particular direction

and is not pursued after the protagonist finishes his psychodrama. Forced change is not an issue in my proposed use of the psychodrama.

What is an issue is the integrity of the protagonist's personality during the psychodrama. Integrity is used here only in the sense of the protagonist being able to cope with a situation like the psychodrama without undue embarrassment or anxiety. The ability or inability of the protagonist to cope with the role-playing demanded sets the limit of instructor manipulation of any psychodrama. Under most circumstances, the protagonist exercises control to the extent that failure to cope during a psychodrama scene leads to strong inhibition and the failure of catharsis. On rare occasions, a protagonist has a release of strong feelings and cannot easily cope with the aftermath feelings of anxiety and embarrassment. Under such circumstances, the student may withdraw from class without penalty if all supportive efforts fail.

The above remarks do not completely answer the serious ethical question posed. But they are intended to remind the reader that he should consider the strong control exerted by the protagonist at all times during the psychodrama and the very small number of instances in which catharsis has been achieved without concomitantly adequate coping responses.

The third ethical problem is posed by the instructor's comments on distortion of interpretations in the psychodrama papers. Since this is a relatively private affair between instructor and student, it does not have the same intensity dimension as the second problem. In the early psychodrama papers, perhaps one-fifth to one-quarter of all students make gross distortion errors of both fact and interpretation. When the instructor points this out, he may suggest some self-analysis of the student's motives and preconceptions. If the distortions persist, the instructor may suggest some of the normative motives for such distortions. (The reasons for this procedure are discussed in section II.) Concern here is with the ethics of the procedure: is it permissible for the instructor to make any interpretations of a student's personality?

As long as the instructor stays within the bounds of the normative motives under consideration, such a procedure seems ethical. Interpretation of personal motives would come too close to the goal of emotional change. It seems pertinent to add that in almost every advanced course with less than a dozen students and several required papers (or class discussions), the instructor attempts to correct gross distortion and errors which arise through systematic and overwhelming student bias.

## X. CONCLUDING REMARKS

This paper has considered some of the important issues related to the use of psychodramas as a teaching technique. Several aspects were left out entirely which need discussion but are at present beyond the scope of this paper. Included among these topics are: community acceptance of psychodramas; class reaction; and research possibilities. In the near future I expect to do a content analysis of all student psychodrama papers from four courses. This should give some firm estimates of various kinds of student improvements. A questionnaire will also be developed to gather information on student reactions to the psychodramas.

## ERRATA

1. P. 143, footnote at end of first paragraph: For a brief but much more extensive discussion of psychodrama rules and techniques, the interested reader is referred to: Zerka T. Moreno, Psychodramatic rules, techniques, and adjunctive methods, *Group Psychotherapy*, vol. XVIII, 1965, p. 73-86.

2. P. 144, footnote 2 should read: Donald D. Jensen, Improvement of large class instruction *Mimeo*, Department of Psychology, Indiana University, October 1963, p. 7-9.

3. P. 145, third paragraph (which begins: "In practice, the areas of childhood and adolescence. . ."), the following sentence should be inserted between sentence number one and two in the text: "Learning of a complex concept requires a great deal of practice in its systematic application to a wide variety of referents; such systematic application has not been programmed into courses in the clinical area, but on the contrary has been fiercely resisted on the grounds that academic psychology should teach only 'pure', 'scientific' psychological concepts as opposed to those useful in the 'life' situation."

4. P. 150, footnote at end of the first sentence of the fourth paragraph (which begins: "Class improvement should be subdivided in several parts. . .") Class improvement, or lack of it, is based upon the author's opinion. A formal content analysis of the psychodrama papers from the four classes will be initiated in the near future.

5. P. 152, footnote 5 should have the following added to it: One of the two students who dropped the course suffered considerable embarrassment after being protagonist in a very cathartic psychodrama during which her naive anti-Negro feelings came out clearly. The embarrassment was an additional reason for dropping the course besides her low grades.

GROUP PSYCHOTHERAPY AND PSYCHODRAMA IN THE  
COLLEGE CLASSROOM—THE APPLICATION OF  
MORENO TECHNIQUES TO THE NURSERY-  
SCHOOL TRAINEE

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I

It had started as a class in Children's Literature; but by semester's end, in order to meet the urgent needs of my nursery-school trainees, it had become, as well, a class in psychodrama, with often overtones of psychotherapy. The trainees, working for associate degrees in Early Childhood Study, had had courses in both General and Child Psychology, but their learning had been academic only, not active. Consequently, after working in the nursery training school a short time, they soon discovered the jarring discrepancy between the mere learning of psychological factors and the challenge of actively dealing with them in live situations. Not only did they then encounter interpersonal problems with their charges and with the parents of their charges, but also introspective personal problems with themselves, with resultant development of, or appearance of, feelings of uncertainty, self-consciousness and, in some cases, an overwhelming panic of incompetency.

Now, many of these feelings, to one degree or another, are common and natural to almost any person in a novel situation. But when these restrictive and negative reactions affected—or *could* affect—children of three and four, it was decided to alter the class presentation. The shift was from lecture (on Literature only) to lecture-and-demonstration (beyond Literature). The Literature assignments were used as a point of departure to the actual problems at hand, for the problems affected, to a very distinct degree, the purposes of the Children's Literature course itself—"to familiarise the student with the range of Children's Literature" and to train them "in presenting it themselves *in terms of the children's needs*."

The problems involved, as earlier stated, were, in general, two-fold: 1) *interpersonal*, dealing with the children and the parents; and 2) *personal*, arising usually from some unfinished business or mal-conditioning in their own childhoods. But by utilising the various Moreno techniques of Group Psychotherapy and Psychodrama—such as guided, or leader-led, discussions, role playing, role reversal, multiple-ego projections, etc.—these problems were

aired, examined and explored to clear emotional debris from the path of learning.

## II

In the first problem area, for example—that of interpersonal relationships of the trainee with her charges—the situation was usually an immediate one. Most commonly it was of aiding a shy or unsocial child to adjust to his new experience—a problem that posed a threat to the self-confidence of the trainee herself, unsure of her way in coping with the problem and definitely afraid of acting in error.

The initial intent of the teacher-leader was to have the trainee understand or, at least, *see* the situation from the child's point-of-view: in effect, to understand the child so as to know, or to give an educated guess to, the child's needs, so—in the more specialised sense of bibliotherapy—to be able to select from the whole range of Children's Literature that piece, or those pieces, best suited to aid him in his predicament.

The problem was then acted out in class-group psychodrama, most often with the trainee first in her guidance role and a class member (selected by the trainee) as the child, acting out a typical meeting or situation and, in the course of the drama, later reversing roles. Then, as insights came into view to the other class members, they, too, entered into the interplay, usually as ego-extensions of either the teacher or child; or, drawing from their own familiarity with the child's background—or the trainee's—became either parent, relative or other agent-factor off-scene, but nonetheless influential in the matter. Indeed, chief among the advantages in having open class, or group psychodrama in this manner was the fact that usually all the trainees were acquainted with each other, as well as with the charges, and could bring to the situation at hand a wide range of insights and impressions lost to a closed working-out of the problem between only teacher and trainee.

Thus, through ventilation and desensitisation by exposure, the problem lost its threat-value to the trainee; insights were gained by her and the class at large; and an approach was worked out to the benefit of both child and trainee.

## III

Still in the first problem area of interpersonal relationships, this time between trainee and the parents of her charges, the problem (another threat to the trainee's confidence and ego) was usually one of the trainee's difficulty in dealing with *any* adult—a situation complicated quite frequently by the adult being seen as a personal parent-figure at a moment when the trainee was

in, for probably the first time, an authority position. (It must be remembered that the majority of the trainees was usually only on the *outer* threshold of emotional and social maturity.)

The general key to this problem was *anticipation*—much like the uneasy anticipation of their facing their first charges, or an assembly, to present their Literature material. But more fiercely they anticipated meeting the parents as such, for the parents usually treated the trainees as responsible adults and asked for an accounting of the young ones and, at times, even of the trainees themselves. So an uneasy fear resulted, a dread of the occasion.

To desensitise the student to the problem and to allay these fear anticipations, the class again went into group psychodrama—examining at first the surface situation of the trainee meeting the children's parents. But as these psychodramatic sessions progressed, it soon—and often—found itself dealing with the trainee's own background of child-parent relationships—in which case, under the guidance of the trained director, now more alert than ever for sensitive emotional reactions (i.e., of hostility, rebellion, defiance, etc.), the personal problems of the trainee and *her* parents were explored for clues to understand and appreciate her immediate problem.

But since these were trainees and not patients, the emphasis was focused on alleviating the fear-anticipation, again by exposure, ventilation and desensitisation and by pre-conditioning the student to *be*—not merely to *act*—with the adult on a polite equality basis, so to engender in that emerging maturity a strong confidence, through knowledge of herself and her abilities.

(For some, in fact, these enactments and projections had resulted in the first vital awareness of their entering the adult world under their own self-directed powers.)

#### IV

The remaining problem area—the personal, introspective area—could become, sometimes too easily, a very real trouble zone for the trainees entering the field of Early Child Study. In their work, whether they wished it or not, they would be shapers of the very young; and any graphic boundary restricting the trainees in their lives could become the limitation of their charges.

Consequently, it was felt that the more a person knew about himself, the better able he would be to cope with others. A truism, yes; but nonetheless, a fact. It was, then, in the matter of personal assessment that the teacher-leader's training in the use of Group Psychotherapy and Psychodrama techniques was best put into effect—to point up such limitations in the nursery-trainee, without damaging her positive self-image, and constructively to direct her to insights to annul, whenever possible, such limitations.

Again, specifically, in the matter of Children's Literature: A limitation—say, a dislike of poetry—could be instilled in her charges by the very attitude of the trainee herself towards poetry. As a result, how many among her charges—at an age nearest to pure poetry—might not be unjustly stunted by such a trainee?

(The responsibility of the Early Childhood Study student is no light matter; none, certainly, for indifference—since one's limitations—especially one in such a key, formative role—could be much more than only a dislike of poetry; a limitation of more damaging or more vital measure.)

So it was up to the teacher-leader and his class to expose this limitation, this dislike of poetry, and to try to recondition the student; to blur, if they could not obliterate, the lines of this boundary, so at least to allow a tolerance of poetry to her charges, for those who would be receptive to poetry to be encouraged in it, rather than denied.

Ironically enough, it was found that in most cases this very type of limitation had its source, not in the home, but in the schoolroom and in a teacher who had herself unrecognized limitations—either by hating poetry and scoffing it away, or by being too dictatorial in her obsession with poetry and dinning it into her students until they shied from it with an almost reflex reaction.

But, as previously indicated, other limitations became evident in these psychodramatic sessions; so, class by class, time allowing, they were worked through, exposed, examined and, whenever and wherever possible, corrected, usually by evoking insight and reconditioning the student in both class and nursery workshop.

## V

The nursery-school trainee, then, is the key to multitudinous lives; indeed, to the future; and the more enriched these trainees, the richer will be their harvests. Therefore, while training in Group Psychotherapy and Psychodrama is invaluable in teaching, whatever the course taught, it has not only a valid but a vital place in the teaching and training of the Early Childhood worker.

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## TRAINING EXPERIENCES IN PSYCHODRAMA

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A year ago I recall my subscribing to the practice of psychotherapy by psychodrama as a result of a personal need and exploration to acquire a more suitable therapeutic medium to offer institutional patients. To further these interests I found myself making my hegira to Beacon, New York, to spend a week with the Morenos late last year.

Perhaps, also the matter of self-concern with the medical model in my practice entered into these plans. I still felt uncomfortable in the immediate presence of physician colleagues when it came to discussing my inclinations toward psychodrama. It was a feeling something akin to the story I heard about the confirmed bachelor who when asked why he so tenaciously held to his status of bachelorhood responded with the compounding affirmation of "What was good enough for my father is good enough for me."

This dilemma may not be strange to Mr. Enneis who, I think, has seen physicians in training for psychodrama. I spent a few days observing psychodrama at St. Elizabeth's Hospital through Mr. Enneis' courtesy early in 1964. There appeared to be very few staff doctors engaged in psychodrama directly. One whom I did observe with a chronic patient group appeared unenthusiastic, disheartened and dependent on psychodrama staff personnel. I heard that a visit to the Moreno Institute for a weekend, a week, or three weeks could be helpful in training and further exposure to the art of psychodrama.

There were other reasons. As a displaced New Yorker, a return to that area after a 25 year absence held some attraction and a sense of unfinished business. I found it deflating, at first flush of arrival, to hear my cab driver respond to the information I gave him about my extended absence with a: "You haven't missed anything." However, I found that neighborhoods do change, elementary schools vanish, the trolleys and elevated trains are no longer there. The increasing canyons of buildings, the crowds and traffic, remain. New and old problems of personal security and identity return in a world, familiar and unfamiliar, revisited.

I had met Dr. Moreno briefly in 1954 when he spoke at a meeting held at the VA Hospital, North Little Rock. I seemed to remember this meeting through the years quite vividly. He was then warm, outgoing, projecting a friendly interested manner and seemed immediately available to all who

approached him. Now in 1964, at the age of 72 he was perhaps not as consistently active and mobile. Still the facial musculature and eye movements were in constant action, it seemed, and it appeared to me that he never sat down.

A psychodramatist, I think, feels that the absence of movement is an arch enemy of his productivity. The Morenos seemed incredibly busy and continually engaged in a tight 7 day a week schedule.

In casting about for a familiar figure to enable your imagery to identify Dr. Moreno more subjectively for yourselves, I came up with a somewhat dubious and, I trust, inoffensive association. To my mind, he appeared as the middle character of the comedy team, known to most of us I think, as the Three Stooges. There may be a facial resemblance; I'm not certain. There is, I think, however, more than this and their frenetic, clownlike, slapstick antics in motion; there is the factor that this middle team member stands as one between opposite poles of human behavior—aggression, dominance and actionism on the one hand, submission, dependency, passivity on the other. Perhaps this is fair enough game and suitable areas of operation for a psychodramatist of Dr. Moreno's stature.

Public psychodrama I suppose is a phenomenon which could happen only in a large metropolis. Buenos Aires, Argentina, is the only other large city to hold this. I first met Dr. and Mrs. Moreno at about the time they were to hold such a session. Dr. Moreno makes the introductory remarks and Mrs. Moreno follows as a director of impromptu stage action with the audience participating. They are engaged in this activity on Monday and Friday evenings and on the two Friday sessions I attended they had full houses to play to—actually SRO. There seems to be a return rate of 20 to 30% of persons who come to these meetings. A large number of college students, teachers, and married couples attend. I also was told that psychotherapists in that area may advise their patients to attend in certain instances. I find it difficult to evaluate public psychodrama objectively. Mrs. Moreno is very skilled in selecting a suitable protagonist, or star, from a strange audience, and providing supporting members. The audience, from all appearances, is never bored and laughter occurs frequently, at least at the beginning. For some, I think, there remains a question whether the action is actually impromptu. The people on stage do become seriously involved and also, I think, at times amazed at Mrs. Moreno's astute selection of problem areas.

I had the privilege also of observing Mrs. Moreno work with several private clients who are seen earlier in the evening. Occasionally, I was asked to serve as an auxilliary ego or to share in the final stages of the sessions. Such

work is done with action therapy techniques with a nucleus of two, three, or four patients interacting on stage.

Most of the week was spent at the Moreno Academy at Beacon, New York, which is approximately 50 miles north, on the east bank of the Hudson River. Training periods are available there for a weekend, one week, two week, and three week periods. Board and room are available in the buildings which Dr. Moreno has used as a private sanitarium for many years. The First Theatre of Psychodrama is located on the grounds.

It may be of interest to share with you a report of persons with whom I came in contact who are attracted by Moreno's work and training facilities: an industrial engineer who came to realize that people and their interactions were 50% or more of his concerns in his field of endeavor, in addition to cost-analysis, automation, production schedules, etc; the young college student who read a Saturday Evening Post article and felt this sort of participation was for her; another college student who felt Dr. Moreno's public image needed improving and offered her services as a public relations member of his staff; the university psychology instructor who realized student-teacher relationships were often meaningless and began the use of psychodrama techniques with his students in the classroom. This, by the way, resulted in a conflict with his department head. The problem centered about the propriety of the use of culturally sensitive themes such as integration problems, the accumulation of money, etc. in a university setting. What grieved him most was that he stood accused without a fair hearing. None of his superiors ever visited his class to observe what actually went on. He seemed resigned to a loss of his contract but his outlook remained undismayed.

Dr. Moreno also sees inmates of Matteawan State Hospital. He was asked to examine one of them who had been declared legally sane by the institution's psychiatrists to stand trial. A problem arose on his transfer to Bellevue Hospital in New York City where he was to await trial proceedings. While there, he became involved in an altercation with another patient and the Bellevue psychiatrists were opposed to the Matteawan opinion. Dr. Moreno was to resolve the impasse. I was able to see him in action in the witness chair one morning. As this was something, too, which I had experienced on occasion it was simple to identify and compare notes. Such hearings I found, differ little from Waco to Manhattan. The questions and answers are the same. Society's concern against the individual create the same tensions. When the judge specifically asked Dr. Moreno to enlarge on the matter of paranoid feelings and behavior, he mentioned their universality with a humorous note, specifically excluding the presiding judge. The judge reacted

by grinning somewhat amiably, and sheepishly, with a visible blush also appearing. When Dr. Moreno qualified his remark about releasing such a patient on the basis of taking calculated risks, he added in his remarks the necessity of trusting in God. Later on, one of my companions pointed out to me something I had missed: the large black, block lettering in bold relief on the wall of the court room above the judge's head, "In God We Trust." Other things being equal, mental status included, Dr. Moreno freely admitted his bias in favor of the patient once he had become his professional responsibility after 14 years in Matteawan. He was not opposed to punishment, however, which would probably ensue if the individual stood trial on the manslaughter charge, probably a nominal sentence to Sing Sing penitentiary. In a recent communication, I was advised the patient would not accept this solution and was again in Matteawan, perhaps for another 14 years.

I was privileged to attend a session directed by Miss Hannah Weiner who is an accredited psychodramatist in the New York City area. It was held in the living room—office area of Dr. Ruth Fox, a psychiatrist. Dr. Fox was also present. This group consisted of individuals with alcoholic problems and, seemed to me, rather tough therapeutic problems on the whole. Her techniques seemed exceedingly imaginative and brilliant. Evidently the whole gamut of life's experience from obstetrical to autopsy tables may be included in the subjective experiences of her clients. At one point I was asked to represent the deceased father of one of the clients. I found out soon after that I created anxiety for both the director and the individual. Evidently I overdramatized the role, making it ghastly or too ghostly. My position was behind him and I laid my hands on his head. I was told his eyes became as wide as saucers and Miss Weiner inquired if I practiced hypnotism. I was soon relieved of my role. I have told myself since to limit my T.V. viewing. Miss Weiner, by the way, has been engaged by the New York Police Department to train or educate their rookie policemen with role playing techniques. She has also been active in selection of seminarians and missionaries.

Mr. Enneis states in his co-authored paper, "Psychodrama Theory and Practice" that the Director in psychodrama groups is a member of the group and is in no way excluded from criticism by the group or its members. This may be a novel status for therapists used to a dyadic, or one to one, complementary relationship with patients. It speaks, however, for the obscured omnipotent position of so many of our patients, which in many instances requires a relearning process. This vulnerable status of the psychodramatist has therapeutic value and humanistic implications which are very important. Humanizing the therapist has opened the eyes of patients, in addition to

our learning something about ourselves. I saw this type of democratic interaction operating at Beacon where the Director may become the protagonist and willingly reveal critical insights about herself. If we can achieve some similar mutual understandings here, I feel the spirit of this occasion will have been served.

It appears to me the psychodramatist must work full time, involved and immersed in his daily tasks, to fulfill his purposes. This I think is what has infused Dr. Moreno for more than half a century. Perhaps this has engendered a quality of singlemindedness and possessiveness of concepts which may appear grandiose and chauvinistic to some—as hypnotic and enveloping to others, or impractical and mystical to still others. Dr. Moreno describes the psychodramatist as a combination of scientist, dramatist, and man of letters. From what I have learned about the psychodramatists I know he is also sensitive and perceptive, patient and knowledgeable, and humanistically inclined toward the individual and his groupings, in good causes.

# MORENO AND MOWRER, OR THE NEW GROUP THERAPY

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## INTRODUCTION

What is the "new group therapy"? Hobart Mowrer has recently completed a book called: *The New Group Therapy*.<sup>\*</sup> In this paper the author attempts to answer this question. If the reader becomes somewhat disheartened by the answer, he is not alone.

Mowrer's New Group Therapy is compared with Moreno's Psychodrama. This comparison is not exhaustive in relationship to either the comparison or the individual theories. The scope of this paper is circumscribed by the limited knowledge of the author.

Psychodrama is not completely presented in this paper. It has been assumed that the reader is familiar with psychodrama.

In essence, the new group therapy "consists of anything which anyone can do to help persuade an estranged, 'neurotic' person (1) to voluntarily confess his mistakes, so that conscience does not have to force the truth out of him 'symptomatically' and (2) to enter into a life of willing sacrifice, instead of the involuntary suffering and sacrifice which neurosis involves."

Such a macroscopic view is not very enlightening. Let us take a closer look. What does Mowrer mean by it "consists of anything which anyone can do"? This statement is so non-specific that it is almost meaningless. However, Mowrer has few suggestions to implement this procedure. One way is by "example and testimony of other erstwhile sufferers, who have themselves made the 'detour' and found wholeness and strength."

At first glance, this may seem similar to one of the methods in psychodrama. However, from Mowrer's description it does not sound very spontaneous. The erstwhile sufferers, one by one, get up to tell their story. This is artificial, and might be called role taking as defined by Moreno, i.e., the taking of a finished, fully established role which does not permit the individual any variation, any degree of freedom. One could picture these "sufferers" getting up at each new meeting they go to, and telling the same story.

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<sup>\*</sup> Mowrer, O. Hobart. *The New Group Therapy*. New York: D. Van Nostrand, 1964.

This method may be used in psychodrama, but it will develop spontaneously from the group interaction. It will not be artificially induced.

Another procedure to enhance this new group therapy is for the "therapist" to meet privately with a person and listen to their problem. After discussing the problem, the therapist would suggest the person confess to the group.

In Moreno's terminology, this is a method of "warm-up." In psychodrama, the warm-up is not only helpful, but it is essential. One may question the use of such "private" warm-ups. A psychodrama with only two people is not unheard of but, when they take place, they are not used as a preliminary warm-up to another session. They are important in and of themselves. Such a dyad psychodrama is a "real" psychodrama, not a preliminary.

Another means of promoting the neurotic person to talk about his "sins" is for the therapist to share his emotion. To quote Mowrer:

It has been my recurrent observation that neurotic persons, in general, are much more reluctant to talk about themselves—and their sins—if the therapist himself preserves a highly impersonal, detached, and 'professional' pose than they are if, at appropriate points, the therapist takes the lead in sharing his deepest and most painful personal experiences with the patient, rather than expecting the revelatory transaction to be all in one direction.

In other words, "the chief therapist becomes part of the group." But, this last small quote is taken from Moreno's book, which was written way before Mowrer's "recurrent observations." This two-way empathy is one of the cardinal principles of psychodrama. This principle goes back to the sociometric system, which is the foundation of psychodrama, and the rule of "co-action." The distinction between doctor and patient was broken a long time ago by Moreno.

It is slowly becoming evident that Mowrer's "new" therapy is not so new. Conspicuously absent from Mowrer's book is any reference to Moreno's works. More will be said about this later.

Mowrer points out that one needs courage to make self-disclosures. And the best way to get courage is to have faith. The best way to get that faith and courage is to "hear the testimony of others who have themselves made this journey and are willing to 'stay with' the neophyte while he does so."

Moreno describes a similar process:

... in a psychodrama or sociodrama when we instruct a participant, individual, or group, to act out problems we plead with them to expose themselves unselfishly; in other words, these are ethical prescriptions:

(1) give truth and receive truth, (2) give love to the group and it will return love to you, and (3) give spontaneity and spontaneity will return.

Once again we will go back to the definition of the new group therapy. Mowrer says it consists of anything which anyone can do, etc. One cannot be sure that Mowrer really means "anyone". Mowrer points out that professional leadership is dimly viewed. If this is true, how does Mowrer, a professional, lead these groups? This seems somewhat contradictory.

On the other hand, in psychodrama, the position of the leader on direction is more lucid. He has three functions: producer, counselor, and analyst. It is not within the scope of this paper to elaborate the functions of a director. Suffice it to say that he must be well trained and extremely flexible. But he is not alone in his responsibilities, for the group shares them with him.

Mowrer speaks of the "estranged neurotic" individual. He views neurotic difficulties as commonly having their roots in unresolved personal guilt, rather than in the unfortunate or traumatic things that happen to us. He goes on to say . . . "guilt which forms the core of neurosis will be admitted involuntarily symptomatically, if it has not previously been revealed to at least a few other persons and atoned for, in a conscious and deliberate way."

Now we begin to see some of the underlying assumptions of Mowrer's therapy. A neurotic is a person who has "sinned," i.e., who has broken the mores of society (or perhaps more accurately, who has broken the mores of Mowrer). But, according to Mowrer, not all mistakes or "sins" lead to neurotic difficulties. Some people "get caught," and some voluntarily confess and "take the consequences." And others just don't have enough conscience to be bothered. But persons of good character who are neither fortunate enough to be caught nor wise enough to confess, develop an increasing disposition, as time goes on, to experience the emotions and display the actions which we call "symptoms."

Here we see the essence of Mowrer's New Group Therapy. If a person voluntarily confesses his mistakes or sins, and enters into a life of willing sacrifice, he is "suddenly" healthy. To quote Mowrer: . . . "those persons who are able to benefit from it do so in an unusually rapid way."

How is it that the neurotic is able to become healthy so fast? Mowrer postulates that the critical element in "mental health" is the degree of openness and communion which a person has with his fellow men. It follows from this premise that the more open an individual is the more healthy he would

be. To be more specific, Mowrer "assumes that there is no magic \* at all in admitting 'who we are' to one person unless we (1) progressively extend our openness to significant others in our lives (2) take active steps to change our behavior and rectify past injustices and (3) becoming willing to use our new openness and strength in a helping relationship with others."

To illuminate the process even more, Mowrer brings in the idea of a balance sheet. Thus, if we perform a good deed, we advertise it, display it—and thus collect and enjoy the credit. "But when we do something cheap, and mean, we carefully hide it and deny it, with the result that the 'credit'\*\* for acts of this kind remain with us and 'accumulate.' A person who follows such a life style is chronically bankrupt in the moral and spiritual sense." Following from this, Mowrer guides neurotic individuals into a "twofold strategy which involves (a) confession of past misdeeds and (b) concealment of present and future 'good works.'"

Mowrer fails to see any contradiction in this last statement. If one conceals things, then one is being less open and if one is less open, it should necessarily follow that one is less healthy.

This type of therapy is rather limited in its application. As Mowrer explains, there are persons who can talk freely and there are those who will not do so under any circumstances. He goes on to say "that it is the group which is in between these two which can often be quickly and deeply reached by this approach." What about the others?

Compare this with psychodrama which includes all of this, but leaves out the "magic" and balance sheet. Psychodrama is not limited to the intermediate group. It is not always necessary to be the subject in a psychodrama to benefit from it. The whole group becomes involved in the psychodrama. One can become involved without verbal participation. One becomes engrossed both physically and vicariously. It is not necessary to "sin" in order to profit from psychodrama.

Let us examine the concept of "sin" in greater depth. The following quote is helpful in understanding the meaning of sin:

Conscience is a product of community life and experience, and is designed to keep the individual in community, i.e., "good." Sin, in its most broadly defensible definition, is a rupture of this relationship, and there is, by the very nature of the case, no private solution possible for the personal "condition" thus created.

This is a fairly objective definition of sin. However, Mowrer does not

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\* Mowrer even seems to be saying it is magic.

\*\* It seems 'liability' would be a better word.

leave it this way. He points out that in a democratic society, the danger is that we will be too self-indulgent, too *laissezfaire*, too tolerant, and not enough disposed toward planful renunciation, and a disciplined way of life. This applies especially to the sexual area.

Mowrer gives an example of how the release of sexual taboos creates a problem. He cites an "experiment" which had taken place in Russia. "Divorce, which had previously been difficult to obtain in Russia, became extremely easy; a postal card notifying the other partner that the relationship was ended would suffice. Incest, bigamy, and adultery were dropped from the list of official crimes and abortion was explicitly permitted by the decree of November 20, 1920." He goes on to say: "Short of sanctioning homosexuality and the other perversions, the government had gone as far as it could, it would seem, in guaranteeing complete sexual liberty."

What were the results? "Dissolution of family ties, especially of the parent-child relations, threatened to produce a wholesale dissolution of community ties, with rapidly increasing juvenile delinquency as the main symptom."

Mowrer presents this example to show us the importance of maintaining high sexual morals. We will not argue with this allegation. However, we will take issue with this example as proof of his statement. Mowrer points out that the reason the government "decreed" this change was because Engel had suggested it. The failure of the experiment would not come as a surprise to students of Moreno. These changes did not develop spontaneously from the group or population, but were "forced" on them by the government. There was no warm-up to the change. The idea of the change came from one man, and the results therefore, depend in part how adequately he was able to gauge the sociodynamic forces operating in the population. Perhaps he was a "stale" leader.

Mowrer indicates the strength that neurotics possess. "If the 'hysteric' has sinned and deceived he also has the decency (ultimately) to punish himself in attempted atonement." He goes on to say, "What we see as 'illness' (depression, anxiety, panic) is thus, in reality, a manifestation of underlying 'health' and characterological 'strength.'" Mowrer goes on to talk about neurotics in such glowing terms that one might feel "ill" because one is not neurotic.

By now it should be apparent that the "new group therapy" is really not very new, nor is it very comprehensive in scope. Individuals that can profit from this type of therapy are rather limited. The new group therapy is limited to verbal communication. Psychodrama has no such limit. "Accord-

ing to psychodramatic theory, a considerable part of the psyche is not language-ridden, it is not infiltrated by the ordinary, significant language symbols. Therefore, bodily contact with subjects, if it can be established, touch caress, embrace, handshake, sharing in silent activities, are an important preliminary to psychodramatic work itself."

The stage or living space is multi-dimensional and extremely flexible. Where reality is often narrow and restraining, the psychodramatic stage is not. Here the person can deal with fantasy, delusions, or hallucinations. In this "surplus" reality, one can try new ways of behaving. Such flexibility is lacking in Mowrer's therapy.

Thus, we see that psychodrama is so much more comprehensive and flexible than Mowrer's new group therapy. The techniques which Mowrer presents are already presented and more fully developed by Moreno. The methods, techniques, and principles behind psychodrama are much more developed than Mowrer's new group therapy.

Mowrer could have saved many "recurrent observations" and much time if he had read Moreno first.

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## A REPORT ON RELIGIOUS PSYCHODRAMA

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### INTRODUCTION

The following pages contain a resume of a six-week period of religious psychodrama conducted once a week with one and one-half hour sessions. Although the time spent has been short we feel justified in presenting this paper for a number of reasons: One-This was a single block of psychodrama interrupted by the Christmas vacation of the hospital school; Second-a new session is being held involving other young people in the group which would naturally result in further inter-relationships not experienced in the first group; and Third-we believe it will help us evaluate our methods and system and enable us to be more effective in our further sessions.

Section I will deal with the sessions themselves, showing the warm-up, interplay and eventual workings of the individual sessions.

Section II will deal with individual portraits of each participant showing his or her involvement and reaction. Due to the promise to the young people that these sessions are not being put in their records and that these are their own sessions without observers or interference from the outside, no names are being used, although some will be quite recognizable. It is interesting to note how close-knit the group becomes and resentful toward the thought of outside interference or outside participation.

Section III will deal with the basic principles which guide us and any signs of progress which seem apparent. When any change is noted in an individual or any apparent progress, we do not take the credit for this either as directors or as a result of the psychodrama itself. All we are trying to do is to put down what we have observed.

Our basic purpose in this paper is to inform and enlighten those who are interested in what we are doing with these young people. We hope that there may be seen some value in the program and that it may be a help to the young people involved to find a greater sense of meaning in their lives.

### SESSION MECHANICS

The first three sessions involved our concepts of God—"In the beginning God . . ." Gen. 1:1. The first session warm-up was a simple explanation of

what psychodrama involved and our aims in holding these sessions. These are: to utilize the historic biblical situations for the instructions of our faith and also to bring our daily situational problems into play through this means.

The second session warm-up involved the playing of a record, "How Great Thou Art" with the group listening to attempt to analyze the thought of the singer in this song.

The third session warm-up consisted in the playing of an organ recording of "The Old Rugged Cross." This was primarily to set the mood.

In each of these sessions each participant took his or her seat on the stage while another took the role of God. Questions were centered on the feeling of this individual regarding the person of God; where He seemed to be; His helpfulness or lack of helpfulness. The varied lighting systems were used to portray the moods of the participant as he or she experienced the nearness or remoteness of God. Two of the twelve refused to participate. The directors at the request of the young people took their turn as well. Questions were normally posed by the directors but occasionally one of the young people asked a question. The individual representing God moved about in accordance with the expression of the individual. The blue light seemed to dominate in times of God's remoteness which also inferred depression. In some instances all lights were extinguished showing complete loneliness and depression. Lighting became brighter to include the others in the room when the individual sensed the presence of God and his or her better feeling towards the others at that time.

The fourth session was a variation on "The Magic Shop"—"If you had one thing you wanted to ask God for what would you ask." This resulted in the drama of one of the boys desires to "Have more strength to fight his own battles," trying to set the scene as he saw it in an attempt to help him find ways of meeting his problems.

The fifth session revolved around the Christmas season. Pictures both religious and of home-life were placed upon the stage. The individuals were asked to choose the picture which seemed most meaningful to him or her, and then, after a period of thinking, each was encouraged to tell what the picture meant to him or her. From one such situation we went to the non-verbal communication technique whereby we attempted to convey our feelings about one another without the use of words. It was during this session that one of the more aggressive individuals directed a scene of the meeting of Castro and Khrushchev and ultimately led to their feelings for each other and their thoughts of God.

The sixth session involved the reading of the Christmas story from

Luke 2 and the setting up of the manger scene. This brought about the discussion of the true meaning of Christmas, the love and forgiveness of God and ultimately to the discussion of death, life after death, all of which seemed to be important to every person present.

S.M.

#### 1. His Reaction to God

Sometimes wonders if He exists. Completely out of the picture at times—"Sometimes I believe in Him, but He's never really close to me." Sometimes He is hidden too.

#### 2. One Prayer

"That I might have a companion and friend I could be with." No further participation.

#### 3. Pictures of Christmas

A picture of two hands, negro and white, clasped in a handshake. "Speaks of friendliness regardless of individual differences." We used this as the background for the non-verbal communication, but S did not participate further.

#### 4. Christmas Story

Took the part of a shepherd. When asked what he would have been thinking that night as a shepherd he thought it would be about the home and family and the desire to be with them. In the discussion of Heaven and death he stated that he believed in life after death and the forgiveness of God.

#### *Leaders' Reactions*

S was reserved but gave each subject serious thought before committing himself. His only spontaneity was in the last session when he offered to be a shepherd. Stayed after the last session to talk about the stereo and how it worked. Seems a very lonely young man reaching out for whatever friendship may be offered, but unable to seek it out for himself.

H.M.

#### 1. His Reaction to God

Apart from those who took no part he was the least communicative. No lighting changes-no changes regarding nearness or distance-used jive language

to answer questions put to him. Our feeling was he was too sick to really express himself.

## 2. One Prayer

"More strength to fight my own battles." To illustrate his problem we set up a school scene with the pupils teasing him. He was unable to react physically even toward the dolls representing these pupils beyond gentle slaps. E.M. brought out, "Have you ever seen him get upset and start hitting himself in the head?" He pled innocence in starting any of the teasing but was called by M.F. He seemed bothered that he could not react to all this in a more realistic way. Seemed that he turned all his frustrations inward and punishes himself.

## 3. Pictures of Christmas

A picture with various gifts in a room. "Speaks of Christ's coming; toys, a hot rod . . ." We felt he said what he felt we wanted him to say. In the Castro-Khrushchev scene he was cast in the role of Castro and this role seemed odd to us in the light of the former situation. During E.M.'s leadership H. continually distracted by humming and drumming with his fingers and making noise of different sorts which irritated E. who was leading the session.

## 4. Christmas Story—Home for the holidays

### *Leaders' Reactions*

We seem to feel he reacts with a desire to please us—he often seems so sick that he doesn't seem able to get much out of the sessions. He seems to have an honest desire to stand on his own two feet but is totally incapable of it, so is frustrated and self-punishing.

E.M.

## 1. His Reaction to God

Always near-frequently very near-never hidden nor out of the picture. Lights on all the time, all the lights most of the time—very superficial in his attitude.

## 2. One Prayer

"To be free and on my own"—In working out H.M.'s problem E. was the auxilliary, although we often thought of him as the protagonist. Always tried

to dominate the scenes. Stated, "I think we see ourselves and this is why we pick on him."

### 3. Pictures of Christmas

Refused to pick out a picture—hostile to begin with—became aggressive and so we permitted him to direct. (In acting out non-verbal communication he shook hands with F.M. and R.F. to show friendship—actually was the only one to communicate with R.F.) Here E. showed two extreme attitudes which seem to point out his personality—when the center of attention he becomes annoyed with distractions. When not commanding the center of the stage he is the instigator of distraction.

### 4. Christmas Story

Hostile—reluctantly became a shepherd, but then was very fussy about the lighting and setting up of the scene. Again distracting when not the center of everything. From the Christmas story went into the discussion of Heaven which led to an overall discussion of death, Heaven, hell and suffering. His views again very superficial—"Heaven is a wonderful place where you go when you die and have no more problems like you have now. Death is the means whereby everyone goes to Heaven and everyone goes there because God loves everyone and forgives them no matter how bad they are or how many times they do wrong!"

#### *Leaders' Reactions*

Most aggressive individual in the sessions. Not afraid to put anyone on the spot but doesn't like to be put on the spot himself. First reaction to any suggestion or situation was either hostility or disinterest but then he became the protagonist and tried to dominate every session. Becomes extremely hostile or bitter toward anyone who would dare to disagree with him.

R.M.

### 1. His Reaction to God

God was close all the time—used the red light to express the nearness of God to him alone; turned on all the lights to express the nearness of God and his relationship to others. "When I have a problem I pray and God helps me." How? "He helps me help myself—especially in my school-work." God is never hidden or out of the picture. No serious depression.

## 2. One Prayer

"To do well in my school work and get out of here into my chosen field." No further involvement.

## 3. Pictures of Christmas

Picture of a big room with the table set for dinner—"They're having a party and a good time—there are a lot of antiques which I like." In non-verbal communication he placed his arm around F.M. to show his friendship. Did not do this with R.F. but stated he felt the same toward her. Chosen by E.M. to be Khrushchev because "He has the least hair."

## 4. Christmas Story

He offered to be Joseph and set up the manger scene-saw-horses with Mary and the child within and he on the outside—spoke confidently that when he died he would go to Heaven to be with his father. He wasn't sure what the requirements were nor if there is a hell. Stated he hadn't thought much about that so he could not voice an opinion. Evident to one director that he seemed then to withdraw from the conversation and seemed somewhat upset over it.

### *Leaders' Reactions*

We both feel that psychodrama means a great deal to R., especially the religious aspect. He doesn't speak too often, but when he does he seems to speak out of conviction. Usually participates through interest and attention as others express themselves.

F.M.

## 1. His Reaction to God

Blue light most of the time—God hidden a good deal. White spot on himself when God was near. God near at times but not really near. Said after one of the sessions, "I didn't realize other people got as depressed as I do. It has already helped me to pull out of my depressions faster and easier."

## 2. One Prayer

"Peace and happiness and to do something for the needy people of the World."

## 3. Pictures of Christmas

Woman and child (both white) giving a gift to a little colored boy.

"Tells about sharing, peace and friendliness." (Offered to take his place on the stage for people to express their feelings toward him. Was not ill at ease nor afraid of what they would do. Seemed quite sure of himself.) Was himself however unable to respond in any way to R.F.

4. Christmas Story—Went home for holidays and extended visit leading hopefully to discharge.

*Leaders' Reactions*

F was not spontaneous in taking initiative, however he would willingly participate when asked. Manner was always serious. In private conversation he stated that psychodrama was important as a means of expression to him and was the most interesting part of school.

M.M.

1. His Reaction to God

Red light on most of the time—bright lights on some of the time—no sense of extreme depression—God present but neither far away nor very near. Enjoyed playing the part of God most of the time and offered to every time—disappointed when he couldn't.

2. One Prayer

"To help little kids, handicapped and mental and get toys for kids that need them." Took the place of God answering the requests of those who asked. When J.F. said, "I wish I had a mother to care for me," his reaction was, "I think this is something we all need—someone to care for us."

3. Pictures of Christmas

Selected a picture but made only a few vague comments. He seemed totally unable to enter in, sitting with slumped shoulders, his head in his hands. There was no sense of hostility—more depressed. Took the part of one of the Cubans in the Castro scene, but was not really involved.

4. Christmas Story—not present—home—for the holidays

*Leaders' Reactions*

Has difficulty expressing himself—wants to be helpful to others but frustrated by his inability to do so—wishes to participate and does so, but sometimes blocks.

R.F.

1. Her Reaction to God

Spoke at great length on what God means to her. In general felt that He had forsaken her—behind the curtain most of the time. The lights were dim. Felt that God was probably displeased with her because she was bad. Also that God's not being there was part of her problem, of why she is here. She was not comfortable in the darkness—wanted friends but found it difficult to fulfill her desires. Felt that others reject her. "I never experience God in my life. He's always hidden and I've put him there and I believe that's why I'm here and as sick as I am."

2. One Prayer

"To get over my troubles and get out and go to be with my father, mother, brother and sister." Very withdrawn, weepy and non-participative.

3. Pictures of Christmas

Picture of two children walking hand in hand. "I can't talk about it because it reminds me too much of something." Again weepy and withdrawn. Spoke very low between periods of silence. Later, when asked who would like to go to the stage and let others express how they felt toward her, she volunteered, saying, "Probably no one will like me anyway. They all hate me." One came up to show friendship: two others started from their seats to express their rather lukewarm feeling toward her. The others abstained. She returned to her seat with feelings of rejection reinforced.

4. Christmas Story

Absent—on disturbed ward because of agitation and disobedience.

*Leaders' Reactions*

She seems to use many devices to call attention to herself. We don't get the feeling that she really is a part of the group. Sociometric study would probably place her distant from the rest of the young people.

S.F.

1. Her Reaction to God

"There are times when I don't believe there is a God, but when I do I really don't need Him." Felt very lonely and forsaken when alone but was not uncomfortable. God was either completely out of the picture or hidden.

When his presence was felt she wanted to use Him for her own purposes. Lighting seemed to be incidental to her feelings of rejection, aloneness and bitterness toward God and society. She expressed a lack of need for friends yet often felt unloved. (Later in a chance meeting she stated to one of the directors, "I hope you never have to give up psychodrama. It's the only place we can really be ourselves.")

## 2. One Prayer

"To be free of emotional problems I can't control and get an education and enter a profession." At this session she expressed a great deal of hostility and said, "I'm not angry at anyone here, but I'm angry at one specific person and I hate her." Expressed disturbance because one person could upset her so easily. (After this one of the directors received a letter from her requesting the opportunity to speak with him as she felt she could now trust him because of their relationship in psychodrama. Three sessions have been held and are continuing on a once a week basis.)

## 3. Pictures of Christmas

Picture of mother and child—"It's silly and stupid." Actually picked out two pictures both of which contained a mother and child. Took part in non-verbal communication with F.M. in expressing friendship but then made a cradle with her arms and pointed to him saying, "He's a baby sometimes." When everyone laughed she got angry and said, "What's wrong with that? We all act like babies sometimes." Refused any communication with R.F.

## 4. Christmas Story

Held one of the rag dolls which was a part of the props throughout the entire session. She seemed to be engrossed in reverie, holding the doll closely with its arms around her neck-seemed affected by its proximity. Could not be pulled into the group until the discussion turned to death, heaven and hell and suffering. She stated she believes in reincarnation, that we probably lived in other forms in lives previous to these. If hell is suggested as being a part of this life, why not heaven too. Her usual hostility was not evident during this session.

### *Leaders' Reactions*

She and B.F. have their own little clique-talk in asides and sometimes distract. She either gets completely involved in the session or stays completely

out of it. Outstanding traits of bitterness and hostility although these are not evident in the last couple of sessions.

M.F.

1. Her Reaction to God

"Thank you for letting me talk about God. Nobody has ever let me talk to them about God before." God was never out of the picture nor hidden. Most of the time very near with a great deal of light. She mentioned how comfortable and relaxed she felt talking about God and asked if she could do a repeat performance next session.

2. One Prayer

"To have another sister." Reluctant to express it because she thought we might think it was silly. Readily disagreed with H.M. when he stated that he was totally innocent of instigating teasing. "That's not true. You call me a name that I don't like and I haven't done anything first." Very agitated here at this point.

3. Pictures of Christmas

Two small children near the doorway of a building—"Two kids coming out of church all by themselves." No further involvement in the following session.

4. Christmas Story—Not present. Home for the holidays.

*Leaders' Reactions*

God and her religion are most important in her life. She seems deeply involved in every session even when not actively participating. More free in her relationships with the leaders since the beginning of the sessions.

B.F.

1. Her Reaction to God

The blue light was on most of the time—showed depression and God out of the picture, yet she wasn't uncomfortable. She uses these times as times to think. The bright lights were on some of the time indicating times of happiness and a good relationship with her friends. God seemed nearer at these times yet never really close. (Attempted to get J.F. to participate by offering to be near her or go with her.)

## 2. One Prayer

"That I and another could get out of this institution and be together." (A young man with whom she has been friendly). Didn't enter into the session much—she and S.F. were somewhat distracting with their asides.

## 3. Pictures of Christmas

"Dark-haired little girl nestled in sheets and pillow and looking out. She is a scared little girl." Later expressed her dislike for being afraid and we sensed her identification or oneness with the picture. Expressed friendliness in non-verbal communication with F.M. but was unable to express anything to R.F.

## 4. Christmas Story

During the session she cuddled one of the rag dolls except when she took the part of an angel. She said she couldn't be a good angel, actually could only be a bad angel as she wasn't very good. She had strong convictions on the possibility of hell—it was a definite place where everybody just burned. It was a place of suffering and she was certain that was her future. Yet she didn't fear death at all, even though all she could see before her was suffering. When talking about Christmas she spoke of how it ought to be a time of happiness and the family getting together. At this point her eyes filled with tears and she couldn't speak for a time. Also at this point she just let the doll she was holding go limp in a rather hopeless pathetic pose and she spent the rest of the session quietly and retrospectively (so it seemed). We felt that she was deeply affected by the Christmas season, sad, thinking a lot.

### *Leaders' Reaction*

Seems objective about the whole program and seems to get a lot out of it. Active participation is not great, but when she does get involved there is considerable intensity and meaning.

L.F.

## 1. Her Reaction to God

Refused to participate. (In Youth Leaders meeting with school personnel they brought out the feeling that she was really afraid as well as being retarded and ought not to be pushed.) She was extremely restless and distracting making inappropriate remarks and laughing at nothing in particular. (Later in talking with one of the directors she stated, "You'll never get me up there. I'm too afraid. Besides, God is always hidden from me anyhow.")

## 2. One Prayer

"To get Jimmy off 2-B" (Jimmy a disturbed young patient who has been friendly with the subject and presently in a disturbed ward.) Joined in making comments on H.M.'s behavior—laughed during the role-playing of the situation, again making inappropriate remarks.

## 3. Pictures of Christmas

Refused to participate even to the extent of choosing a picture—still distracting both in remarks and restlessness. In non-verbal communication with F.M. she said if she went up she would kiss him, but she didn't.

## 4. Christmas Story

This is the first time she showed a willingness to participate and the first time she took part seriously in a conversation. She willingly took the part of Mary in the Christmas scene, made constructive remarks regarding the set, clowning around a bit and ultimately sat in her position. Complained of the brightness of the light when the spot was turned on her and wanted softer lighting. Later expressed the following feeling, "I'm afraid to die because I've been thinking about death and how you are buried and then come to life under the ground and no one can help you." She stated this had troubled her the last three weeks because she had been sick and was afraid she was going to die. "I believe there's a hell and I'm going there because I do everything wrong. I try to do differently, but always end up doing the wrong thing. I'm not smart enough to think about a lot of things. I'm retarded, you know."

### *Leaders' Reactions*

We have the feeling that she is too immature to get much out of the sessions. Constant restlessness and distractions are disturbing. She did express disappointment when one of the sessions was called off. We sense that she does find some enjoyment and acceptance through her just being there and a part of the group.

J.F.

## 1. Her Reaction to God

Would not comment and would not participate even when encouraged by others of the group. Answered in a self-conscious manner in monosyllables for the most part whenever she did express herself.

## 2. One Prayer

"I wish I had a mother to care for me." Refused to participate until another girl encouraged her and accompanied her to the stage. The response was given so softly that the girl with her had to tell us what she said. There was no further involvement during the session.

## 3. Pictures of Christmas

Absolutely refused to participate either verbally or physically. Sat as if in a complete fog, disassociated from the group.

## 4. Christmas Story

J. never before would express herself in any of the sessions, but today participated quite readily, "I believe hell is right here on earth and there's nothing ahead of us that's any better. Sometimes I believe in God and sometimes I don't, but there's no need for a hell if you get it right here." She couldn't think in terms of God being loving or forgiving, nor could she think of a place such as heaven. Death was either the end of everything or it was only the opening to a continued existence of suffering and hell. It was outstanding in that she expressed an individual opinion rather than continuing her pattern of a "me-too" attitude, evident though not expressed verbally by a short "no," "yes" or "I guess so."

### *Leaders' Reactions*

There has been a gradual change in personality—more outgoing, more feeling. Has acquired the ability to establish a helpful relationship with two other individuals in her daily routine. Seems to feel more comfortable in the group and is participating more verbally and personally.

Among the ground rules we have used in our sessions are the following:

1. No person has done anything he or she did not want to do: i.e. two refused to participate in the first five sessions. They were not coerced but were accepted even in their refusal to participate. In the fifth session one of the two volunteered to participate and did so without the feeling of coercion. In the sixth session the second openly participated. One thing then stands out, the individual has his or her own defenses and he or she does not participate unless he or she so desires.
2. There is a great range of permissiveness. Things are said openly in the protection of the group which are not said elsewhere. As one put it, "I hope you never do away with psychodrama because it's the only

place we can really express ourselves." Another says, "There is no God." Instead of a reaction of horror this is accepted as the true feeling of the individual. God needs no defense, he can well take care of himself. Another can say, "This is silly and stupid" and there is no attempt to make her feel wrong or rejected because she has this feeling. No argument is given nor no retributive action taken. In this atmosphere we find there is a sense of comfort and openness which eventually gives security and a feeling of acceptance.

# HOSTILITY AND SILENCE IN CLIENT-CENTERED GROUP THERAPY WITH ADULT OFFENDERS

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## INTRODUCTION

The application of group methods to the task of rehabilitating the offender received its major pioneering impetus at a historic meeting of the American Psychiatric Association chaired by Dr. William Alanson White on May 31, 1932 when J. L. Moreno introduced the term "group psychotherapy" and the concept to a skeptical audience.<sup>1</sup> In the course of the ensuing three decades, group therapy in the correctional setting has become "our most useful tool . . . in helping offenders resolve deep-seated problems" in the words of the venerable Dean of American penologists, the Hon. Austin MacCormick, who recently hailed Moreno as "the father of group psychotherapy in prisons."<sup>2</sup>

However, group therapy with offenders presents problems that are unique to working with a generally hostile, antagonistic, resistant population, and it is the purpose of this paper to describe and analyse an experience in the use of the client-centered approach with adult offenders in a large metropolitan community.

## BACKGROUND

Before discussing the problems of resistance to group therapy encountered in a therapy group of adult probationers who were treated in the

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<sup>1</sup> Renouvier, P.: "The Group Psychotherapy Movement and J. L. Moreno, Its Pioneer and Founder" in *Group Psychotherapy*, Vol. XI, No. 1, March 1958, p. 73. See also Bixby, F. Lovell: "The Group Psychotherapy Movement since 1932, A Look Backwards and Forward," in *Group Psychotherapy*, Vol. XVIII, No. 1-2, March-June 1965, pp. 6-10 and J. L. Moreno: *The First Book of Group Psychotherapy*, Beacon House, 1932 and 1957, as well as Moreno, J. L.: *Who Shall Survive?*, Beacon House 1934 and 1953, for data on the origins of group therapeutic procedures with offenders.

<sup>2</sup> MacCormick, Austin: "Citation," in *Group Psychotherapy*, Volume XVIII, Number 1-2, March-June 1965, p. 5.

Kings County Court in Brooklyn, a brief account of the therapeutic efforts in behalf of offenders in Brooklyn will illuminate the background of this material.

In 1953, the BARO Civic Center Clinic in Brooklyn was organized by a group of public spirited citizens and placed under the supervision of Dr. Ralph S. Banay, the eminent forensic psychiatrist. This clinic is a full-time, licensed, privately endowed mental hygiene clinic devoted exclusively to the psychiatric treatment of adult offenders referred by various criminal courts in the New York City area, social agencies and other sources. While initially the traditional, individually oriented, one-to-one treatment approach was exclusively employed, in 1954 a client-centered group therapy program was adopted as a treatment technique in selected cases. At first, the most important consideration in the acceptance of the group therapy program was the pressing need to supply treatment to large numbers of patients because of the shortage of therapists. However, it developed that in many situations group therapy became the treatment of choice, the preferred treatment, the treatment that apparently succeeded where individual therapy failed.

The strong research orientation of the clinic has led to several investigations into group processes where subjects were clinic patients (2, 5) as well as probationers referred by the Probation Department of the Kings County Court (6). One of the experiments involved the random selection of a group of adult probationers who were assigned to a time-limited course of group therapy sessions. A control group received no group therapy but received the same series of "pre" and "post" treatment tests that were given to the experimental group. The results indicated that the probationers receiving group therapy improved on a significant level with reference to attitude toward authority figures and perception of social conformity, whereas the control group which received no group therapy remained virtually unchanged with reference to these aspects of personality (1).

As a result of Bassin's favorable findings (1), an experiment in group therapy for offenders newly placed on probation was initiated in the physical setting of the Kings County Court Probation Department. The program was designed to last for five years in order to provide a population of control and experimental subjects sufficiently large to demonstrate the effects of group therapy in changing the attitudes of the probationers toward authority figures and social conformity, and thus alter their behavior with reference to observing the regulations of the greater community (7). The theoretical framework under which group therapy was conducted at the Court followed

that employed at the clinic, namely, the work of Rogers (4) who holds that the client has basic potentialities within himself for growth and development.

Within this theoretical framework, the most important function of the group therapist is to provide an atmosphere in which the client feels free to explore himself and to acquire a deeper understanding of himself and the world about him. The therapist attempts to understand what the patient is saying with reference to content and feeling and to communicate this empathy to the patient and the group. He may offer a condensation or synthesis of the expressed feelings from time to time. He tries to convey to the client through gesture, posture, facial expression, as well as through words, a sense of acceptance and of confidence in the ability of the client with the help of the group to resolve his problems. On the other hand, he does not engage in interpretation, no matter how obvious the dynamics of the situation may be.

#### PROBLEMS IN GROUP THERAPY

While research demonstrates that adult offenders undergoing Rogerian group therapy change significantly in the direction of more conforming behavior with respect to authority figures and social conformity, problems do arise in conducting therapy groups. In this article we will describe the experiences of one of the group leaders who conducted a therapy group of adult probationers in the Kings County Court. We will discuss the verbal and behavioral manifestations in "testing the therapist" and suggesting some approaches in working with this problem within the Rogerian framework.

The group initially assembled in a small office lined with bookshelves and containing a large desk near which was a small desk equipped with a typewriter. A safe, containing valuable documents and papers, was also part of the furnishings. A tape recorder was set up within view of the group near the large desk. Chairs were arranged in a comfortable circle around the desk. These physical accouterments of the room are mentioned because they seemed to play a part in the expression of resistance on the part of the group.

Also essential in understanding some of the initial hostility of the group is the fact that each subject observed fellow probationers (who were *not* chosen for group therapy as a result of the random selection process) report to their respective probation officers, and then, after a short interview, happily depart for their personal pursuits, while the group therapy members lingered on for an hour and a half.

Merely telling probationers that the session time is entirely their own and that the tape recorder is for teaching purposes obviously did not inspire trust and confidence in the therapist or in each other. On the contrary, the hostility

toward depriving and treacherous authority figures which many psychiatrists find rampant in delinquents and adult criminals appeared to be stimulated and exacerbated by the apparent discrimination mentioned above. Expressions of their feelings were contained in such statements as:

"I've been conned into this group."

"Why pick on us?"

"I have no problems. Even if I had any, another guy with problems can't help me."

"There's nothing going on here anyway. I could be working over-time."

"Sitting here is like sitting in prison."

"What should we talk about?"

Another category of verbal expression which appeared to have distinct overtones of hostility toward authority figures and testing of the therapist, is the spontaneous, spirited anecdotes about the corruption of the police, correction officers and governmental figures with not too lightly veiled implication that the group therapist might be part of this venal system. This period may be called the "gripe stage" where the clients test the therapist as noted by Gadpaille (3). The productions of the clients might tend, if the therapist were not on guard, to raise feelings of anxiety as has been clearly described by Ward, et al. (9). Further, a client whose need to question authority is great, might try the restraint and patience of the therapist, as did a member of one group who snorted at this technique with the remark, "Yeah, that's all you do is bounce back what I say to you." Nevertheless, the client's apparent effort to irritate the therapist and direct attention away from self-examination by the group was consistently recognized, but never interrupted or met with defensive measures by the therapist.

Some behavioral responses suggesting defiance of authority and therapist baiting include silence which persisted for as long as an hour, sitting away from the desk, covering the microphone with the hand or uttering obscenities into it, taking a book from the shelf or newspaper and ostentatiously reading it, side conversations carried on in whispers, dozing off during a session, coming late and absenting one's self.

The above phenomena have been noted in the literature on the subject. Gadpaille (3) has indicated that the group settles down to self examination after it has learned to trust the therapist and after the technique of attacking external dangers has failed to arouse the anticipated punitive measures. He has indicated that it takes three months for "resistance phenomena" to work themselves out. In our group, some measures were taken to overcome the

group's resistance: by maintaining a client-centered approach, creating a friendly atmosphere and attempting to reinforce the attendance of the group members.

The client centered group therapy approach is predicated on the important principle that the client has an innate capacity for constructive purposes which will permit him to work out an acceptable value system provided the group therapist does not dictate the direction the group will take but permits this evolution to arise from the dynamic interaction within the group itself. Where the therapist is able to impose on himself the self-discipline required to permit the group to work out its own goals and value system, the group will respond with surprising frequency to express positive sentiments toward a socially acceptable way of life. The client will present problems to his peers who will react and provide solutions which the client may examine without self-threat because they come from his peers. This interaction takes place with an authority figure (the therapist), who *accepts, restates the content, or clarifies the feelings*.

A friendly atmosphere is created within the group setting by leaving the disciplining of the members to the probation officers and by emphasizing that the administrative role of the therapist is confined to taking attendance. In addition, coffee and cookies are served to help create a warm, approving, nonthreatening atmosphere. While the coffee is sipped and the cookies munched, the defenses of the probationers are relaxed, and conversation begins to flow.

Finally, the group members are offered a reward for attendance. They are told that if they attend for fifteen sessions, the therapist will recommend to the offender's probation officer that the probationer be discharged fifteen weeks before the regular expiration date of the period of probation. While this is not the immediate reward or reinforcement recommended by Slack (8) nevertheless, the principle of extending a type of preferential treatment because of fifteen weeks of group attendance will act to reinforce any positive reaction toward group attendance.

#### PHYSICAL SETTING

The group meetings took place in an office with distractions of legal periodicals, books and uncomfortable furniture. The setting encouraged some of the younger probationers to show disinterest, boredom, or even react to threatening material by handling books, a typewriter and other articles in the room. Generally, the older group members policed this behavior by reprimanding the offenders who were generally among the more youthful

subjects. For the most part, the reactions of the peer group were sufficient to keep the group members focused on the essential business of the group: namely, a discussion of personal problems.

Later in the experiment, a more suitable setting was provided in the form of a long table in a well ventilated room with comfortable chairs in a room painted with a neutral warm color, the above distractions tended to cease. The chairs were moveable and this fact permitted the group members to shift their places with a minimum of effort.

#### PHENOMENON OF SILENCE

Silent interludes are not necessarily symptoms of resistance and may have different meanings at different times. The therapist's sensitivity and empathy with the group may permit silence to assume a therapeutic mantle. After a lively group interchange, for example, a prolonged silence may signify a period of inner mulling over, or self-examination, or savoring of emotions and thoughts evoked by the preceding exchanges. The therapist must consciously respect this need for silent preoccupation and refrain from breaking into the group's need for temporary withdrawal. The experience of the writers has been that the therapist's comments at this point will usually be disregarded by the group who will then continue as though there had been no interruption. If the therapist interferes in a more forceful manner, the group may be inhibited from a continuation of significant discussion.

A period of silence at the beginning of the session may mean that the members are merely passively waiting for "someone to start the ball rolling." In this regard, a technique of "pump priming" has been evolved. This consists of the therapist's recognizing and reflecting this attitude of the group and then, in the most general terms and in a reassuring manner to note that each member has experienced some pleasant or unpleasant experience during the day, and that some of these experiences might be of interest to the group. Such "pump priming" has had varied results, sometimes producing a trickle which swells into a flood of interaction, and sometimes only wheezing and sighing, and relapsing into silence.

During the first few sessions, when the group is in the process of forming its unique structure and "syntality," there may be some reluctance on the part of the group members to speak up because of a feeling of strangeness. This situation may be handled by explaining the "ground rules" of the group, namely: that what takes place within the group session is confidential and will not be revealed to the supervising probation officer except that if it should involve the admission of commission of a felony, that the therapist will

recommend that the probationer be discharged fifteen weeks prior to the legal termination of probation if the probationer attends regularly, that the group may discuss anything they find interesting, etc. This may be repeated by a group member when a latecomer arrives. This "warm up" may serve to get the group talking sooner than it might ordinarily.

If the sensitive antennae of the therapist picks up waves of anxiety from the group, his role is to reflect this back to them. Again, the therapist's role is to reassure the group that any utterance will be respected and held confidential and that the therapist will try to understand the feelings of all members. By verbalizing his general attitude of respect for anything said, the therapist hopes to allay anxiety arising from fear of talking to the group. In this connection it was noted that the example of seeing the therapist's nonpunitive reaction to the more articulate members who expressed hostility served more to mitigate anxiety than verbal assurances.

A fifth meaning of silence may be an expression of group hostility (which is sometimes noted in the first few meetings), directed at the therapist, possibly due to a gesture, facial expression, or tinge of hostility in the therapist's reflection of group sentiment. Again the therapist's role is to mirror the group's feeling honestly and sympathetically. If silence is based on anger, a test of the therapist's rapport with the group is their articulate expression of their hostility after the therapist reflects the possible meaning of the group silence.

No matter what significance any particular silent period bears, the role of the group therapist is invariably one of sympathetic understanding and by his words or behavior to reflect such understanding. The group's feeling of being respected and understood stimulates self-examination and group interaction and thereby "silence" as resistance is constructively overcome by the aforementioned nondirective techniques.

#### SUMMARY

The most important function of the client-centered group therapist is to provide an atmosphere in which the group members feel free to explore their feelings and to communicate these reactions to the other group members. The therapist does not interpret no matter how attractive the situation may seem for explanation.

The physical setting within which therapy takes place is important in that it should not be distracting and uncomfortable. Rather, provision should be made for the group therapist and the group to sit around a table in a pleasantly neutral room with comfortable chairs.

Silence on the part of the group may have different meanings. It may be a period during which the group members are thinking and considering what to say and how to say it. It may mean that the group is passively waiting for something to happen. It may also mean that group members may have some initial reluctance to speak before strangers and may need some help in making the initial adjustment to the group. Further, the group may be waiting for some reassurance from the therapist that what they say is important and will not be punished. Lastly, the group may be silent to express hostility toward the therapist.

The therapist must be alert to the nuances of the group's feelings as expressed in silence and react constructively. The above suggestions may help the therapist in the various dilemmas which confront him.

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## PSYCHODRAMATIC ANALYSIS AND TREATMENT OF STAGEFRIGHT

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According to the *New Standard Dictionary of the English Language*, stagefright is simply defined as "timidity or fright before an audience."<sup>1</sup> But to understand the dynamics of stagefright, it is necessary to explore and elucidate the phenomenon from which it stems, the "histrionic neurosis."<sup>2</sup> According to J. L. Moreno, histrionic neurosis occurs when the actor, in order to fulfill the requirements of various roles, has to suppress his own private psyche. He is trained to warm himself up emotionally, not to his own private needs and motivations, but to the various role prescriptions in the script, role prescriptions which have been created by other psyches, those of the playwrights.

Similar prostitution of the psyche is experienced by the ballet dancer who must fit his body movement into the rigid form of the ballet idiom and applies also to dancers who must rehearse and perform dances choreographed by someone else. Singers, too, are limited by musical conserves such as words, pitch, and rhythmic patterns. In addition to these restrictions the performer must, or at least feels he must, live up to the pattern of expectancy of the audience before which he performs. "The audience before which he sees himself performing as a creative ego has assumed super-human proportions. It is filled with beings whom he feels more as symbols than as real beings, whom he feels as harsh judges and critics."<sup>3</sup> Presumably, the people in the audience did not come to see a blundering, struggling artist in the early stages of his creativity, trying to develop his potential talent. They came to see the finished product, the perfected, polished, conserved performance. And it is the fear of not living up to the perfection of the performance conserve and the expectancy of the audience which brings on that state of acute anxiety known as stagefright. But it is this very desire to give a perfect, mistake-free performance which blocks the spontaneity\* of the performing artist and prevents him from functioning on a creative level.

And, ironically, spontaneity is the crucial element which can make or break the performance of an artist—be he singer, dancer, actor, musician,

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\* Spontaneity comes from the Latin "sua sponte" (from within). Moreno defines it as "the variable degree of adequate response to a situation of a variable degree of novelty," *Sociometry and the Science of Man*, page 108, 1956.

or circus acrobat. This is so, because it is the spontaneity state which prepares the organism of the performer to produce the most natural and perfect tone, or the most graceful and limber dance step, or the most life-like, dynamic emotional response. No amount of technical vocal, musical, dance, or acting training can substitute for a true spontaneity state in a performer.<sup>4</sup> This explains the phenomenon of the singer who has never had a lesson and yet who is capable of giving a smooth, professional performance. Frank Sinatra and Ethel Merman have often been placed in this category. It also explains the occurrence, at the other end of the scale, of the overtrained performer who has developed a highly polished technique and yet remains rigid or flat throughout the performance, failing to arouse interest or empathy in his audience. Performing, to the latter, becomes an effort to prove how perfect he or she is at his or her particular skill. Yet the expression of his talent lacks the warmth, flow, and personal uniqueness that only emerges when the performer is in a high state of spontaneity.

Let's take an example: Melinda, a very talented young ballerina, has great trouble doing "lifts" and "jumps." She complains that she feels "weighted to the ground" and simply cannot put herself into the mood of jumping. All possible physical ailments have been ruled out as contributing causes, so Melinda's dance teacher shows her all sorts of exercises which are supposed to build up her muscles and develop her ability to do light and airy lifts and jumps. But they are to no avail. To put it metaphorically, Melinda's spirit is near the ground, and she cannot get her body to belie this fact. She needs a catalyzer, an emotional component that will adequately warm up her body to the act of lifting or jumping. This catalyzer is spontaneity. And it is the very same component which is responsible for bringing the personal, immediate life of the performer into his performance.

Another major cause of stagefright stems from an inadequate or unhealthy "social atom."<sup>5</sup> Talented people who are isolated, neglected, or rejected in their social status, frequently find performing before an audience a harrowing experience, and often discover that their talent completely forsakes them on such occasions, reducing them to impotency as performers. And, ironically, it is usually the very people who reject or are rejected by their primary social atom (e.g. their families, their peers, etc.) who become performers because they are looking for two substitutes: (1) a creative social role (the performing artist) and (2) a new and higher family or peer group

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\* Social atom is defined as "the nucleus of relationships which surrounds every individual." See J. L. Moreno, *Who Shall Survive?*, 1934. See also Helen H. Jennings, *Leadership and Isolation*, page 144, Longman & Green.

(the audience).<sup>6</sup> "Public attention is made to compensate for lack of personal acceptance."<sup>7</sup> In other words, it is an effort on the part of the artist to repair his social atom. But an audience is a large, anonymous, highly uncontrollable and unreliable entity. It is no wonder that an already socially deficient person would crumble before it.

Of course, the performing artist role, by its very nature, is a highly delicate, sensitive operation, filled with greater dependency on the responses of others for its very existence than are most other occupational roles. "Many public performers have in common, regardless whether the performance is spontaneous or conserved (rehearsed), the desire to arouse in every listener or spectator the fullest co-experience with their creation. The sharing of his work of art with millions of individuals, justifies to the artist the tremendous effort invested in its presentation. There is nothing he fears more than to perform in a vacuum, in isolation, unloved and unappreciated. This he fears not only for the sake of his 'private ego,'\* but because of the deep dependence of his 'creative ego'\* upon the listeners and their stimulations to his very ability of functioning. He knows that they are able to build up his creative ego, to provoke him to rise to the highest level within his reach."<sup>8</sup>

A number of psychodramatic techniques are especially applicable to the treatment of stagefright. For example, in therapeutic role playing, the stagefright sufferer is given the opportunity to enact roles in which he can be more spontaneous than he is in his role as performing artist, e.g. the circus clown or the town drunk. Spontaneous improvisation is another technique of spontaneity training which is particularly effective in "de-conserving"\*\* the artist from performance cliches and in revitalizing his private psyche. Its application has been vividly described by its inventor, J. L. Moreno, as he, himself, used it in the treatment of a celebrated violinist who suffered from extreme trembling of the hands whenever he had to play before an audience:

"The patient undergoes several stages of spontaneity training. The first and simplest stage of exercise is unorganized chaotic violin playing. The point is that musical notations have to be as far as possible disregarded, not only before him but in his mind. It is a sort of musical relaxation, a gradual descendence to a non-semantic level of acoustics. His fingers pass over the strings. He does not care whether the sounds make music or not. It looks as if he relies on his fingers and not on his intellect. In these exercises the patient does not have any trembling and shaking. He does these exercises daily for

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\* Moreno differentiates two types of ego structure, the private ego and the creative ego; the creative ego is a later development. See *Sociometry*, Vol. I, 1937.

\*\* For the concept of "deconserving," see "Creativity and Cultural Conserves" *Sociometry*, Vol. II, 1939.

a few minutes. The purpose of these exercises is to help him overcome anxieties and tensions. They arouse a new effort for the cementing of the simple relationship between an organism and an outside tool (the violin); they foster the process of integration between them. The next stage is an exercise in true musical spontaneity. In the beginning no theme, no key and no tempo are suggested. They come from him. Later in the training, he is gradually restrained by a theme given by the instructor. Still later, keys and tempos are suggested. Finally, a theme is subdivided into successive moods. This spontaneous training in music parallels the training of feeling qualities which are deficient in him—for instance, his feeling of pity and sympathy. A phase in the disciplining of his spontaneity is to give musical interpretations of pantomimes and plays which are performed on the stage simultaneously. These particular exercises have value for the patient because he learns to adjust his spontaneity to acts and movements of other persons. It is like being spontaneous in a group of persons who themselves are spontaneous toward one another. It is unpredictable how they may act the next moment but he has to adjust his music to them. It is a method of making spontaneous behavior disciplined and orderly. Through this procedure more and more hindrances and resistances can be interpolated until the spontaneous player learns to assimilate the greatest barriers, musical conserves, without a serious handicap to his spontaneous creativity.”<sup>9</sup>

Psychodramatic techniques of non-verbal communication are useful in freeing the body of the performer from physical and cultural conserves. These techniques are not only beneficial to dancers but to all types of performing artists in that they make the entire organism more receptive to spontaneity.

Such relatively simple techniques as blackout, colored lights, and mood music are often effective in helping the artist create “therapeutic images”<sup>\*</sup> in his mind, images which aid him to warm up to the material he wishes to perform. If the therapist is fortunate enough to be working with a stage that has light dimmers, these may gradually be brought up to co-incide with the creative warm-up of the artist, until he finally feels secure enough to perform on a fully lighted stage, clearly revealed to his audience.

“Social atom repair” or interpersonal therapy may be brought about by such psychodrama techniques as the double, the mirror, role reversal with members of the audience, and a rarely used technique called “super audience” or “pseudo audience.”<sup>10</sup> In this technique the artist replaces the real audience with an imaginary one. Moreno refers to this process as “a crutch which has become indispensable” but adds, “the treatment consists in giving this (imag-

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<sup>\*</sup> See “Creativity and Cultural Conservés,” opus cited.

inary) world an anchorage in psychodramatic reality." That is, trained auxiliary egos may be brought in to portray *people whom the performer would like to have in his audience*, e.g. famous artists from the past, or contemporary performing artists whom he admires.

Or the patient may begin to perform in front of a highly selected audience made up exclusively of people whom he feels admire and respect his talent. Gradually, people whom he believes to be indifferent to his talent may be brought in, and finally, those who he feels to be his harshest judges and critics. But this is not merely a device of coddling the performer because in psychodrama he is given the opportunity not only to perform before such an audience, but to tell-off, interact with, and reverse roles with these disinterested, critical, or judgemental members of the audience, so that they no longer pose a threat to his creative ego.

In summary, psychodramatic treatment of stagefright has three major goals: (1) The liberation of the performer from cultural conserves and the restoration of the spontaneity of his private psyche. (2) The training of his creative ego to function at the highest level of his potential. (3) As a more comprehensive goal, the establishment of a form of public performance in which the true creative ego flourishes.

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## BOOK REVIEW

PSYCHOTHERAPIE DE GROUPE ET PSYCHODRAME. By J. L. Moreno, Presses Universitaires de France, Paris, 1965.

This book represents the French translation of the German edition GRUPPENPSYCHOTHERAPIE UND PSYCHODRAMA, published in 1959 by Thieme Verlag, Stuttgart.

The book opens with a Preface to the French edition, in which is traced the history of the psychodrama-group psychotherapy movement in France and thence to French-speaking countries, and who were the carriers of these ideas. Numerous individuals in France took up the cudgel for group and action methods in the late 40's, at a time when they were still largely unknown in academic circles.

The Preface to the earlier, German edition does this also for Germany, besides stating the author's reasons for writing a German book again, after having departed from Europe in 1925. Since that time Moreno never spoke or wrote German again. His post-Second World War return to Europe—Great Britain and France in 1951, Germany and other countries in 1954—indicated the need to link up his later creative channels with their European sources, to establish continuity with those intellectual, socio-cultural and temporal sources which were their well-springs. In this sense, then, the German book was a creator's odyssey.

The French translation brings to an ever-growing public the essence of the philosophy, methods and techniques, which identify Moreno's life work. To the Presses Universitaires goes credit for having been the first to publish a translation of WHO SHALL SURVIVE? in another language, when they brought out in 1953 the French edition called FONDEMENTS DE SOCIOMETRIE. Once again, we are indebted to the Presses Universitaires for the present book, which is so timely.

As we go to press, a Spanish translation, to be published in 1966 by Firma Fondo de Cultural Economica, Mexico City, an Italian edition by Etas Kompass, Milan, and an American version is also in process.

We welcome these new additions to an ever growing library of basic literature in the field.

ZERKA T. MORENO  
Beacon, N.Y.

AMERICAN SOCIETY OF GROUP PSYCHOTHERAPY  
AND PSYCHODRAMA

*Annual Meeting, New York City, March 18-20, 1966*

This will be the Twenty-Fifth Annual Meeting, a milestone in the history of the Society.

We are herewith issuing a call for papers and suggestions to mark this memorable occasion. Please contact the Program Chairmen, Dr. Jack Ward, 2631 Pennington Road, Pennington, N.J., or Mrs. Zerka T. Moreno, P.O. Box 311, Beacon, N.Y. 12508, as soon as possible.

*Michigan Chapter, Meeting of the Executive Board, July 1, 1965*

The following were present: President, Henry Feinberg; Vice-President, Marguerite Parrish; Secretary-Treasurer, Josephine Drews; Robert S. Drews, Inez Silk, Martha Steinmetz and Cecilia Wells.

For information on this Chapter's activities, contact Mrs. Josephine Drews, Secretary-Treasurer, 12500 Broadstreet Blvd., Detroit 4, Michigan.

*New York Chapter, Annual Meeting and President-Elect*

The annual meeting will take place at the Barbizon Plaza Hotel, New York City, November 19, 20 and 21, 1965. For further information write: Jerry A. Fields, Program Chairman, 56 West 11 Street, New York, N.Y. 10011.

The newly elected President-Elect of the New York Chapter is Abraham E. Knepler, Professor of Education, University of Bridgeport, Bridgeport, 4, Conn.

## ANNOUNCEMENTS

### *IIInd International Congress of Psychodrama*

This Congress will take place in Barcelona, Spain, August 29-September 3, 1966. Honorary President: J. L. Moreno, M.D.; President: Ramon Sarro, M.D.; General Manager: Juan Obiols, M.D.; Assistant Manager: Zerka T. Moreno.

Registration Fee: U.S. and Canada, before December 30, 1965—\$50.00; After December 30, 1965—\$60.00; all other countries, before December 30, 1965—\$35.00; after December 30, 1965—\$40.00.

Registration and program information may be obtained from the Second International Congress of Psychodrama, P.O. Box 311, Beacon, N.Y. 12508.

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### REGISTRATION BLANK

### SECOND INTERNATIONAL CONGRESS OF PSYCHODRAMA

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