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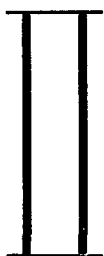
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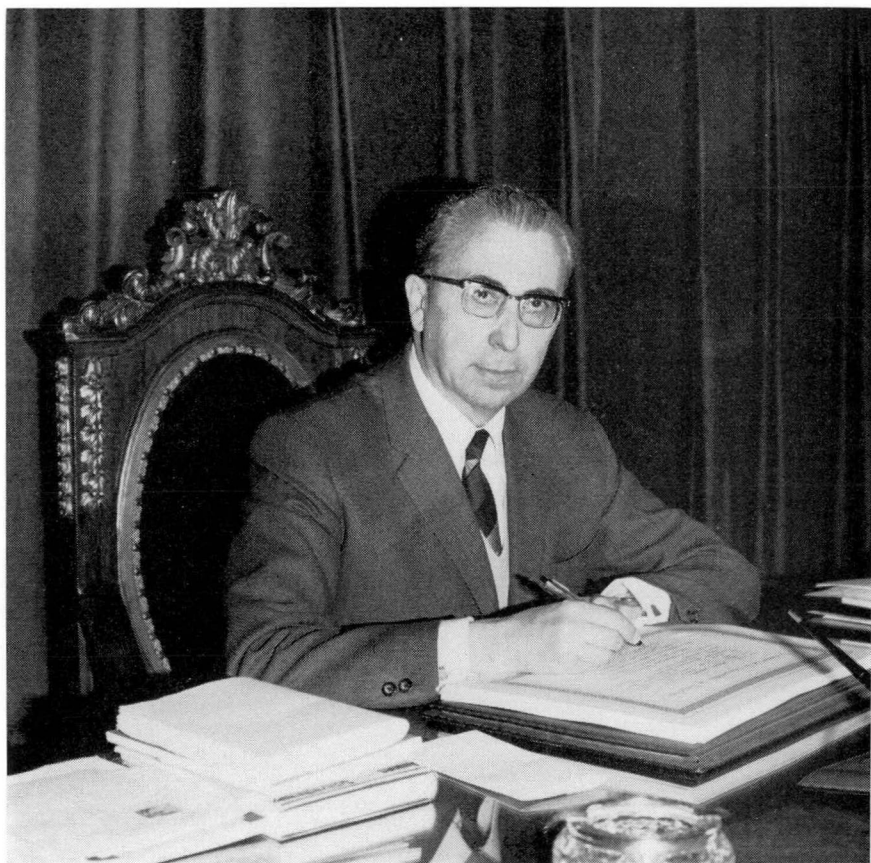
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DON QUIXOTE DE LA MANCHA

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FOUNDED BY J. L. MORENO, 1947

WELCOMING ADDRESS*
DON QUIXOTE AND PSYCHODRAMA

PROFESSOR FRANCISCO GARCIA-VALDECASAS, M.D.

Rector Magnificus, University of Barcelona, Spain

(Translated from the French, with editorial notes, by Zerka T. Moreno)

This Rectorate takes pleasure in welcoming to Barcelona the participants of "The Second International Congress of Psychodrama," of which Dr. J. L. Moreno, illustrious scholar and originator of this new therapeutic system¹ assumes the function of Honorary President.

The University of Barcelona is honored to accommodate the Congress and its participants for several days, as its most appreciated guests, and wishes them all possible success in their work. With your permission, by way of introduction to this work and to the very interesting theme with which you are going to deal, I will bring to your attention an important event that occurred in this same city which today is honored by your visit, and which may have anecdotal value for you.

Approximately three hundred and fifty years ago, towards the end of the sixteenth century, at the dawn of the seventeenth, in precisely this same city, a strange event took place, which I am going to submit to the consideration of the members of this Psychodrama Congress, so that what happened at that time may suggest some idea relating to the brilliant researches undertaken in this area for several years by the Honorary President and distinguished learned man, Doctor Moreno.

This event is reported in great detail by the scholar-historian Cid Hamet Benengeli² whose version is faithfully rendered by the Prince of Spanish men of genius, D. Miguel de Cervantes Saavedra.³

* Presented at the Inaugural Session, Second International Congress of Psychodrama, Barcelona, Spain, August 29, 1966.

¹ The author uses the term "technique" in his manuscript; the translator has taken the liberty of translating this word as "system," because this more correctly covers the scope of psychodrama, which consists of many techniques. As the manuscript was written in French, the translator closely followed the author's French text, even though this may, in a few instances, have deviated the meaning from some of the Spanish quotations, as given by the author.

² Funk & Wagnalls *New Standard Dictionary of the English Language*, 1935, describes him thus: A fictitious Moorish chronicler from whom the adventures of Don Quixote purport to have been drawn by Cervantes.

³ The same source cited above describes him as: A Spanish writer, author of Don Quixote.

This true story tells us that "a certain morning, when D. Quixote⁴ had gone walking on the beach, armed with all his weapons—his weapons, he often said, were his ornaments, with which he would never part, and combat for him was a repose—he saw advancing towards him a knight, armed like him, from head to foot, and bearing a shield upon which was painted a brilliantly shining moon" (Spanish original, "una mañana, saliendo D. Quijote⁴ a pasearse por la playa, armado de todas sus armas, porque, como muchas veces decía, ellas eran sus arreos y su descanso el pelear, y no se hallaba sin ellas un punto, vio venir hacia él un caballero, armado asimismo de punta en blanco, que en el escudo traía pintada una luna resplandeciente").

All those present at this astounding scene must have been extremely surprised, for even at that period it was not usual to see a man of arms dressed in the manner of a knight errand, and D. Quixote, known for his extraordinary folly, no longer attracted attention in the streets of Barcelona, which witnessed during the same epoch numerous comic incidents in the course of his stay in this city, "depository of chivalry" (Spanish original, "archivo de la cortesía").

With what astonishment must the curious then have seen appear another knight errand, who "in a loud voice, and addressing himself to D. Quixote de la Mancha, said: Distinguished knight, Don Quixote de la Mancha, whose praises can not be sung highly enough, I am the knight of the White Moon" (Spanish original, "en altas voces, encaminando sus razones a D. Quijote de la Mancha, dijo: Insigne caballero, y jamás como se debe alabado Don Quijote de la Mancha, yo soy el caballero de la Blanca Luna"). And, in arrogant phrases, of the kind used by a good knight errand, he provoked D. Quixote, forcing him to acknowledge that his lady was more beautiful than Dulcinea of Toboso.

Don Quixote himself was "surprised and shattered" (Spanish original, "suspense y atonito"), so Cervantes tells us, as was also the crowd, the Viceroy, and his best friend, D. Antonio Moreno (what a curious coincidence of names!).⁵ He was also a protector of D. Quixote. And those present did not know whether to stop this strange duel and to forbid the fight. But "not being able to convince themselves that this was anything but a joke" (Spanish original, "No pudiéndose persuadir a que fuese sino burla"), they let them

⁴ Described in Funk & Wagnalls as: The hero of Cervantes romance, *Don Quixote* written in 1605, and followed by a continuation in 1615. He is a country gentleman of La Mancha, who becomes half-crazed by reading romances of chivalry and essays knight-errantry.

⁵ *Antonio* Moreno vs. *Jacob* Moreno.

fight. After they were far enough removed, the two knights turned back to one another but as the knight of the White Moon was faster, he traversed two-thirds of the territory and ran into D. Quijote without touching him with his lance—which, it appears, he had purposely lifted up—with such force that he fell to the ground, dragging along Rocinante and D. Quixote into his dangerous train” (Spanish original, “y como era más ligero el de la Blanca Luna, llegó a D. Quijote a dos tercios andados de la carrera y allí le encontró con tan poderosa fuerza sin tocarle con la lanza—que la levantó al parecer a propósito—que dió con Rocinante y con D. Quijote por el suelo una peli-grosa caída”).

The knight of the White Moon then came close to him, and, his lance posed on his visor, demanded that he fulfill the conditions of the duel. And D. Quixote answered him in a voice “which seemed to come from a tomb” (Spanish original, “como si hablara dentro de una tumba”) in these sublime words: “Dulcinea of Toboso is the most beautiful woman in the world and I am the most unhappy knight on earth, and it is not fair that my weakness should do disservice to this truth. Knight, speed your lance, take my life from me since you have taken from me my honor” (Spanish original, “Dulcinea del Toboso es la más hermosa mujer del mundo y yo el más desdichado caballero de la tierra y no en bien que mi flaqueza defrauda esta verdad. Aprieta caballero la lanza y quítame la vida, pues me has quitado la honra”).

The tragedy, however, was not completed. The knight of the White Moon suddenly changed his mind, permitted the reknown of Dulcinea to survive in all its beauty and imposed but one condition: that “the great D. Quixote return home and that he stay there for one year or for as long as he was ordered” (Spanish original, “el gran D. Quijote se retire a su lugar un año o hasta el tiempo que por él fuere mandado”).

Vanquished, D. Quixote accepted, and the knight of the White Moon “bowed his head in greeting to the Viceroy, at a trot entered into the city” (Spanish original, “haciendo con la cabeza mesura al virrey, a medio galope se entró en la ciudad”).

This is the strange event which I wished to submit to you, the consequences of which were great. Don Quixote was much affected by it, to the great sadness of everyone, especially that of his faithful squire Sancho Panza who, at once “imagined that the light of glory of his master’s promises was obscured and the hope of new promises he made him evaporated like smoke in the wind. He wondered with fear if Rocinante was crippled, or if his master would come out of this in sane mind; by what luck he might recover his reason” (Spanish original, “imaginó la luz de la gloria de hazañas oscurecida, las es-

peranzas de sus nuevas promesas deshechas, como se deshace el humo del viento. Temía si quedaría o no contrahecho Rocinante, o deslocado⁶ su amo; que no fuera poca ventura si deslocado quedara”).

Everyone, starting with the Viceroy, questioned himself as to “who was the knight of the White Moon” (Spanish original, “quien fuese el caballero de la Blanca Luna”). Specifically, it was D. Antonio Moreno who discovered it, for he followed him “and he was also followed and even pursued by numerous urchins until they captured him in an inn of the city” (Spanish original, “y siguiéronle también y aún persiguiéronle también muchos muchachos hasta que le cerraron en un mesón dentro de la ciudad”). D. Antonio, too, entered there, “he did not release him until he knew who he was” (Spanish original “que no le cocía el pan hasta saber quien fuese”).

The knight of the White Moon, seeing that this gentleman would not let him go, revealed his secret to him . . . “Know, Sir, that I am called the bachelor Sansón Carrasco; I come from the same village as D. Quixote de la Mancha, whose folly arouses the compassion of all those who know him; I am among those who pity him the most and believing that he will recover his sanity in rest and in returning to his country and to his home, I have constructed the means to make him return home” (Spanish original, “Sabed, señor, que a mí me llaman el bachiller Sansón Carrasco; soy del mismo lugar de Don Quijote de la Mancha, cuya locura mueve a que le tengamos lástima todos cuantos le conocemos. Y entre los que más se la han tenido, he sido yo, y creyendo que está su salud en su reposo y en que se esté en su tierra y en su casa, dí traza para hacerle estar en ella”).

You will see, forthwith, Gentlemen of the Congress, that the story seems to be related to the subject of your studies, for according to our narrative, the said bachelor Sansón Carrasco constructed the whole event, that performance, can we say psychodrama? with the desire to heal the great Don Quixote of his insanity. And the fact is that he had not attempted it a single time, but already once before he had done the same thing; but that attempt remained without success because when he presented himself as the knight of the Mirrors it was Don Quixote who vanquished him “and his idea was ineffective” (Spanish original “y así no tuvo efecto su pensamiento”). Contrarily, this time he did succeed and that is why he begged D. Antonio Moreno “not to reveal me, do not tell who I am, so that my good ideas succeed and that a man shall recover his spirit as best he can” (Spanish original “no me des-

⁶ Play on words on “deslocado”:

a) Deslocado = dislocado, literally broken up.

b) Deslocado = departed from his folly, returned to his reason.

cubrais ni le digais quien soy, porque tengan efecto les buenos pensamientos míos y *vuelva a cobrar su juicio un hombre que le tiene buenísimo*").

Maybe it seems daring for a physician who is not competent either in this scientific field of his interest, or in the general domain of psychiatry, to propose this antecedent of the subject of your work. I am but a simple pharmacologist who cultivates with particular interest the study of psychopharmacology, which has led me to read some of your work. Nevertheless, I confess my slight preparation for the topic and after having told you this story, so well known, I blush at having done it. But one can not deny that the bachelor Sansón Carrasco imagined and staged an authentic performance based on the insanity of Don Quixote, with the design to heal him, and that it was Sancho who was the first to envision, in his subconscious, the goal of the plot and its certain conclusion. On the contrary, Antonio Moreno shows himself to be skeptical; does not he say: "I imagine that all the labor of Mister bachelor will not suffice to bring a complete madman back to reason" (Spanish original, "Imagino que toda la industria del señor bachiller no ha de ser parte para volver cuerdo a un hombre tan rematadamente loco").

But, oddly, the ruse of the bachelor succeeded and our good Don Quixote ended by being cured of his folly; already, at the moment he entered his village, accomplishing that which he had been ordered to do at the time of the duel, Sancho, his wise squire, launched into a long discourse, in imitation of his master: "Open your eyes, longed-for homeland, and consider that Sancho Panza, your son, returns to you" (Spanish original, "Abre los ojos, deseada patria y mira que vuelve a tí Sancho Panza tu hijo"). And D. Quixote replies: "Leave off those stupidities and let us go home with all speed" (Spanish original, "Déjate de esas sandeces y *vamos con pie derecho* a entrar en nuestro lugar").

From the moment when D. Quixote returns to his village, up to that of his complete cure, a series of interesting details follow one another which seem to have symbolic meaning, but whose analysis would require a deeper study. I will limit myself to quoting the detail of the existence of two dogs, baptized by the names of "Barcino" and "Butron." Naturally the name of "Barcino" for a dog belonging to a shepherd of a village of La Mancha attracts attention; it is a Latin name, from Barcelona, where the fact which we explained took place. But the other name "Butron" is still more interesting, for this Castillian word signifies the enclosure into which one leads animals trapped during a hunt.

Does this have a relation to the present concept of psychic illnesses, considered as escape mechanism from the constraint of life's reality? The

biography of Cervantes himself could teach us about this theme, for is it not strange that the famous words of praise addressed to the city of Barcelona are pronounced by Don Quixote after his defeat, on the way to his village; that is to say, without his manifesting the least rancor towards the town, witness to his sad defeat, which seems to indicate that he considers that event as beneficial, in spite of appearances.

Maybe the names of the two dogs symbolize constraint and liberation? Maybe "Butron" is the symbol of constraint and "Barcino" that of liberation? Is that why Don Quixote preserves such a pleasant memory of Barcelona?

The final chapters of the story of Don Quixote offer numerous other suggestions. It is possible that some day they will be studied in more profound fashion by someone more competent than the person who addresses you.

CERVANTES, DON QUIXOTE AND PSYCHODRAMA, REPLY TO
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Rector Magnificus, University of Barcelona

J. L. MORENO, M.D.

Moreno Academy, Beacon, N.Y.

I

In the name of the thousands of psychodramatists throughout the world, I thank you for the discovery of the psychodramatic episode in Cervantes' Don Quixote. Millions have read this remarkable novel and have passed through the section which recorded the cure of that extraordinary man, but you were the first to discover the connection between that event which brought about the recovery of Don Quixote from his follies, and the psychodramatic method. You have also brought to our attention that Cervantes was not only a great poet but also endowed with an intuitive talent for the dramatic method of healing. Had he lived in our time, he might have become a great psychodramatist, treating the thousands of Don Quixotes who disturb the peace of the world with their follies, and helping to save our society from sickness. But it was his privilege, as it is often given to poets, to discover an idea three hundred and fifty years ahead of time, in a moment of inspiration, and spelling out in beautiful poetry what we technicians have to spell out piecemeal, through hard work. Having been anticipated by Cervantes gives our science a most significant, unexpected support, the support of poetic validation.

The psychodramatic episode in Don Quixote de la Mancha is the climax of the entire novel. Here is an extraordinary man who suffers from an extraordinary disease, called a "disease" by the mediocre doctors of the psyche, but psychodramatists often give it a different name and a different evaluation. They call the world in which such a man lives who is endowed with a higher sense of sensitivity for transcendental experiences, a world of his own creation, "surplus reality." For Cervantes he was at times the baffling genius of eccentricity and a challenge to a dull world, at other times just a sick man, unable to liberate himself from his persecutions.

The novel is largely the account of numerous adventures, one more fantastic than the other, until near the end of the book, an entirely unexpected episode emerges. It reads first like anyone of his many adventures until one becomes aware that the peripetie of Cervantes novel is near. One

morning, Don Quixote goes out along the seashore, in his best attire, when an opponent emerges, a knight of stature equal to Don Quixote, in conduct as self-possessed and megalomaniac as the great master himself. A lesser man Don Quixote would not have accepted. He called himself the knight of the White Moon. That strange knight insulted him by claiming bluntly that his own beloved is more beautiful and superior to the great mistress of Don Quixote, Donna Dulcinea de Toboso, in whose behalf and whose honor Don Quixote was challenging and fighting all comers. There was no other course for Don Quixote but a duel, a matter of life and death. From a lesser man he would not have accepted the challenge for a duel, which is reserved for equals. When in the course of the duel, he was thrown off his horse, down on the ground and his horse crippled, he had no alternative but to expect death from that strange knight who hovered over him. Don Quixote was ready to die. All that he had fought for had come to a miserable end. He suffered a profound shock, a "psychodramatic shock." At this moment he reviewed the panorama of his life and he saw himself clearer than at any other time. He was ready to sacrifice everything for one more chance to prove himself the superior, and Donna Dulcinea the most beautiful, and when that chance was given to him, he accepted it. The condition was to abandon his adventurous life for one year and to return to his hometown.

The duel ended so quickly and abruptly that all the people of the entourage of Don Quixote were puzzled how anyone could overcome the power of Don Quixote, and still more, how anything could make Don Quixote overcome himself.

One of Don Quixote's entourage, Moreno, followed the knight of the White Moon, trying to find out the truth underlying this episode. No one, including Moreno, could imagine that there is any other knight stronger than Don Quixote; there must have been another power which this man had, to be superior to Don Quixote. And the knight of the White Moon gave Moreno the clue to understand the mystery of his power. The knight of the White Moon did not come merely to fight and conquer Don Quixote. He had a higher motive. He had come to cure him. He only "pretended" to be a knight, the knight of the White Moon, a name which he assumed. Actually, he was a very simple man, he was known as the bachelor Sanson Carasco. Were he only another knight, he could never have conquered Don Quixote. He knew that Don Quixote possessed not only supreme physical strength, but the power which the follies had built in him. He had known Don Quixote all his life, coming from the same town. With thousands of others he was deeply distressed that this wonderful man should have lost his mind, never to be able to live a

normal life again. Psychologically, he was a psychodramatic doctor invented by the creative genius of Cervantes. He thought that if he could set the scene for Don Quixote in which he is shocked out of his senses, cut off from his follies, maybe a miracle could happen. He did not worry about giving his own life, he knew that only an accident, and the faith he had in his higher calling, could throw the powerful and selfpossessed Don Quixote down.

He thought it was worth the risk. But now he said to Moreno: "Don Quixote is bound by his word of honor to return home, and I know he will."

This part of the episode—the Moreno who follows the knight—is similar to the function of the director in a psychodrama session, looking for a clue, searching for *truth*. He never lets loose until he finds the vulnerable spot in the protagonist's armor.

What a coincidence of names: Is it not strange that the investigator of truth, Moreno, bears the same name by which I am known? Cervantes could have chosen many equally good Spanish names for this character. As I am now writing this paragraph, may I "fall out of the role of observer" for a moment. If I could be entirely unreasonable and heavily paranoid, I would visualize myself as that character in the book, reborn about three centuries later, and convinced by Cervantes of the value of psychodrama! That would make Cervantes another Nostradamus who could foresee the future!

Spain has been called "The Cradle of Psychiatry," since it was in Valencia that the first mental hospital anywhere in the world was founded in 1406, many years before Pinel liberated the mental patients from chains. However, it remained for Cervantes, a Spanish poet, to anticipate how the psyche itself could be liberated by means of PD.

It pleases us psychodramatists no end, that the duel took place in the streets of Barcelona, the city which played host to the Second International Congress of Psychodrama, because we will always remember that it was in Barcelona where Don Quixote found his cure and psychodrama its most venerable memorial.

II

THE "CURE" OF DON QUIXOTE AND ITS CONSEQUENCES

The idea of psychodrama as a form of therapy has had three stages of development. The first, the primary phase, one may call "the existential phase"; it has been and is used by people naively, as a part of daily creativeness, buried in rituals or primitive rites.*

* Anthropologists have found in the Pyrenees designs portraying "role reversal between man and beast" estimated to be more than ten thousand years old.

The second phase is the esthetic-poetic stage, when the individual artist, poet or dramatist, develops a psychodramatic idea into his works, to cure his heroes from insanity, or other unfortunate maladaptational stresses, as has been done in the Bible in the story of Joseph and his brethren, by Shakespeare in his "Play within a Play" in *Hamlet*, or by Cervantes in treating Don Quixote's folly.

But then there is a third phase, the phase of scientific elaboration of a system of action-centered psychotherapy, now called psychodrama. The existential psychodramatist of the first phase and the poetic psychodramatist of the second are both forerunners of the scientific method. But the poet is able to anticipate with great clarity what matters. The lucidity of his comprehension is often amazing, as it was in the case of Cervantes. It may be a far cry from an artistic allegory to a mature, scientific idea, but on the other hand we can learn from the poet because, on the wings of his imagination he can soar into high altitudes without being hindered by the censorship of the scientific mind.

Cervantes had two problems in the course of writing that novel, *Don Quixote*. One, how to start the novel. Two, how to end the novel. First, the main theme of the novel was to describe an extraordinary man who had left his home town and was engaged in a fantastic life which brought him into continuous conflicts with his fellowmen, but never gave up his utopian dream. Second, the problem was "what to do with his hero", to let him be jailed, punished, crucified? This would be a customary ending for such a man. To let him get old and die in battle may be undignified, unoriginal and undramatic. And so Cervantes got an idea to find a "moral" ending, a way to liberate him from his folly, to return him to being a normal, well controlled man again. Once he had a concept of this ending in mind, he had a second problem on hand: by what method could a man like this ever be cured? Don Quixote was profoundly identified with himself, with his role, convinced of the righteousness of his way of life and of feeling, so that nothing could shake him. How can you cure a genuine psychotic? His mind travelled on such a high plateau that the average man could not reach him. A genius like Don Quixote could not be approached in the average way. He is a splendid isolate, a rebel, in a dull, drab, vulgar, commonplace world. How could he ever give up his beautiful hallucinations, in return for what? In search of a remedy Cervantes discovered the psychodrama method without knowing it. He realized that in order to communicate with Don Quixote, he must be shocked out of it, it must be accomplished on the same high level of imagination, in the same, splendid, heroic world in which Don

Quixote lived. He realized that he must create an imaginary reality which could counter Don Quixote effectively. It could not be done by a priest who tries to cure his soul and approaches him with benedictions and advice. It could not be done by a doctor who comes with remedies and balms. Don Quixote would reject them or more likely not even notice them! It must be "an encounter", an encounter with a hero as great as himself, or who would appeal to him as such, a knight in arms, equally foolish or more so, fighting for a similar cause or even a higher one, inspired by a similar phase of rebellion against the everyday world, a man full of follies and speaking the same language. But there Cervantes stopped for a moment and said: "Where could there be another Don Quixote? There is only one Don Quixote imaginable, so unique and transcendental. The world could not hold two Don Quixote's, it would bust", and so, Cervantes had his poetic dilemma how to proceed with his scheme.

But now he had an inspiration, to create a man who could be his "double", with similar aspirations, who loves a princess as beautiful as Dulcinea, who has dreams of conquests as magnificent as Don Quixote, a man who speaks the same language. But where could he find such a man? He had a brilliant idea to go into Don Quixote's own town, to explore his background. There he finds so many people who love Don Quixote, his parents first, and his friends who never could understand this strange man and who hoped against all odds that some day he may be cured. They would do anything for him because they love him so dearly, that fine, noble young man who lost his mind and wanders around the streets of the world like a poor fool. And there he met a man who impressed him particularly with his compassion, a certain bachelor who was called Sanson Carasco. He apparently was willing to do anything to restore Don Quixote's sanity and bring him back home, to his village. Cervantes thought that he could involve this man in a fantastic scheme to challenge Don Quixote to a duel, (the psychodramatists call such a man "an auxiliary ego" and in a particular, special form, the double) and to "*pretend*" that he is a great knight, equally or more foolish than Don Quixote himself, with the only difference that he was foolish and sane at the same time, becoming a fool for the love of Don Quixote. In itself, it seems as if Cervantes asks of Sanson Carasco something impossible to undertake. It is only because of his love for Don Quixote that he could undertake it and because of the poetic genius of Cervantes that it could be done. An actor could not have done such a thing. It had to be a man who had a touch of foolishness in him, but also courage. So, under the guidance of the poet Cervantes, he began to experiment and practice until

he was traveling the roads of the world on a high horse with armor on his chest and a shield. He did not care that people in the village began to laugh and say: "Here is another one".

We must understand that Don Quixote could not communicate with anyone on the normal level, within the materialistic sphere of living, that he could communicate adequately under abnormal conditions which fitted his aspirations. Apparently that is what went on in Cervantes' mind. At this point I may explain by giving an illustration from the life of another extraordinary man who was my patient and who thought he was Adolf Hitler.* This Adolf Hitler was actually just a simple butcher. In his normal life no one paid any particular attention to him until he developed an idee fixe that "I am Adolf Hitler" and acted like him. When he came to us as Adolf Hitler he was non-cooperative, no one could treat him. In our psychodrama we gave him every opportunity "to be Hitler" in the world on the stage. There he was Hitler, carrying out the Nazi revolution and World War II, being confronted with the heroes of Hitler's world, Goering, Goebbels and Hess, Stalin and Roosevelt, in the form of auxiliary egos. He reacted promptly and effectively and gradually, within six months, we could bring him back from the plane of psychodramatic responsibility to that of daily life.

Similarly, it must have been that the poet Cervantes imagined if Don Quixote could communicate with people on his level, with whom he could "cohallucinate", he will also bear the consequences of interaction with them. One patient frequently trusts another patient rather than a doctor. And he thought that "if it comes to a test we shall see what will happen". Cervantes, a great poet, was also a great psychodramatist. He developed the psychodrama on several levels, a gradual interaction. He wanted to give his Don Quixote an opportunity to be superior to the one whom he encountered. Cervantes lets the opponent come first as the Knight of the Mirrors and in their first encounter the Knight of the Mirrors was defeated by Don Quixote. That was meant to intensify the narcissistic glow of Don Quixote, to support his belief that he is unconquerable and unconquered by anyone and that his Dulcinea is definitely the most beautiful in the world. However, Cervantes thought, in terms of Don Quixote, that now the way was open, prepared

* See Psychodrama of Hitler, *Psychodrama Vol. II*, Beacon House, 1959.

There was another patient who presented an hallucinatory experience of an exclusive nature. Mary suffered from an unusual hallucination. She was in love with a young man, John, whom she never met but with whom she carried on a love affair. See "A Case of Paranoia treated through Psychodrama", *Progress in Psychotherapy*, Vol. III, 1958, pg. 86-131, Grune & Stratton.

for similar duels. The next time when the knight came he called himself the Knight of the White Moon and this time it is Don Quixote who is thrown off his horse and on the point of being killed by the Knight of the White Moon. The astounding thing happens here now: Don Quixote is able and willing to accept the consequences of the duel and in the fashion of the true spirit of an auxiliary ego the Knight of the White Moon permits him to live, under the condition that he return home and remains there for one year.

Cervantes constructed the cure of Don Quixote along psychodramatic lines which are now universally accepted. The interpretation which we gave above to his poetic vision has attained in the course of the years a technical format. According to psychodramatic tenets, if a psychotic suffers from certain paranoid ideas or certain obsessions and ideas of grandeur, he is unapproachable by persuasion, suggestion, pleas or whatever psychological methods are used by the average psychotherapist. But he may be able to communicate with an auxiliary ego who enters into his world, and if the role represented by the auxiliary ego accords with the perceptions and ideas from which the patient suffers then he transfigures the auxiliary ego into a person with whom he, the psychotic, can identify. More important than that the therapist can identify himself with the psychotic is that the psychotic can identify himself with the therapist. The particular form of auxiliary ego which Cervantes used is a kind of double. There are several kinds of double in psychodrama.

We differentiate here two kinds: the loving double who establishes identity with the protagonist, and the contrary double who tries to establish identity through contrariness and hostility. Cervantes used first the loving double in the Knight of Mirrors and then a second type of double in the character of the Knight of the White Moon and apparently with success! The idea of coming home for one year is very similar to the idea of the psychodramatist who limits time, who is specific and lets the process of liberation and new integration take place gradually. Very frequently, after such a process of "probation" a patient finds a new place in the normal community and does not return to his old ideas and obsessions. At other times a patient is inclined to relapse and needs then repeated intervention.

III

PERIOD OF REHABILITATION

Cervantes was well aware of the consequences of the cure. He let Don Quixote continuously repeat after his defeat that a "change" had taken place.

His hero began to make a clear distinction between fantasy and reality. On the journey home stopping at an inn he insisted that it is an inn, not a fancied castle. He was apparently off the romantic-magic level. He searched frequently for the "real" lady Dulcinea in her disenchanted state. He made up to every woman he experienced to see whether she was Dulcinea del Toboso or not, but he heard and saw magic signs that he shall never see her again. However, he could not find peace of mind because in order to complete his cure, also Dulcinea must be disenchanted and found alive. She was an essential part of his fantasy world. Therefore, she must become a part of his *new* reality. His anxiety grew the more the hope of finding her faded. He became increasingly depressed. Being captivated by the peerless Dulcinea he was not willing to find his imaginary shepherdess on a lower plateau of perfection.

Dr. Valdecasas pointed out with great perception that Don Quixote encountered numerous symbolic events when he returned to his home village. What do the two dogs Barcino and Butron mean? Barcino (the Latin word for Barcelona) may well stand for liberation. Barcelona is the place where he found himself, where he was able to be himself, the ruthless utopian Knight Errant Don Quixote, the city where no limits were placed on his imagination, where even his duel and defeat were a part of glory. Butron may well stand for constraint. As Don Quixote entered his village he saw it as the "cage" in which he will have to spend the rest of his life.

In the period of disillusionment and reconstruction, psychodramatic patients sway back and forth, unable to give up the former psychotic world entirely and unable to accept the new reality without fear. They try to find a constructive compromise which is part and parcel of the learning process in the course of rehabilitation. Psychodrama sessions are conducted through this period at regular intervals.

According to psychodrama theory psychic illness is not only an escape mechanism from the constraints of life's reality but frequently an effort to create a more satisfactory reality. The motivation is to create not to escape.

In psychodramatic procedure the most important period is therefore the period of probation. The treatment does not stop with the shock of enlightenment, the sudden realization by the patient of his psychotic involvement, rather it begins then to guide the patient gradually into the new life and the new milieu in which he is to live. There are therefore, three Don Quixote's, the first before he became the Knight-Errant, the second the adventurous Knight-Errant, and the third, the period of renewal. Session after session

must be conducted to help him find better solutions to his current problems. Complete, therapeutic psychodrama might have prevented his early death.

IV

CATHARSIS OF DEATH

The sickness of death may well have proceeded from the regret at his defeat and his disappointment of Dulcinea's disenchantment. The physician who examined him was of the opinion that mere melancholy and vexation had brought him to his approaching end. One may quote here an old medical adage, "Operation successful, patient died". The question may be raised is there no psychodramatic alternative to the course of events as described by Cervantes in his novel? A catharsis of integration brought about his death, perhaps the high point of his cure. On his deathbed he declared* "My friends, I have happy news to tell you. I am no longer Don Quixote de la Mancha but Alonso Quisano, the same whom the world for his fair behavior has been formerly pleased to call the good. I declare myself an enemy to Amadeo de Gaul and his whole generation of profane stories of knight errantry, all romances I detest. I have a true sense of danger when reading them and at all my past follies, which I abhor. All the use I shall make of my follies at present is to lighten my repentance, and though they have hitherto proved prejudicial, yet by the assistance of heaven, they may turn to my advantage at my death."

We should not forget that Cervantes himself does not let his hero give up entirely his dedication to the great dream. Don Quixote as he went out of Barcelona said to his friend Sancho "I wonder how we cam'st by all this; but I must tell thee there is no such thing as fortune in the world; nor does any thing that happens here below of good or ill come by chance, but by the particular providence of heaven; and this makes good the proverb, that every man may thank himself for his own fortune. For my part, I have been the maker of mine, but for want of using the discretion I ought to have used, all my presumptuous edifice sunk, and tumbled down at once. I might well have considered that *Rosinante* was too weak and feeble to withstand the Knight of the White Moon's huge and strong-built horse. However, I did the best I could, and was overcome. Yet though it has cost me my honour, I have not lost, nor can I lose, my integrity to perform my promise.

* Quotation from "Don Quixote de la Mancha" by Miguel de Cervantes, The Modern Library, Random House, New York, 1950.

When I was a Knight-Errant, valiant and bold, the strength of my hands and my actions gave a reputation to my deeds; and now I am no more than a dismounted squire, the performance of my promise shall give a reputation to my words, judge on them, friend *Sancho*, and let us go home, to pass the year of our probation. *In that retirement we shall recover new vigour to return to that which is never to be forgotten by me, I mean the Profession of Arms.*" (Italics ours).

THE MIRROR TECHNIQUE AS A PSYCHODRAMATIC ENCOUNTER

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Mrs. W. is a 49-year-old white divorced female who has been diagnosed chronic brain syndrome with "regression." She is one of nine children who lives in isolation of her consanguinal family. Her nuclear family has all but dissolved, with an only son, Richard, living in California. She has a history of several hospitalizations and nursing home placements. Her most recent nursing home experience terminated upon her "unmanageable" behavior.

Mrs. W. appears to be much older than her 49 years. Within the past year she has undergone a complete hair color change, from brunette to pure white. Her appearance resembles someone of a lower class standing. She is disheveled, scantily dressed, and displays large, separated teeth which she incessantly grinds. She is confined to a wheel chair due to an attack of polio when nine years old. Her feet and legs are atrophied due to the affliction. Mrs. W. is capable of understanding directions, speaks coherently, and seems to have relatively good memory.

While in the treatment cottage, Mrs. W. seems to prefer isolation from the other patients and bemoans her destitution and absence of friends. She has regular screaming episodes at which time she violently pitches herself backward and sideways in her wheelchair. Subsequent to these "attacks" she appears exhausted and slumps limply forward or sideways in what appears to be gross fatigue. During these limp intervals she grinds her teeth loudly and vigorously. Mrs. W. is able to engage in brief dialogue when she is in this quiet period. She talks about her preoccupations with her son's death (a false belief that he has befallen a violent death on the "freeway") and her own irrevocable death (which she believes will soon take place). She speaks lovingly of her two grandchildren, a boy and a girl, both of whom are inaccessible to her in California.

BEGEGNUNG

My initial encounter with Mrs. W. took place in the treatment cottage where she sat virtually isolated from patients and staff in a glass enclosed room designated as the "Quiet Room," a room in which patients may retreat

from the vigorous demands of the therapeutic community exposure.* The door was open. The time was 10:30 A.M. and a psychodrama for Mrs. W. was scheduled for 11:15 A.M.

My purpose for the visit was threefold: to experience Mrs. W.'s current disposition, to introduce myself, and to explain the forthcoming psychodrama. Within the half-hour in which I talked to Mrs. W. she demonstrated fifteen to twenty screaming-pitching outbursts. The outbursts were more frequent during the early moments of our discussion; whenever her son was mentioned; and when any verbal kindness or concern for her was shown. However, she seemed less disturbed, even comfortable, when non-verbal kindness was displayed, e.g., holding her hands, stroking the back of her neck, and replacing the blanket which was tossed off whenever she began to pitch, flail, and scream. It was during this meeting that Mrs. W. spoke about her son, her grandchildren, her daughter-in-law, her ex-husband, her mother and father.

Two interesting experiences occurred while I sat with Mrs. W. in the Quiet Room. The first followed a very loud and extended screaming-pitching episode related to her expected demise. I injected that for someone who was soon to die she certainly possessed a great reservoir of strength. I told her that even I couldn't maintain her level of activity without totally collapsing. She instantly began to scream in a wee-child-like voice which was barely audible, telling me how tired and weak she *really* was. The second experience also followed the truculence of an "episode." I had set a cup of hot coffee on a table adjacent to the wheelchair in easy reach of Mrs. W. As she resumed her turbulence, I reminded her of my coffee and my wish to drink it. She continued to flail her arms about but carefully avoided the cup at all times, demonstrating both control and a positiveness for me. Mrs. W.'s gross activity is a constant reminder that no one is to approach too closely else she screams or threatens with her thrashing arms and body.

THE PARTICIPANTS

The treatment team on which Mrs. W. is a member does not utilize psychodrama as a regular therapeutic resource. However, the staff felt the application of psychodrama might introduce additional information and potentially reach Mrs. W. The staff expressed to the patients that interested people could attend the classical psychodrama theatre and observe Mrs. W.'s session. Approximately twenty patients and staff attended.

* They may listen to music, read books, or engage in intimate conversation in the "Quiet Room."

The Head-Nurse of an adjacent team, Miss Sharon Thomas, agreed to work as an auxiliary-ego. She was selected because she is the chief psychodrama director for her team and an extremely sensitive person.

The group arrived at the theatre at 11:15 A.M. Mrs. W. was carried to the sociogram theatre, which is on the second floor of the Patient Community Center. The audience entered silently and took seats in the second, third, fourth, and fifth rows. The sociometry revealed dyads and triads scattered irregularly throughout. Staff sat together. Patients sat together. Mrs. W. arrived screaming and thrashing.

PSYCHODRAMA

Scene I

The warm-up began as soon as Mrs. W. reached the edge of the first level of the stage. Sharon sat at Mrs. W.'s left side and I sat on the first level of the stage directly before Mrs. W. Taking her hand I repeated what I had said while in the treatment cottage, i.e., the session was planned to learn more about her and to permit her to express herself in order to gain some relief from her exhausting pain. These comments were directed to Mrs. W. and the audience as well. The warm-up was interrupted several times by her screaming outbursts. Whenever she screamed we waited until she had finished before continuing with the psychodrama.

Sharon took a position on the top level of the stage and began to mirror Mrs. W.: beginning with a pantomime Sharon used the pitching and flailing action to physically get started. She then began to thrash and pitch and screamed, "Richard's dead! Richard's dead! No, no, no, no!"

Director (to Sharon who will be referred to as Helene): Helene, can you tell me how Richard died?

Helene (Sharon): Richard, Richard. He's dead. He's dead! The highway killed him. No, no, no, no!

Mrs. W. (in audience): No, no, no, no, the *freeway*! Ha, ha, ha, ha! (laughing hysterically). (Mrs. W. began to slide rigidly from her wheel chair laughing and screaming, "Richard, Richard, Richard, Richard!")

Helene: The freeway *killed* him. I'm going to die. (Mrs. W. began to cry and for the first time she shed tears. I lifted Mrs. W. back to her wheelchair and remained with her, placing my arm around her.)

Director: Who can help her? (pointing to Sharon on the stage)

Mrs. W.: No one. No one. Oh, Oh, no one! (I continued to remain physically close to Mrs. W. and asked gently about her grandchildren. She ex-

pressed a strong love for them and began to pitch, thrash, flail, and scream for twenty-five seconds.)

Helene: I love children! I love children. I want my mommy and daddy! (Mrs. W. signalled agreement by an affirmative shake of her head.)

Director: Are they warm and loving parents?

Mrs. W. (whispering): My mother was.

Director: What is mother's name?

Mrs. W.: Mrs. Smith.

Director: Where were you born?

Mrs. W.: In Sand Creek, Colorado. (The lights were turned completely off and the scene was introduced as the hospital delivery room in Mrs. W.'s birthplace.)

Director (as the doctor speaking to Sharon, now playing Mrs. Smith): Mrs. Smith. Mrs. Smith.

Sharon (as Mrs. Smith): Yes doctor. Is it over? Oh God, that was terrible. (She began to scream as Mrs. W. usually screamed.)

Doctor: You have a little girl.

Mrs. Smith: Is she okay? Does she have ten fingers and ten toes?

Doctor: Yes, she's all right. However, she will need corrective therapy on her legs and feet. (This is an obvious error in Mrs. W.'s history as she was born without any disfiguration-psychodramatic shock.)

Mrs. Smith: Oh No! Why me? I don't want it. I don't want the baby! (Another effort at psychodramatic shock.)

Mrs. W. (in audience): No! No! No! No! She loved me! Oh, No! (The blue lights were turned on. Betty, a nurse who has been working closely with Mrs. W. put her arms around Mrs. W. Mrs. W. was lifted from her wheelchair to Betty's lap. She placed her cheek next to Betty's and wrapped her arms around Betty's neck in an embrace.)

Director: Mrs. W., Betty is going to be mommy. You sit here in mommy's lap.

Director (to Betty who has become Mrs. Smith): Mrs. Smith, how is baby Helene eating? Is she colicky? Does she sleep well or does she cry?

Mrs. Smith: She's a wonderful baby.

Baby Helene (in a weak baby voice): Oh mommy, mommy.

Mrs. Smith (beginning to rock Helene): Now, Helene, it's all right. Mommy's here. I love you.

Scene II

The red lights were turned on simultaneous to the entering of Helene's father (played by a staff psychologist). He enters in a drunken condition.

Father: Where's my dinner? Are you still babying her? Damn it, don't I count around here?

Mrs. Smith (still rocking): Fix it yourself! Helene needs me and I need her.

Father: Look at this house. It's a mess. God, what a pig pen!

Mrs. Smith: Leave me alone. You'll upset Helene. (Sharon left the stage and took a seat next to mother and Helene, and began to double for "baby Helene.")

Baby Helene (screaming, thrashing, and clinging desperately to mother): Oh no! No! No! No! No!

Director: What do you want daddy to do, Helene? (Baby Helene began thrashing her arms toward father.) What do you want mommy to do?

Double (Sharon): Get out! Get out! Get out! Don't fight over me! Mommy, protect me. Don't let him hurt me, I don't want to be in the middle! (Simultaneously, Helene, mother, and father were all screaming. Double verbalized the torturous pain at being trapped in the middle.)

Double: The only way to get people to hear you is to scream louder than anyone else!

Mother (to father): Get out of here you drunk! I'd rather give her a bottle any time than give you one. (Father exits.)

Scene III

The blue and red lights were turned on. Mrs. W. was returned to her wheelchair. Sharon moved to the bottom level of the stage where she began to crawl and soliloquize as a small child.

Director (to Sharon): How old are you little girl?

Sharon: I'm this many (struggling to show two fingers).

Director: Are you two years old?

Sharon (nodding her head affirmatively).

Mrs. W.: I don't want to be two! No! No! No! No! I don't want to be a baby!

Director: How old would you like to be, Mrs. W.?

Mrs. W.: Richard! Richard! Richard! I'm going to die! I'm going to die!

Director: All right, Mrs. W. Take it easy. Rest a moment. It's okay. (She becomes quiet.)

Sharon: I'm so lonely. I don't like being two years old. I have eight brothers and sisters. No one plays with me. Mommy. Mommy, please play with me.

Mrs. Smith (Betty the nurse): I can't Helene. I'm too busy.

Sharon: I hate my mommy!

Mrs. W.: No you don't!

Sharon: Yes I do!

Mrs. W.: Oh no you don't!

Sharon: She's terrible to me.

Mrs. W.: No, she's not!

Sharon: Who will play with me? What can I play with?

Mrs. W.: A doll. (I produced a doll that a patient had bought for Mrs. W. Mrs. W. took it from me and began mothering the doll: caressing it, holding it close, and calling it her "baby.")

Sharon: I need someone to play with. I'm so lonely.

Mrs. W.: Here. (She leans forward in her wheelchair and extends the doll to Sharon. Sharon takes it.)

Director: What does this doll mean, Helene?

Sharon: I love you. You're my dolly. You won't hurt me. (Mrs. W. begins to scream, flail her arms, and wildly pitch.)

Director (to Mrs. W.): What's the doll's name?

Mrs. W.: It's Linda (a granddaughter). No, it's Richard.

Director: How old does this little girl want to be?

Mrs. W.: Not two. Not forty-nine! I want to be twenty-nine (Richard's age). (Mrs. W. began to weep softly. The scene closed with Sharon and Betty embracing Mrs. W.)

SHARING

The audience members sat quietly. Some were crying. Some exhaled sighs of relief. Others sat stoically in a trance-type fixation. Helene leaned forward in her exhausted position: face hanging over her knees. I addressed myself to one of the patients at the rear of the room, Gloria, who sat quietly with tears streaming down her cheeks. "I know exactly what she's going through. I've been through that. It's terrible." Another patient said, "Helene, I want to help you. I'm your friend." Another patient agreed. The psychologist who had played the drunken father said, "Can you say anything to Gloria, Helene, that might help her?" Betty said, "Gloria, why don't you come up here."

As Gloria approached Helene, Helene extended her hand and took hold of Gloria. They both embraced and wept. The group gathered around Helene and Gloria, and shared in the closeness. As they stood around, Helene became alarmed and screamed, began to pitch, and thrashed wildly. The audience

moved away and toward the theatre door. We all exited. From the distance of the theatre to the cottage, Helene was silent and apparently exhausted.

The staff convened at the cottage and agreed another session was indicated. The next one should focus on Richard and his birth.

PSYCHODRAMA FOR UNDERGRADUATES: ENTERTAINMENT OR SELF-KNOWLEDGE?

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Anticipation of the exciting and exotic in campus entertainment brought me to the first undergraduate course in psychodrama at the University of Cincinnati.² On the first day, forty of us were sitting behind the rows of desks in a fairly large, but ordinary, classroom. I was busy laughing and talking with the others and hardly noticed when the professor, Dr. Doris Twitchell-Allen, entered the room. When I heard her asking for the chairs to be pushed against the walls to make a space so that the janitor could place a large oriental carpet in the center of the room, I began to observe her more closely.

Still unaware of what was to come, I wrote routinely in my notebook Dr. Allen's introductory remarks about how the class would provide an opportunity through psychodrama for the students to present problems and to act them out with the help of other members of the class.

Then, matter-of-factly, Dr. Allen asked who had some problems to present. At this request, I blanched. For while I saw myself as the sophisticated collegian who appreciated "beatnik" poetry and all such forms of free expression, direct emotional expression in a classroom was more than I had anticipated. What I had thought would be entertaining now promised to be painfully inappropriate. I had always seen the classroom as a place where you tried like hell to look good and keep your emotions and problems under cover. Then a blonde girl named Susan got up and said she had a problem; I really squirmed with embarrassment for her. I thought to myself that this was about the same as hearing your parents fight in public. Right then I assured myself that nothing would ever get me out there on the carpet with Dr. Allen. (In retrospect, I can see that it was just as well that Dr. Allen convinced us that no one would feel pushed to participate; otherwise, I am sure that I would never have continued the course.)

¹ The author was an undergraduate at the University of Cincinnati. He entered the Graduate Training Program in Clinical Psychology at The University of Tennessee in September, 1965.

² This first undergraduate course in psychodrama was initiated on March 18, 1964, by Dr. Doris Twitchell-Allen, Adjunct Professor of Psychology at the University of Cincinnati.

Just listening to Susan's problems proved to be difficult enough. She began by enacting with Dr. Allen the frustration of transferring her credits from another college to the University. At this moment I secretly glanced around the room to see how the others were reacting to this unsophisticated display of personal feelings. But no one was smirking as I had suspected; instead, when Susan looked around timidly to choose members to take parts in her scene, they seemed pleased to have a role in the situation she was trying to demonstrate.

After a while, Dr. Allen led the scene in time back to the other college campus. Then we discovered the particular emotional experience responsible for her extreme reaction to the current University registration problems. Walking across the carpet which had now become that other college campus, Susan began to relive her loneliness there following the sudden death of her fiancé in an auto wreck. Dr. Allen seemed to incorporate herself into Susan's soliloquy; she followed Susan by the side, round and round the carpet, gently touching her when tears threatened to flow. Then it was over. Susan stopped her walk—a walk she had barely had the courage to stop since her fiancé's death. The class was moved visibly and responded with such warmth and intensity that it was clear that something other than the usual was happening to us. We heard the classroom bell ringing, but it seemed to come from a different world.

Walking to lunch afterwards with a group in the class, I learned that everyone seemed to be glad for the openness although several beside myself admitted being somewhat scared and anxious in this new situation. The consensus for reporting to others not in the class seemed to be, "You just wouldn't believe that course."

And so the quarter continued. No one violated our agreement not to reveal the names of people presenting the situations. Still as the reputation of the course spread throughout the University, large numbers of both faculty and students began asking "What did you go into today?" Indeed, a whole segment of the University appeared to be taking the course vicariously.³

No one who knew me would say the course was the form of entertainment that I had anticipated. However, I was impressed by the breadth and depth that this type of action brought us. Also, I was fascinated by how much I was basically like other people. "How sad it would be," I thought, "to miss knowing people at this deeper level." When the other students were caught

³ Enrollment for the course jumped to 75 when it was offered again during the 1965 and 1966 Spring Quarters. Because the students were from almost all the major academic fields within the University, psychodrama became recognized as a "University" course.

up in the scenes helping each other in the psychodrama, there was an absence of criticism which permitted a trust and a concern that I had not witnessed in a group before. It also began to dawn on me that, because I accepted them as much like me, perhaps they would accept me as much like them.

Despite these feelings I could not join in or even express well how I felt about the group. I was not usually shy in a group and often enjoyed being the center of attention. What then was the matter? Had I spent all these years at the University learning how to think without learning how to feel?

Psychodrama, which J. L. Moreno sometimes refers to as the "theater of spontaneity," seemed to demand an emotional depth that I could not achieve. I tried to hide in the shallows of what I hoped was seen as sophistication. While I may not have realized how superficial my sophistication was, I knew in my "stomach" that it was a lot safer than unprotected spontaneity. Yet others didn't seem to get hurt when they were out there on the carpet. Could it have been that some of my barriers were beginning to loosen?

Then it happened! I had to come out from behind my wall. After having been up all night studying for an exam, I was sitting in a campus lounge quite early one morning while cramming notes, pouring down coffee, and finishing a pack of cigarettes. I was nearly panic-stricken concerning the exam and was in a twilight zone of exhaustion and loneliness. Mike, a member of the psychodrama class, was reading nearby. When I looked up, he smiled, came over, and sat down next to me. We exchanged brief comments about the interest of the class. Then I returned to my cramming. Actually, I didn't need to study anymore and I would have been grateful to continue the conversation. However, I could not admit to this feeling or expose my need for human warmth. As in class my feelings seemed to be clamped down.

I forgot this incident in the lounge until a week later in class when this same Mike was presenting a painful childhood experience that still bothered him. As a six-year-old boy he had come down to the breakfast table on his first day of school and had announced to his foster parents, "I'm in the first grade today!" The only response had been a gruff, preoccupied command from behind an open newspaper to sit down and eat before breakfast got cold. At the age of six Mike was crushed. Mike, now a college student, had chosen me today to play the role of his foster father. Although this was my first time out on the carpet, I re-enacted his unresponsive foster father with ease. But when Dr. Allen changed the scene so that Mike could relive his six-year-old moment as he wished it might have happened, I could only grudgingly utter a few sterile words. To me this reaction measured exactly and dramatically how much of me was in hiding.

When the class was discussing the scene afterwards, Mike told me his feelings of rejection the morning he had come over to talk to me in the lounge. This rejection had been his reason for choosing me to play the role of his unresponsive foster father. That really jolted me because I had hoped that the other students saw me as sophisticated and urbane. I wondered how it could be that no one in the class had remarked about my poise. Could it be that it was as hollow to them as it was to me? Later Dr. Allen had a number of other students try being Mike's foster father so that Mike and I could get an idea of the many other ways this role could be lived. At the time I couldn't express how my behavior was changing, but I could almost feel the shifting around inside of me.

Then the next class meeting, I was out there on the carpet. I reeled a little when I stood up and there was a hot pulsating throughout my body. Nevertheless, I seemed to have a new sense of courage. I told the class that I wanted to be in a scene with Mike since he had been so important in demonstrating to me how much of life I was missing. I wanted to show him and others that the spark of humanness still was in me, even though it had been nourished infrequently. While walking round the room, I confessed to Mike my funny idea that I would not be acceptable if I did not always appear sophisticated and intelligent. That was about all—a simple conversation with a friend. But what a weight fell from my shoulders. No one probed into why I had felt that way; they responded only to a new side of me very gingerly beginning to be shown. Here the deeper me had been accepted and now I felt I could accept it. When I sat down I knew that this role would be easier to maintain than the other of sophistication, which had already begun to seem a little strange.

Of course I was not the only one in the class to have experienced isolation. In several other classes the scenes of others had dealt with the problems of loneliness: the four-year-old who had run away from home for the first time, the young recruit alone on sentry duty in the wastelands of Korea, the student driving her car down a steep hill and so lonely that she had to grip the wheel tightly not to run into a pole and end it all.

Following this series of scenes on loneliness, Dr. Allen led the class at the next session in a scene where all of us were "wandering in the desert with the children of Israel." This experience gave the group a communal feeling and the opportunity to reach beyond themselves to humanity and to those elements of life above and beyond human expression. At first I felt that this was rather foolish and awkward; but again, as no one else was resisting, I felt free to let myself become involved. The silent encountering of others singly and in groups

within the swell of movement of the class met my feelings at a deep level. The bite of aloneness and meaninglessness that sometimes gripped me in private was out in the open now. This was something new for me—a sense of aloneness while not being physically alone. A series of questions came flooding forth as I asked the others how they faced these realities and what it meant to them to be in this situation. Without knowing it, I was communicating with the others at a deeper level and sharing those elements of life common to every person.

For many of us the theme of the course had been learning to communicate “inner to inner.” Together we were trying to break through layers of our shells to deeper levels of relationship with ourselves and others. I will feel lonely again, but I doubt that I shall ever again have to feel alone.

This group experience prepared me for the day when Jeannie asked me to be her husband, in a scene projected into the future. Jeannie was afraid that after she had been married for a couple of months she and her husband would become bored with each other. I did not know Jeannie except through this class. We had been together only in some of the group scenes, but I felt amazingly willing to face this rather awkward situation with her. So with this background relationship, Jeannie and I psychodramatically washed dishes, ate breakfast, and carried out the other hum-drum activities of married couples.

Like most students, I had contemplated what married life would be like, but it always had had a ghost-like quality. In this scene, however, I felt some real feelings and was thus able to respond genuinely to some of Jeannie’s searching questions. As a result, I was neither as dashing as my fantasy would have led me to believe, nor as inadequate as I had feared.

The psychodramatic kaleidoscope can be turned to pattern the past as well as the future. Dr. Allen uses a technique she originated, which is known as the “Crib Scene.” This teaches relaxation as well as it brings to the fore certain childhood experiences. Accordingly one day all of us lay down on the carpet with the lights dimmed and the window shades drawn while a simple lullaby played softly in the background. Dr. Allen then took us back gradually through adolescence and childhood to infancy. Then she suggested that each one live right then as a three-month-old child, closing his eyes and going to sleep. Meanwhile Dr. Allen moved slowly around the room gently touching each of us and repeating such phrases as “the mother cares for the baby,” “the mother watches over the baby, loves the baby, and feeds the baby,” “. . . keeps the baby warm while the baby sleeps and sleeps.”

During this scene I remembered vividly my own mother, with feelings of relaxation and soft and quiet memories that had not returned to me in years. This was the relaxation Dr. Allen said we should seek as a balance to adult

responsibility. This balancing of independence with dependence had been hard for me as I usually became tense and fought anything that seemed like dependency. Here was a relaxation technique I could use to return to a state of dependency I could accept.

After the "Crib Scene" we were ready with childhood experiences that never had been resolved and which were still consciously or unconsciously usurping our energies. I shall never forget one student who had been very moved by this technique and remembered a scene when he was a small child. At the age of seven he had dragged home with great difficulty a bedraggled, half-dead Christmas tree for his father to put in the home for the holidays. Not understanding the significance of the gift, the father had laughed at the little tree and at the little boy. This scene has now become a part of my frame of reference in maintaining a sensitive concern for the feelings of others.

The end of the course was inevitable, but coming to grips with the awareness of its end was not going to be easy. Over the quarter I had come to know the other students as they were today, and as their lives stretched from the past and into the future. One method that was especially helpful to me in dealing with this regret for the dissolving of the group was an "internal" psychodrama which served to crystallize the meaning of the course. It was known as the "Magic Shop." Dr. Allen uses this internal psychodramatic technique as the climaxing, summarizing, final session of a psychodrama course.

In this scene every member of the class visits the Magic Shop in turn and chooses one other member of the class to be the proprietor. The student enters and looks—with the proprietor's help—for whatever he would choose if he could have anything in the world. In exchange, the student presents the proprietor with a handicap he wants to give up.

As I walked into the store, my mind became completely blank. Whether because I wanted so much or because I was still a little ashamed to admit what I wanted, I don't know. I was certain only that the people in the class cared and that I was responding increasingly to this feeling. As I walked around the store many of the scenes that had taken place during the course were revolving in my mind. This backdrop culminated in an internal psychodrama as I concentrated on saying what I really did feel. I told an equally misty-eyed Jeannie that I wanted "the courage to be *inside of me* when others looked inside." In turn I gave up my facade of sophistication.

Today all of these scenes are two years in my past. As I look back on the experience I can sympathize with those who are concerned that undergraduates might be taking the course only to be entertained or to get an "easy" course. Now I can see that others might take the course for superficial reasons

because in the usual academic setting there is little precedent for courses exploring one's own vast inner world. Most students—like their colleges and the universities—leave this task largely up to chance unless a serious emotional problem develops.

Who knows what increased concern for the self-knowledge on the part of the healthy, intelligent, and “normal” student could lead to in terms of greater self-actualization? Surely there are tools and techniques in Dr. Moreno's psychodrama that can be given to the student to use in his life-long search for self-knowledge and to handle the emotional frictions that arise after college days.

ROLEPLAYING OF EMBARRASSING SITUATIONS

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Every person, in facing life's tasks, has some emotional-attitudinal projection of the situation, running from extreme desire through deepest aversion. Leaving out situations which are illegal, unnecessary or avoidable, without being considered inadequate or peculiar, there still remain many tasks which one finds difficult, embarrassing, annoying and otherwise unpleasant, going from such familiar life tasks as answering the telephone, purchasing something, returning a purchase, turning down a salesman, asking someone strange the time of day or for directions, refusing to purchase something from a peddler, etc. These fairly common aversions usually do not come out, either in individual or group psychotherapy for many reasons: they seem too insignificant; one should be concerned with "deep" problems about life; one should not waste the therapist's time with trivia; and yet, to the average person these frequently-to-be-repeated-situations are often more upsetting than the so-called big problems. In group therapy, for example, people with such "minor" problems often do not mention them, simply because they seem to be an imposition on others. And yet simple as they are, they represent symptoms of deeper-lying pathologies in some cases, and if they could be handled quickly and simply, could contribute considerably to the well-being of the individual.

THE PROCEDURE

A lecture to a discussion therapy group, covering the points just made is given, and each individual is asked at the following session to return with as many such simple problems as possible, each to be typed on 3 × 5 cards, to be taken from one's own experience, and to be written in one sentence of no more than 25 words. In one group of eight people a total of 73 statements were obtained, which, when combined and eliminated for duplicates left 42 situations such as:

I dread having to go to the door to pay the milkman.

I find it very difficult to engage in conversation with strangers on a public conveyance.

If a salesman calls me on the telephone, no matter what I am doing, I cannot cut him off.

When I get gas, even if I need some extra nonpaid service, such as putting air in the tires, I can't ask for it.

In class, I have considerable difficulty in making any comment.

I can't refuse my neighbor any favor.

If a saleslady shows me something, I usually buy it even if I can't use it.

The statements on cards are now shuffled, and each of the members of the group are to roleplay whatever is the first scene, the therapist being the common stimulus person. Each group member is numbered from one to eight, and so in the first scene member 1 is first, 2 is second . . . and 8 is last. In scene 2, member 2 is first and number 1 is now last. At the same time that any individual is roleplaying, the other members rate him or her for total adequacy on a five-point scale: 5—Excellent, 4—Good, 3—Fair, 2—Poor, 1—Very Poor. In this manner each person is rated for each situation enacted, and records can be kept.

The members are cautioned not to let anyone know who has presented the various problems, since this is an experimental situation, but that revelations will follow after the whole experiment occurs.

The therapist now structures the situation for the group, and number 1 interacts until the therapist believes that a sufficient sample of the individual's behavior has been shown, and then asks for number 2; meanwhile the other members of the group rate the individual who has just performed. This continues until all eight members have played scene 1, whereupon a general discussion occurs about the problem; the person or persons who stated this was their problem are asked to identify themselves, and then the ratings are posted. The table below indicates how the ratings might look. The person whose name has an asterisk is the one who stated that the particular situation was a problem.

Examining the table we note a number of matters that may cause discussion. First, Anne who alone felt this was her problem, actually was rated higher than were two others. She is rated higher than Joe (who was by far the lowest rated), better than Bill (even though by only one point), and she was within two points of the rating received by Evelyn. Next, we note that even though the average rating she received from the other seven members was 3.85 (or close to 'good'), she rated herself only a '1' indicating 'very poor' performance. This is a sign that her self-standards are too high. On the other hand, Joe, whose average rating by the other seven was only 2.1 (or just 'bad'), nevertheless rated his own performance as a '4' or 'good.' This is an indication that Joe does not quite understand how poorly he did—in the

opinion of others. By comparing the group average to one's own rating, and by summing this for a number of performances one can see one's general self-rating tendency against that of others. Ratings also indicate people's general tendency towards the evaluation of others. For example, if we add horizontally, we note that Bill has a total rating scoring of 35 out of a possible 40, while Anne who was most critical of herself was also most critical of others with a total score of 27.

TABLE 1

<i>Rater</i>	<i>Person Rated</i>							
	Ruth	Ellen	Anne	Eve	Bill	Joe	Hank	Lou
Ruth	4	5	4	4	3	2	3	4
Ellen	5	5	3	5	3	1	3	5
Anne*	4	5	1	4	3	2	4	5
Evelyn	3	4	4	2	4	2	5	5
Bill	4	4	4	4	3	3	4	5
Joe	3	3	3	3	4	4	4	4
Hank	5	5	5	4	3	2	4	5
Louis	4	4	4	4	4	2	4	5
Sums	32	35	28	30	27	19	31	38

In the usual one-hour period, three such situations are acted out and then discussed. In some cases, when the person who states this to be a problem has the highest average, this creates wonderment, generally resolved by discussion. In cases where a person rates himself low and is also rated low by others, this tends to create a feeling of satisfaction in terms of correct perception, but, as shall be shown later, special attention is paid to such cases.

Records are kept of an individual's average ratings for sessions and charted, representing changes in ability to meet a variety of social situations. Thus, the average of Bill's first five situations was 2.2, but the average for his next five was 2.7, for the next five was 2.9, for the next five was 3.1, for the next five was 3.9, and for the next five was 4.2. The discontinuous jump from 3.1 to 3.9 represented a period in which he finally 'caught on' and showed other evidence in the group of insight and self-confidence.

After all the problems have been acted out, those who were both low-ranking and had rated themselves poorly prior to the spontaneity-testing, have a chance to re-enact the situation, and this is continued, with discussions, until the individual's rating is at least an average of 3.0.

In using the procedure we have found that people begin to use psychodrama in the street as it were, for those individuals who do badly in these

common situations tend to practice them in reality. Thus, one person who had trouble asking people for a match, and who did not do well in the spontaneity test reported one day that he had asked at least fifty strangers for a light!

This method has a number of advantages as a warm-up procedure in that it is anonymous, tends to create a group spirit, is not threatening, permits comparisons, and prepares people for later explorations into other, more sensitive areas. Rather than seeing it as a kind of minor psychotherapy, it may be considered a prelude to therapy, even though, perhaps unexpectedly, some people report spontaneous improvement in areas having absolutely nothing to do with the areas which were roleplayed. This is an example of the unity of personality: improving one area of functioning tends to affect one's entire performance.

Moreno's psychodramatic technique which has a variety of uses, can be employed with discussion and self-improvement groups by means of getting people to present anonymously simple embarrassment problems to be enacted by the entire group, each person in the group, including the hero of the drama, rating the actor. Ratings are summarized for each situation, and are also cumulated and averaged over series of sessions, to serve as objective indicators of how well one functions in a variety of social settings.

This technique prepares the group, serving as a warm-up procedure for further individualized psychotherapy.

HELPING CHRONIC SCHIZOPHRENIC PATIENTS TO EXPERIENCE THEIR TRUE FEELINGS BY MEANS OF PSYCHODRAMA

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One is frequently impressed with the chronic schizophrenic patient's apparent lack of emotion. He denies that he feels, or he affirms feelings but gives no evidence of their reality. Sometimes, when it seems that he teeters on the brink of an emotional breakthrough, he resorts to delusional expressions and thus buries his feelings once more. This emotional flatness of the schizophrenic is the major problem in working with him, for, so long as it exists, there is no chance for spontaneity to come forth. The schizophrenic is the example par excellence of the separation of man's intellect from his feelings. The schizophrenic often represents the exaggeration of twentieth century sickness, the existential confrontation with nothingness. The schizophrenic is more pathetic in that he cannot seem to assimilate even those paper-thin defenses which the "so-called" normal person may sometimes use to push away the realization of his emptiness.

We have, therefore, been concerned with attempting to find ways by which to provide the schizophrenic with the opportunity for encounter with himself; that chance to link his intellect with his emotions which we feel can only be the true starting point for recovery from schizophrenia, and which could lead to spontaneous interaction and the regaining of life as it could be lived.

Any method which could help the patient to reach a confrontation with himself, and consequently with others, must be strong medicine capable of cutting through those protective screens which wall him off from himself. We struggled with this in verbal groups but had only words to help us. Sometimes by intellectual manipulations of these words we have been successful in avoiding the trap into which the helper can fall and to convey to the patient that we in some way understood. At such times we saw glimmerings of understanding and mind and heart seemed to be coming to reconciliation. But, the verbal methods always seemed so fragile, and ephemeral, simply not strong enough to compete against entrenched forces of fantasy and denial.

It was against this background of struggle that the senior author encountered psychodrama and underwent through brief training the tremendous shattering and building experience which it can provide to one who is

receptive to its message. We built a small theatre and began to use some of the psychodramatic techniques with our chronic schizophrenic patients. We discovered we had found a powerful ally, capable of challenging the patient in a therapeutic way as he had never been challenged before. For the first time in many years of work, we saw patients cry, grow angry, reveal distress, become truly sympathetic with each other, laugh more. We saw, in short, the slow beginnings of true encounter and the reuniting of parts of the personality so long separated from each other. We find that our limited knowledge and time available to us now stand as our greatest enemies. We feel that as we know more and work longer, a type of therapeutic change will take place in the patients which we could never have helped them to attain in other ways.

We present here a few examples of some of our most encouraging moments and the beginnings of encounter. We present first brief vignettes of what the particular patients were like at the time of the psychodramatic experience.

VIGNETTES OF G.M. AND M.R.

G.M. is a female patient of middle age, hospitalized since the day after her high school graduation. She walks with head hung down, and sits in a chair staring at the floor. Her face is constantly scowling and she speaks in a barely audible whine. Her responses to all but the most simple questions are monosyllabic and when questioned about almost anything says, "I don't know." She is not childish in voice, gesture, or topic of conversation, just more dead and apathetic than alive. One can sit with her in a group and only by an act of will remember that she is there at all, and only by a deliberate resolution undertake the almost futile task of trying to talk with her about anything.

In telling the story of a session with G.M. below, mention is especially made of M.R. M.R. has many of the characteristics of G.M., but without the hanging head and the scowl. M.R. has been hospitalized even longer, having come in as a teen-ager. Her replies to almost everything said to her involves total misunderstanding of what was said, or a completely irrelevant response of a childish nature, e.g., "I had coffee for dinner." She lives in a world apart even more than G.M. who may, in some vague way, be aware of fragments of reality. M.R. appears to be in a world apart and only on the most rudimentary level connects with events and people around her.

The Session with G.M.

The session centered around G.M., who was asked at the outset to select a lightning arrangement. After much hesitation she chose dim lights

only. After having sat down, D. asked her if she were experimenting with the idea of sitting in the dark because at an earlier session, G.M. had expressed fear of the dark. She said, "No," but D. then suggested that perhaps it would be well if the group did sit in the dark for a little bit. He turned all the lights off. He asked G.M. if she were nervous. She said, "Yes." D. had her join hands with the two patients sitting on either side of her. All patients sitting side by side were then asked to join hands. Many expressed nervousness when asked about the darkness.

D. said, "What does the darkness mean?" M.R. said, "I can't see to do things. I would bump into things." D. walked uninhibitedly around the room and up onto the stage, showing that he could easily move in the dark and that it really wasn't that dark. D. then asked G.M. if she wanted to turn the lights back on, first pointing out that the darkness had done nothing and that everything was as it had been before.

Again G.M. settled for a dim light arrangement and D. said, "You seem still to be experimenting with the darkness." D. then invited H. to escort her to the stage and to sit near her. He then turned off all the lights and said, "We must work some more with darkness and with color." D., sitting on the steps of the stage, then asked G.M. what her favorite color was. She said, "Red." Only the very dim red stage light was then turned on and D. asked, "What does red make you think of?" G.M. said, "I had a red dress once." H. said, "When?" G.M. said, "In the eighth grade." D. and H. tried to find out what the red dress memory meant and G.M. eventually told of a boyfriend that she had lost. This tied in with an earlier session involving M.R. and her similar loss. This fact was pointed out to G.M.

She was then asked what another of her favorite colors was and she said, "Blue." The blue stage light was then turned on along with the red. When asked what blue made her think of, G.M. gave no answer. H. asked what had been the color of her boyfriend's eyes. G.M. answered, "Blue." Nothing more could be gained about the boyfriend, e.g., what became of him or where he was now. The similarity to M.R.'s story was again pointed out.

G.M. was asked for another favorite color and she said, "It didn't used to be, but now it is black." The red and blue lights were turned off and the group again sat in darkness, and after much probing, G.M. spoke of the death of her father—of the last time that she had ever seen him, dressed in a black suit—of a sudden heart attack—of not attending the funeral. D. said, "We are once again talking about death and what it means to us." (Many earlier sessions with others had centered about death.)

He then placed the male rag doll on the floor beneath the floor spot light,

covered it with two mats and turning the spot light on said to the group, "Imagine someone important to you who has died and that you can now go to his or her grave and say 'goodbye' or anything that you wished you had said when he or she was alive." H. invited W.G. to go first and suggested to him that the person in the grave was, for him, V.—his fiancée—whose death had profoundly affected W.G. This material had been worked on in earlier sessions but still remained incomplete. W.G. said, "Goodbye V.—I'm sorry you left me." J.C. went next and said to the group, "It's my father," then looking at the grave went on, "You were a good Dad to me but I never told you that, you never did us any harm. You were always good to us." G.W. refused to go to the grave. "I have lost so many and so much," she said. M.R. went to the grave and said, "They are my father and mother." Quickly, D. placed the female doll in the grave. M.R. then insisted that the grave be opened and that she touch the hands of both her parents. D. said, "Do you want to kiss them also?" M.R. said, "Oh, no," and pulled back. The grave was then closed. Others in the group did not go to the grave, nor did G.M.

G.M. was, at length, invited to think about what had happened and was permitted to return to her chair on the floor. J.C. was asked to arrange the lighting of the room. He turned on all the lights, including the house lights, saying, "There should be all the light possible." D. and H. both asked him if he were relieved or troubled. He said, "Relieved, like a great load off my mind." All of the patients seemed to be moved and impressed. However, M.R. and G.M. were less obviously affected, judging by facial expressions and other body gestures.

Suddenly D. said, "I know it is light now and we don't want to go back to darkness but there is one thing I want to do." Quickly, he placed a chair on the stage beneath the stage spot light, turning it on and all the other lights off. D. said, "I am going to kneel by this chair and experience the grief of G.M. and M.R., who do not yet seem able to experience their own grief." D. did this while H. invited G.M. and M.R. to come up and talk with him. Both now seemed quite distressed and by gesture and murmur implored D. to come back down to his chair. D. said, "Yes, I will but you must try to understand your own loss and what it means to you." They continued to be quite moved; their faces showing agitation and their bodies tension.

D. came back down and turning on all the lights as J.C. had had them, said to J.C., "What happens after a funeral?" J.C. said, "People just go away." D. said, "Do they?" Then J.C. thought again and said, "No, sometimes they eat." D. said, "We have no food, but we do have coffee. Let's all have coffee in here today."

VIGNETTE OF S.B.

S.B., a woman in her late forties, has been hospitalized about 15 years. A large Polish woman, she speaks in a childish voice, walks in a mincing, immature manner, sticks her fingers in her mouth, smiles vapidly, stares blankly. She talks in a frequently incomprehensible way, denies an opinion on almost anything. There is something very likeable about S.B. in spite of these things. However, she never seems to get anywhere, and sometimes it has been difficult to take her seriously. She is like a clowning child.

The Session with S.B.

The session began with S.B. arranging the lights. She was especially anxious to have a yellow light on. She also wanted a green light but seemed confused between blue and green. Finally, she settled for yellow and green. She told us first that green was her favorite color and began to tell about a neighbor lady who gave her a green dress to wear to the county fair. S.B. was 20 at the time. We tried to inquire into the significance of the neighbor lady and H. tried to role play her with S.B. but this got nowhere. She started, instead, to talk in a strange way about people she lived with at the time who were not her parents. For several minutes the session got out of control in that S.B.'s pathological talk offered us no clues. We could make no sense out of it. Eventually, S.B. began to talk about a fire which had partially burned her house. This story we had heard before. She interspersed this with a strange tale that as a baby she had been hurt, taken to a hospital, and that the people who everybody said were her real parents claimed her, but she knew that they were not her real parents. We finally gathered that she felt her real parents were some people she lived with after the fire. We eventually got a psychological history (which may vary from the actual history) that after the fire the family, composed of many children, was broken up. S.B. and another sister went to live with a foster family and stayed there as wards of the state. The real parents did not come to see S.B. She came to feel that the foster parents were her real parents (or so she wanted to view them). We tried to find out how she felt about the real parents. We got nowhere.

Finally, H. and D. went back to the hospital scene and, assisted by a male patient, J.C. took S.B. from the hospital. We said, "We are not her real parents but we will take her from her real parents." We used a doll and called it S.B. We then stood under the floor spot light and turned all the stage lights but the red one out and talked about the fire. We said, "Now that there has been a fire we will break up the family. We don't care about S.B. anyway." At this point D. hurled the doll (S.B.) across the room. A pained

expression crossed S.B.'s face. We asked, "Was that the way you felt?" She said in a low voice, "Yes, it was."

She then began to open up and talk about a man who died. We thought it was her real father, but eventually it became clear that she was talking about the husband in the foster home. As soon as this clarification was made she stopped using the word death and said, "He wasn't there anymore." We fired questions at her right and left and finally she told us that he had been killed—run over by an automobile. She added that she didn't go to the funeral and, "I didn't cry."

We then used the male doll and placed the dead man on the floor covering him with mats. Only the spot light directly above was left on. We led S.B. down to the "casket" and asked her if she could cry about it now. She laughed and said, "No." We gave her a chair and said, "Sit down and think about it. Maybe you can now cry the way you have always wanted to." She seemed startled and said, "Here in front of everybody?" We said nothing. She settled into the chair and stared at the doll. We felt that nothing would happen. Then she placed her hands over her eyes. We still felt this was as far as she would go, but then the tears flowed unchecked and she sobbed her heart out. We turned out the light and just let her cry.

Finally, when the tears abated somewhat, we encouraged those who had suffered grief to go and comfort her. W.G. muttered about how bad he felt at the loss of his fiancée, while G.W. and J.C. gave really touching statements about their own grief and their sympathy for S.B. Eventually we turned on all the lights and spent the rest of the time talking with S.B. about the immense value of her experience that day. We stressed that she was finding her emotions that she had so long denied. We insured her that she had made a great forward stride toward wellness. At her request we made arrangements for her to see the Catholic Chaplain. She still continued to cry and her face became set in sadness. Her speech was slow and normal. She walked from the room like a woman and not a child. Her progress has continued.

VIGNETTE OF W.F.

Most often our gains in reuniting patients with their true feelings has involved the confrontation with grief which has previously been choked off and denied. But, this is not always the paramount thing, even when to some extent involved. In working with W.F. the more apparent "lost feeling" involves hate and the desire for revenge. W.F. is a man of about 30 who stands rigidly and stares straight ahead with expressionless face and widely opened eyes. Occasionally a tremor crosses his face and he closes his eyes as though

engaged in very deep thought. He speaks only when spoken to and then in a very low voice. Sometimes, after he has said something, a strange smile crosses his face. This smile suggests private thoughts and is out of harmony with the content of his speech.

Whenever W.F. talks, he talks about his "ghost." This is almost his sole reality. The ghost is a woman apparently young and attractive, although he identifies real people of vastly different physical appearance with her, e.g., H., the co-therapist, and L.U., a member of the group. The ghost, we have found out, first appeared to W.F. when he was 5 and shortly after his father's death. It appeared again at 13 and periodically thereafter. Following his mother's death it became his constant companion and directed him in robbery and murder of a dog, and led him to his first mental hospital commitment. The ghost is associated with all sorts of violence: starting and concluding two World Wars; it sows the seeds of suicide in W.F.'s mind, brings him messages of murder and violence through the television set in the form of women who read commercials, transports W.F. "in five seconds to Korea" and constantly interferes with all his thinking.

The Session with W.F.

The vagaries of the ghost and its horrible reality to W.F. were discovered at his very first session in which H. role played the ghost and many scenes were re-enacted. We reached a point when further psychodramatic re-enactment of ghost scenes seemed not to be profitable. There came a day when W.F. claimed that L.U. was the ghost, much to L.U.'s distress. We asked L.U. to sit by W.F. and play the part of the ghost all the same. We guaranteed that later we would help her with any problems this elicited for her. We decided, beyond this, to hit at the "lost emotions" behind the ghost. We suggested that feelings of rage and hostility should be touched upon. We asked J.C. to help us because W.F. had put his fist through a pane of glass, and this J.C. had done in the past many times and had come to see this action as "anger turned in on myself." J.C. tried to explain this to W.F. "There ain't no ghost, W.F. You made it up. You're mad at things." W.F. paid no attention and reiterated "twice told tales" about his ghost. L.U. got more uneasy about being identified with the ghost. J.C. could not seem to make headway.

We then decided to do a behind-the-back in which we (H. and D.) went up to the stage and stared down at W.F. and the other two members. W.F. was sitting beneath the floor spot while only the dim red stage light was on. This was W.F.'s own lighting arrangement. To see us he had to turn around, and then we were but faintly revealed, whereas he sat beneath the white

glare very visible to us. Moreover, we were above and he below. We talked in clinically measured tones about him as though he wasn't there. We pointed out the connection between his ghost and the death of his parents. Then we asked him conversationally about how he got along with his father. He would give us no information, simply "ghost talk."

We then shifted to a harsh inquistitorial approach shouting questions and saying, "We will ask this question from now until the time runs out." We found out that he was beaten by a drunken father, enslaved by his mother who denied him the right to have girls and demanded all his earnings. But we did not become sympathetic. Having literally wrung this information from him, we then came to the floor with D. doubling L.U. and H. doubling W.F. D. spoke harshly of W.F.'s meanness in making L.U. a ghost and denying her her humanity. He called W.F. a vile thing. D. told L.U. to move away from him and be herself. G.W. helped out by expressing sympathy for what W.F. had done to L.U. L.U. went to another part of the room with relief. H. spoke of W.F.'s hostility toward the world, expressing his aggression for him.

Anger began to break through and W.F. denied what she was saying. D. rushed to the stage and said, "I, W.F., hate my brutal father, my demanding mother, all other family members because they are well and I am sick, myself, and all people in the world. And, [shifting the emphasis] I am guilty about it." Suddenly W.F. seemed to sober and said, "I only do this when I hurt." We agreed and said, "You have a right to feel hurt but your anger is wrongly placed." J.C. agreed. At D.'s and H.'s suggestion, others began to say there was no ghost. D. and H. then began to taunt saying to W.F., "You have no guts. You can't look at facts. You can't face your anger at your folks, and maybe others in your family, so you protect yourself with a ghost. You are guilty and the ghost makes you suffer for your guilt." Suddenly D. said, "I'll show you the ghost. Come with me." An angry look came into W.F.'s eyes and he refused to move. Finally, H. got him from the chair and marched him to the mirror. "Who do you see?" she said. "W.F.," he replied. D. said, "You are looking at the place where the ghost is, within you. W.F. sat down; his anger and blankness both seemed gone. A tired look came into his face and he said, "I would like to get well." We said that he would have to look at things. He agreed to try. Our feeling was that we made a very small beginning with encounter but, nonetheless, a beginning.

We give one last example which is quite different from the above because the problem is not finding the "lost emotion" but rather what may be called the "Custer's last stand of pathology." The basic emotion involved may be depression.

VIGNETTE OF J.C.

J.C. is by far the most well member of our group. Slowly, over many long years, he has come to weld himself together, at least in a precarious way. He suffers now from the depression of returning wellness. He tries to hold tenaciously to the pathology of the past and dreads leaving the hospital and entering the world of demands and responsibilities. From time to time he desperately tries to reclaim the deep and pervasive sickness which once claimed him. To an extent he succeeds, and voices speak to him. We were aware of this problem with J.C. and thus commanded him to hear voices and report what they said. This ploy made it impossible for him to do so.

The Session with J.C.

We worked this "one upmanship" technique for many weeks until one day, J.C., after denying that he had heard voices for several weeks, in desperation began to enunciate his delusions of old.

He announced dramatically that God was dead. D. asked the group to excuse them and taking J.C. down the corridor pointed out that the Catholic Church, J.C.'s church, still stood. D. said, "Services were held there yesterday." J.C. continued to argue that God was dead. They returned to the room. D. suggested to the group that they ought to find out whether God was dead or not. "What did they think?" One or two timidly said they thought God was alive. D. suggested the Catholic Chaplain be invited in to state his view. J.C. suddenly shifted ground and began to talk about God being killed and receiving this information from his voices. D. said dramatically, "I see it all. J.C. is God. Quickly, to the stage, J.C." Dazedly, J.C. went to the stage and sat beneath the spot light. All other lights were turned off. D. commanded everyone to kneel down on the floor and bow before J.C. "We await your command," he said.

J.C. became acutely uncomfortable so D. soon permitted the members to return to their chairs. There ensued a long debate about the death of God and some of the things J.C.'s voices told him about this. Frequently D. had the group chant the words which the voices said. Finally, after J.C. was asked to dramatize the murder of God by killing a rag doll and which he did with some distaste, D. said, "What do you say, are you ready to just look at this as an attempt to try to stay sick?" J.C. agreed and, in almost a philosophical vein, acknowledged his wellness and feeling of insecurity which to this point had gone with it. There was real "closing down" talk about "missing voices" and the realistic fear of going from the known to the unknown. At the end of the session J.C. seemed cheerful and laughed several times. He has retained

this good cheer since then and has steadily moved toward becoming a dependable auxiliary in the group.

More examples could be given but our point is made. We simply feel that the action techniques, the drama of light and shadow, of role playing, role reversal, doubling, and the reality of symbolic meanings so often made clear in a simple rag doll have given us weapons beyond those of words and the fleeting empathy which can sometimes come with words. We feel that through psychodrama our patients are beginning to encounter themselves and each other. Our theatre, we hope, is becoming for these people, and perhaps for us, too, a true Rehearsal For Living.

THE SPECTROGRAM IN PSYCHODRAMA*

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The purpose of this paper is to demonstrate the use of a technique, called the spectrogram, in the psychodramatic approach to group therapy.

The spectrogram is both diagnostic and therapeutic. It clarifies issues, makes abstract issues concrete, and forces the participation and commitment of usually nonverbal members. It is particularly useful as one method of warming up a psychodrama group.

CONSTRUCTION OF SPECTROGRAMS

Most commonly, a spectrogram is developed spontaneously from the initial nondirected discussion at the start of a psychodrama group meeting. On the basis of comments made (i.e., "I'm the logical type, you are the emotional type") or on the basis of an underlying feeling tone in the group (i.e., how close the members of the group feel to each other—distant or close) the director (or others) may suggest a spectrogram. The group (or director) then defines the two poles, or ends, of the spectrum. Each group member will define the two ends somewhat differently. Since it is very hard, if not impossible, to get a precise consensual group definition of the poles, the way each member places himself between the poles and among the other group members yields a great deal of information. In the presence of this ambiguity a certain amount of projection occurs, providing both the group and the director with insights into each member's private logic. Once the poles have been defined to the satisfaction of the group, each member is asked to place himself at some point between the two poles. Since all members are required to place themselves in a *straight* line between the poles, they must also place themselves in relation to each other. An added dimension may be added by having the members face one pole or the other, denoting real or desired movement. Ambivalence may be shown by allowing a member to move back and forth over a certain self-selected portion of the spectrum. After all members (including the director at times) have placed themselves, they are asked to state why they placed themselves where they did. Doubling, mirroring, and other therapeutic techniques could be incorporated into the spectrogram at any time.

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Thus, the basic spectrogram, just described, defines a straight line in very concrete, explicit terms. Whatever the issue being spectrogramed, it is taken from the vague and the abstract to specific, personal terms in a way which is quite unique. Another important feature of this technique is the fact that everyone in the group must participate, and as each member makes his contribution by defining his point on the line of the spectrogram he is adding to the group understanding and is becoming personally involved. This technique makes it very difficult for any one or two people to monopolize the group's time and attention.

Once the basic spectrogram is formed and each member has defined his position, the meeting may go in several directions. The group may shift to another spectrogram. (1) As each member has spoken he has defined the poles of the spectrum more clearly. On the basis of this additional information on group attitudes and individual differences, the members may be allowed to shift positions on the spectrum to represent their places more in accord with group definition of the scale. (2) Members may shift to the place on the spectrum where they wish they were (ideal-self). This can also be shown by having the members face the pole they wish to go toward, although this does not show how far they wish to go. (3) Each member may be shifted on the basis of where others see him (other-self concept). At times one individual may be asked to position the others as he perceives them. This may be used if the director wishes to clarify or work with that individual's perceptions of the group. (4) Members may be given feedback from the group by being shifted on the spectrum by a consensus of the other members, in another variation of this technique. This is a particularly valuable shift. For example, when a patient sees himself at one pole and the group places him at the opposite pole, he is clearly distorting his perception of himself. This is a dramatic and effective form of confrontation and is generally well accepted since it comes from the other group members and not from the staff. While useful with most patients, informative feedback from the group members is particularly effective with adolescents, who frequently place the staff in the role of parents. (5) A shift may be made on the basis of imagined time gaps; i.e., before and after treatment. In each of these five shifts, the basic definition of the poles remains unchanged. It is possible to define new poles and go on to other unrelated spectrograms. In each case individuals making a move for themselves or for others are asked to describe why the move was made and what their new position means.

A spectrogram may be used as a take-off point for a general discussion

of some issue, some individual or group problem which has been brought into focus by the spectrogram.

A spectrogram often leads directly into a psychodramatic scene. Several examples will be given to portray this transition. However, before these examples are given, further consideration of the definition of poles must be made.

The number of variations possible in spectrograms depends only on the ingenuity of the director and of the group. A spectrogram may be based on individual variables or group characteristics. Each member may be asked to place himself on a spectrum with introversion at one pole and extroversion at the other pole, between being prejudiced or not prejudiced, between feeling confident or afraid, between being generally verbal or generally nonverbal, between volatile or even-tempered, or between making decisions logically or by intuition and emotion. In each case the definition can be left general and vague or narrowed down to a specific problem, location, or situation. For example, the spectrum on degree of prejudice could be narrowly defined to "Would you want a Negro as a next door neighbor—without reservations as one pole and under no circumstances as the other pole," or this spectrum could be left at the abstract, projective level of "prejudiced" or "not prejudiced." A spectrogram may be used to clarify members' attitudes toward the group. One pole may be defined as "finding the group useful" and the other pole may be defined as "finding the group useless or detrimental." A spectrum may demonstrate and make concrete the amount of cohesion in the group, with those who feel close to other members at one pole and those who feel distant from other members at the other pole. The spectrogram may demonstrate the isolation of one person from the group if he places himself (or is placed by the group) at some distance from the majority of the group members on the spectrum. Attitudes toward the director can also be expressed through a spectrogram; i.e., satisfied with or like strongly at one pole to angry with, hate, or dislike at the other pole.

Several examples of the development of spectrograms, the location of problems within the spectrogram, and the subsequent development of psychodramatic scenes will be presented.

EXAMPLE 1

Mr. and Mrs. X arrived at a family psychodrama session (consisting of four couples and their teen-aged children) still angry with each other. They had had an argument about which route they should have taken from their home to the hospital that evening for the meeting. In a careful, step-by-step,

logical manner Mr. X explained to the group why his way was best. Very frustrated, Mrs. X replied that Mr. X sounded *so* logical, but that she was sure her way was quicker because she had gone the other way many times. Mr. X replied, "Why do you have to be so emotional? Why can't you be logical like me?" The director then set up a spectrogram with those individuals who felt they reacted "logically" toward one pole and those who reacted "emotionally" toward the other pole. As Mr. X expounded at length on his logic, two members of the group (a nurse and Mr. Y) who had originally placed themselves near Mr. X and near the "logic" pole suddenly got up and moved half way across the room toward the "emotional" pole. This was a rude shock to Mr. X, whose family had been telling him "your logic pushes us away from you." Miss X (the daughter and identified patient) then described a family situation where this occurred. This was portrayed psychodramatically with family members moving away from Mr. X any time he began using his "logic." Behind his "logic" was an apparent self-righteous attitude of "I'm always right and I can prove it if you will just listen." This was a major turning point in the therapy of Mr. X.

EXAMPLE 2

The initial discussion of a ward psychodrama meeting was dominated by two or three young sociopaths. The group was asked to form a spectrogram with those members who felt they were usually comfortable talking in groups toward one pole and those who were quite uncomfortable talking in groups toward the other pole. No patients placed themselves in the middle. A large cluster crowded near the "uncomfortable" end and a smaller cluster, including the young sociopaths, placed themselves near the other end. Each cluster was formed into a circle and asked, in turn, to talk among themselves about the other group. Without the former leaders, the formerly silent group was as active as the "comfortable in groups" group. A discussion of the difficulty each group had in dealing with the other followed.

EXAMPLE 3

The topic of family finances came up one evening in the family psychodrama group. Who should pay the bills, the husband or the wife? A spectrogram was set up. Three of the four couples in the group placed themselves near their spouses somewhere on the spectrum. Mr. Y placed himself near the "husbands should handle the bills" end and Mrs. Y placed herself near the "wives should handle the bills" end. The Y's son and daughter placed themselves near their father. The group decided to focus on the Y family

and their apparent conflict over who handles the money. A scene was set up with the mother, who was domineering and overcontrolling, facing the coalition of husband, son, and daughter. Mother was placed standing on a chair, since the group saw her as putting herself above her family. Doubles, mirroring, and models were used to increase Mrs. Y's insight into the role she played in the family.

EXAMPLE 4

In the fourth of a series of psychodrama sessions with a mixed, unrelated group, the director used a spectrogram as a warm-up. He asked the patients and auxiliaries (nurses and aides) to form a spectrogram based on whether they felt a part of the group or not. One aide and one patient placed themselves near the "don't feel part" pole. Everyone else placed himself on the other side of center, toward the "do feel part of the group" pole. The aide and the patient were asked to do soliloquies. The aide, a new staff member in his first psychodrama meeting, expressed doubt about the techniques and fear that he would not be able to participate well and become a group member. The patient, with the help of a double, expressed the feeling that something blocked him from becoming a part of any group, that he always finds himself a detached observer on the sidelines. A scene developed where an auxiliary became the "block" that prevented him from joining the group. It was found that the patient constructed his own "block" and did not really try to enter the group. The session ended with ego-building for this patient.

EXAMPLE 5

The group was asked to spectrogram their ability to express anger. Several patients went immediately to the pole defined as "inability to express anger." When one or two staff members began to move in this direction, the rest of the group insisted that the staff members remain in the center, the normal or neutral position. The staff members were comfortable enough to admit to some difficulties in expressing anger, but the patients insisted upon viewing the staff as "normal." This then led to a very important discussion of patient-staff relationships and what the patients expect of the staff.

EXAMPLE 6

During an early session of an intensive in-service training program (sensitivity group) with staff at a state mental hospital, the director of the workshop requested the group to form a spectrogram based on whether the goal expected from the workshop was "self-awareness" or "psychodramatic techniques." (Psychodrama was the major method used throughout the work-

shop.) The group contained a doctor, nurses, and aides from the same unit of the hospital. Most of the group members were quite guarded and evasive at the start of this workshop. Some members did not want to become involved. Faced with this resistance, the director utilized the spectrogram to compare the goals of the group members with his own, and to locate areas and causes of resistance and hostility. The entire group aligned themselves between the middle of the spectrum and the "self-awareness" pole. The director also placed himself near the "self-awareness" pole. The doctor and a few others in the group placed themselves near the center of the spectrum, although still closer to the "self-awareness" pole than to the "techniques" pole. They expressed the desire to learn techniques that they could apply to the patients on the wards. Everyone expressed the view that they could deal better with the patients if they understood themselves better. Many recognized that their own emotions and reactions sometimes interfered with their work. Several group members expressed hostility toward the director for "playing around" and "not getting down to business." (The director had been using spontaneity tests and group projective techniques to warm up the group.) Others expressed doubt as to the worth of the workshop. Still others expressed doubt that they would be able to participate enough, to be spontaneous and open enough to get anything out of the sensitivity training or to contribute to the group. Thus, this spectrogram helped the group warm up for more personal material later. It gave the director some indication of how fast to proceed. It helped the director locate the individuals most resistant to participation in the workshop, to identify their fears and anxieties. It also helped identify those individuals who were ready for deeper involvement. Therapeutically, the group shared their fears of self-exposure, took another step toward working together as a group rather than as a number of individuals, and developed some understanding of each other's strengths and weaknesses.

EXAMPLE 7

The author has utilized psychodrama in the training of lay counselors for wilderness trail camping with institutionalized juvenile delinquents. About one-half of this group of lay counselors had had prior experience in camping with juvenile delinquents; the other half had not. To the author's knowledge, none had had prior experience with a psychiatrist or psychodrama.

The first training session started slowly. The group members were ob-

viously uneasy, both about the training session and about the trail camps. After a brief introduction and demonstration of psychodramatic techniques, the author (director), as a warm-up, formed a spectrogram from one pole for those individuals who were frightened and felt incompetent to handle the delinquents on the trail to the other pole for individuals who felt competent and self-assured, capable of dealing with whatever situations might arise along the trail. People tended to pile up near the "feel fearful and incompetent" pole. No one placed himself near the "feel competent and self-assured" pole. Generally the experienced counselors expressed more confidence in their abilities than the inexperienced, but there were two experienced counselors who placed themselves at the "feel fearful and incompetent" pole and who told of experiences on prior camping trips which they felt they had not handled adequately. The trail leaders of the organization (Youth Adventures of Oregon) sponsoring the camping trips also acknowledged that they had faced situations with the delinquents in which they felt inadequate and still feel inadequate.

A general discussion of their shared sense of inadequacy followed. This led to a scene where one of the experienced but fearful counselors, mentioned above, portrayed herself in a situation with a group of delinquent girls where she temporarily lost control of the group, re-creating an incident which had happened the preceding summer. The trail director (not the psychodrama director) then took the role of the counselor in the same situation, acting as a model. He dealt with the incident in an efficient manner, maintaining control of the girls. The first counselor then replayed the scene, utilizing the approach demonstrated by the trail director, this time controlling the group much better. The training group supported the frightened and chagrined counselor, expressing their doubts that they could have handled this situation. Many expressed an awareness of their difficulty in being firm, and the necessity of firmness when dealing with delinquents. Confidence in the trail director was apparent.

Thus, the spectrogram in this situation served to involve the entire group. It helped warm them up to a meaningful topic, i.e., how to maintain control of a group of delinquents on the trail. It was diagnostic in the sense that it helped locate individual and group fears and deficiencies. It led directly into an educational demonstration of how (and how not) to be firm with delinquents. As a side benefit, it gave several individuals insight into their relationships with their own children, their need to be liked and their difficulty in being firm and consistent.

DISCUSSION

As these examples have demonstrated, the director may use a spectrogram for a variety of reasons. He may use a spectrogram to define his role, attitudes, or goals. He may use it to define the relationship of the group to himself. He may feel uncertain of the group processes present, in which case he may have the group define and form a spectrogram to make these processes more explicit and concrete. For the same reasons, the director may use a spectrogram when the group is rambling, staying at an abstract level, or otherwise evading direct confrontation with their feelings. The director may be aware of the major problem in the group but feel that the group needs further warm-up before attacking the problem directly. The spectrogram is useful in this situation, since it involves the whole group, focuses their attention, yet remains at some distance from individual problems. The director may use a spectrogram to highlight defense mechanisms or areas of conflict of selected members of the group. He may use it to spread information and to provide feedback to group members, to give individuals insight to how the group sees them and reacts to them.

The spectrogram may be a particularly relevant tool for therapy with people raised in the American culture. This bipolar way of analyzing events is consistent with the American tendency to see things as opposites—in black and white. The literature of the social sciences, as well as much of our popular literature, is full of bipolar concepts, i.e., introversion-extroversion, dominance-submission, sympathy-antipathy, capitalist-communist, “dove” or “hawk,” etc. The spectrogram utilizes a manner of thinking with which most members of this culture are comfortable and familiar. It shares the advantages and disadvantages inherent in this pattern of thought. The use of dichotomies allows us to make distinctions which are important. They bring order to our thinking and make diverse events understandable.

Since polarization produces high order abstractions, distortions inevitably occur. Rarely does one find a pure form of an extrovert, capitalist, or whatever the concept may be. Moreover, such black-and-white thinking is a major factor in prejudice and mental illness. It tends to prevent people from recognizing the many distinguishing features of individuals, the multiple causation of events, or the alternate modes of action available.

While the spectrogram does not allow for the portrayal of a third or fourth pole or variable, it does require the group members to look closely at the gradations between poles on one dimension, at the movement occurring between poles, and the many variables utilized by different individuals to

define any position on a continuum. Thus, within the framework of familiar bipolar concepts, the spectrogram graphically demonstrates the inherent weakness of this form of thinking. In the process, it makes the group members more comfortable with shades of gray. It helps break down their stereotypes and assists them in seeing the uniqueness of individuals.

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SPONTANEITY AND THE WARMING-UP PROCESS IN A NEW LIGHT

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In a growing field such as psychodrama, where volumes of data are gathered constantly, there is a continuous need to examine the theoretical concepts from time to time in the light of the empirical experience. Classic illustrations are the concepts "spontaneity" and the "warming-up process." The following discussion aims to explore the current notion of the concept of "spontaneity" with the purpose to provide some guidelines for a possible characterization. The concept of the "warming-up process" has been greatly underestimated, usually overshadowed by "spontaneity." Another aim of this article is therefore devoted to re-assert the significance of the "warming-up process."

I. SPONTANEITY

No discussion on psychodramatic psychotherapy is conceivable without referring to "spontaneity." From a theoretical point of view, "spontaneity" is the matrix of personality development. It provides a multitude of openings for clinical elaborations. When blocked or distorted, "spontaneity" serves as a sensitive indicator of areas of conflicts and inhibitions without a person. More important than the diagnostic function is the capacity of "spontaneity" to help in reaching prognostic evaluation when assessment of therapeutic progress is called for. It could be a meaningful yardstick for determining behavioral improvement and ability to adjust. Therefore, it is deplorable that the concept of "spontaneity" has been often misconceived and misinterpreted. This analysis discloses two main reasons for misunderstanding. First, "spontaneity" as a special term in psychodramatic philosophy was unjustly confused with its colloquial meaning. Ordinarily, spontaneity implies an instinctive act of the body or of the mind which is not due to consciousness, without external incitement and uninhibited. Underlying these terms is the connotation that the prime feature of spontaneity is the *lack of control*. On the other hand, in psychodramatic sense this assumption is not upheld. There, "spontaneity" does not preclude a certain element of control. On the contrary, psychodramatic "spontaneity" is closely related to the factor of *direction*—the particular way toward which it moves. Undoubtedly a "directed spontaneity" cannot be entirely free from control. Consequently, a controlled

"spontaneity" is often highly advocated in many situations. Secondly, even within its technical frame of reference in psychodrama, "spontaneity" has become an ambiguous concept. It has been continually treated simultaneously on both the theoretical and the practical levels. Thus made the concept less amenable for research and threatened the possibility for future investigations. Furthermore, while undergoing an undifferentiated treatment, "spontaneity" gained a multitude of meanings, grew too big and rather difficult to comprehend. The latter is clearly demonstrated in the literature, where at least nine different characteristics of "spontaneity" has been identified.

These nine *characteristics* of "spontaneity"—all detected from Moreno's writings—are listed and discussed in the following.

Energy: A fundamental feature of "spontaneity" is its form. The form can be either abstract or concrete, tangible or intangible. If "spontaneity" is a tangible substance it can be directly manipulated in concrete reality. Otherwise, it may be considered either an intangible concreteness or an abstract and hence a theoretical construct. In both latter instances, some intervening variable(s) is needed in order to implement the concept in controlled situations. Indeed, Moreno has specified the form of "spontaneity" by designating it as *energy* (4). Thus, whichever way the reader would wish to perceive "spontaneity," either as a concrete or an abstract phenomenon, one derivative is obvious. It is not tangible substance and thus, most likely, cannot be seen, per se, by the naked eye without a carrier. It seems to be too speculative to carry the discussion beyond this point as it might be difficult to support further arguments with solid evidence. It is important to bear in mind that regardless of the tightness and mutuality between the energy, i.e., "spontaneity" and whatever carrier it may have, the two are not identical. The former is primarily an intangible substance whereas the latter must be tangible.

Unconservable and Non-Accumulative: The concept of the "moment" and the emphasis on the "present" are very significant characteristics of an existentially-oriented philosophy like psychodrama. The concentration on the idea of "the moment" bears greatly on the understanding of "spontaneity." It manifests itself in ascribing the main outstanding characteristics of "spontaneity" as; "It is energy but unconservable. It emerges and is spent in a moment; it must emerge to be spent and must be spent to make place for new emergence. . . ." (4) In short, "spontaneity" cannot be stored. This peculiarity of "spontaneity" being a non-accumulative energy is in accord with the theory of the moment. The inability to transfer energy from the past inevitably draws attention to the *present*, where the latter becomes the focus of operation. In practice, bringing the *present* into the foreground has had a decisive

influence on the development of psychodramatic procedure and on the invention of many of its techniques.

Cosmodynamics: The "cosmodynamic" aspect of "spontaneity" has not been fully explored although it may throw some light on the quest for clarifying the source and origin of "spontaneity." The idea of "cosmodynamics" has been introduced by Moreno elsewhere (5) in a different context. (In the present discussion the concept is used in a different frame of reference.) To start with, man is born in an environment in which he is a participant. From the moment of birth, human relationships require always at least two parties. The traditional emphasis on the significance of the immediate environment—which is undisputable—results in diminishing the role of "The Cosmos" and its effect on human behavior. In addition to, or more precisely; concurrently with, the interaction with the immediate environment there is a certain stage of human development where "cosmic phenomena" such as birth, death, sex, and the like, are of great interest for the individual. From that stage man struggles and wishes to understand those cosmic phenomena which determine his position and functioning in the universe—preferably to control them. These wishes call for the emergence of psychological force to come forth. Such a force is expected to help human potentialities, psychological and otherwise, to crystalize and join the campaign to master these "cosmic phenomena." "Spontaneity"—which leads to creativity—is believed to be a psychological force which holds such requirements and serves such a purpose.

Teleological Orientation: The principle of the teleological doctrine holds that any developments are due to the purpose that is served by them. It implies that present activities are not the inevitable outcome of past determinants, but rather that the final course of events is their *purpose*. There is good reason to assume that "spontaneity" is a teleological concept. The "cosmodynamic" origin, the non accumulative nature of "spontaneity," its function to enhance creativity, etc. indicate that it is in accord with that philosophical tenet. "We have first to recognize the fact that spontaneity . . . can operate in our mental universe and evoke levels of organized expression that are not fully traceable to preceding determinants" (4). "Spontaneity" is not free from past influences in some respects. These past determinants may affect "spontaneity" but more as external, coercive and distorting factors. Often, the intensity and amount of "spontaneity" expressed relates to the influence of hindering, inhibiting past experiences which, by causing anxiety and the like, have distorted the natural flow of "spontaneity."

Sui Generis: Previous attempts to solve the problem of the etiology of "spontaneity" elicited a non-committal answer. In early writings Moreno favored the position that "spontaneity" is " . . . neither strictly a hereditary factor nor an environmental factor . . . (but) . . . an independent area between heredity and environment influenced by but not determined by heredity (genes) and social factors . . ." (1). The quest for a solid, identified factor—predominantly guided by a physiogenic bias—resulted later in another statement. It asserted that "All men are endowed with spontaneity . . . although there may be considerable difference in degree of endowment" (3). Both hypotheses lack sufficient and clear explanation and leave the question of the origin of "spontaneity" open. The exposition put forward that it is endowed as "spontaneity," exists "*sui generis*" (3) does not add very much toward a greater understanding. Altogether, the indication given suggests that "spontaneity" has to do with some "nervous mechanism" yet unidentified. Even that needs to be substantiated beyond the theoretical hypothesis. It is fair to conclude temporarily that "spontaneity" is considered to be closely related to a constitutional factor, i.e., it is acquired by birth.

Observable Fact: "Spontaneity" has been consistently treated in the psychodramatic literature as an actuality. It was considered erroneous to regard "spontaneity" as an abstract, hypothetical concept, Moreno has suggested the hypothesis that ". . . spontaneity and creativity are observable facts and can be subjected to experiments, laboratory studies and analysis" (2). This hypothesis as stated above needs some further elaboration. Whereas it sounds reasonable to assume that the term "observable" connotes "concreteness," one has to distinguish between two categories of concreteness. The hypothesis in its present form leaves the reader with two possible interpretations. One may prefer to regard "spontaneity" as a *tangible* concreteness, a genuine phenomenon which can be isolated and identified experimentally. Alternatively, "spontaneity" can be considered as an *intangible* substance yet real—like love, hate, etc.—which becomes noticeable through inference from other forms of behavior. Unless such a specification is made in either ways, the hypothesis might produce misleading effects. It seems to me that to expect "spontaneity" to be an *intangible* concreteness sounds less presumptuous.

Trainable: It is possible to train and improve a person's "spontaneity" by means of a considerable number of psychodramatic techniques which have been devised to serve that purpose. "Spontaneity" and mental health correlate positively with each other, though the correlation is probably smaller than a one to one relationship. Up to a point, the more spontaneous a person

the healthier—mentally—he is. Similarly, the less spontaneous, i.e., the less “directed spontaneity” expressed, the sicker—emotionally—is the person. Both the freedom and frequency of expressing “spontaneity” could serve as significant criteria in assessing emotional stability. Moreover, one may venture to hypothesize that they might constitute a first step in determining “normalcy” in mental functioning. Therefore, if “spontaneity” cannot be taught and developed it has a limited use and produces little therapeutic expectations for both the therapist and his client. “Spontaneity ‘training,’” said Moreno, “is therefore the most auspicious skill to be taught to scientists . . . and it is their task to teach students or clients to be more spontaneous without becoming pathological . . .” (4).

Adequacy and Novelty: “Spontaneity” has been regarded as having a positive connotation or a negative one. The emotionally healthy individual was believed to possess an adequate “spontaneity,” whereas the maladjusted person was considered to exhibit a pathological “spontaneity.” The nature of one’s behavior in terms of “spontaneity” becomes therefore, an important criterion where “spontaneity” was regarded as an evaluator of the quality of the response. As such, “spontaneity” has been considered as “the variable degree of adequate response to a situation of a variable degree of novelty” (2). Two parameters, i.e., “adequacy” and “novelty” of the response become the indispensable measures of “spontaneity.” “Adequacy” and “Novelty” pertain not only to the response but to the “situation” as well. In other words, the new, unexpected situation and the response are the promoters of “spontaneity.” As expected the perception of “spontaneity” as a qualitative appreciation of the response lent itself to categorization of types of “spontaneity”; e.g., pathological, stereotyped, etc.

Catalyzer of Creativity: The concept of “spontaneity” in psychodramatic philosophy pertains to the “readiness of the act” (4). “Creativity,” on the other hand stands for the end result; for the *act* itself. As such, “spontaneity” has been described as the arch catalyzer of “creativity.” Its function was designated to serve as an agent which enhances “creativity.” The term “catalyzer,” however, is used frequently in chemistry to denote a substance with special characteristics. Whether “catalyzer” in the psychodramatic sense is identical to that of chemistry is not clear enough. That analogy may lead to further discussion on the nature of “spontaneity,” e.g., does “spontaneity” change in the course of its activity or not?, etc.; but this is beyond the scope of the present investigation.

It is not surprising, therefore, that with such a diversity of characteristics

"spontaneity" became difficult to comprehend. It is recommended to reduce the number of attributes of "spontaneity" or else some synthesis is badly needed. Or, is such a synthesis possible at all? A closer examination reveals a great inconsistency in treating the concept of "spontaneity." Some of the listed characteristics are even incompatible with each other. There is no escape from expressing some doubts with regard to the wisdom of grouping them all under one roof. For instance, one can wonder how is it possible to train and develop "spontaneity" when at the same time it is said to be a constitutional endowment acquired by birth? If so, some explanation should be provided to specify which part of "spontaneity" is susceptible to improvement and which is determined by endowment. A traditional answer in such a contradiction claims that "constitutional endowment" means in fact a "potential endowment." This, however, will not eliminate the difficulty since "spontaneity" is unconservable and cannot be accumulated or be described in terms of "potentialities." One suspects that whatever is endowed is not "spontaneity" but a certain mechanism capable of producing "spontaneity." The two, of course, are not identical. Furthermore, if "spontaneity" originates from a constitutional factor why do we need a "cosmodynamic" principle to account for its etiology? Which of the two is superfluous? Moreover, the two are incompatible. Whereas the idea of the "cosmodynamic" motivation is in accord with the teleological tenet, a "constitutional" explanation is a typical example of deterministic thinking. The latter undoubtedly conflicts with the doctrine of "purposive causality." In addition, it is difficult to understand how is it possible to train and develop "spontaneity" and at the same time to claim that it is the product of "the spur of the moment"? It is also not clear enough how "spontaneity" as "energy" can be observed. Is it observed genuinely or only when expressed through a carrier?

An additional incongruity will be sufficient to demonstrate the difficulty in accepting the concept of "spontaneity" in its present predicament. First, how can one concept be at the same time both "energy" and a "qualitative criterion" of the response? This may suggest that we probably have energy which could be adequate or inadequate, good or bad and the like. If so, can one attribute qualitative values to "energy"? From the specification of types of "energy"—i.e., "spontaneity" being energy—such as pathological, stereotyped and creative type (1) it seems that one can. Furthermore, with three types of "spontaneity" the question will be: are these three different kinds of "energy" or are they only one type which undergoes a triple transformation? In the latter case it would be desirable to explain the process and dynamic of

such different developments. One suspects that it might be extremely difficult to provide satisfactory answers to all these questions without complicating the issue.

The foregoing considerations led me to examine closely the "warming-up process" and its relation to "spontaneity."

II. THE WARMING-UP PROCESS

When the concept of the "warming-up process" was first introduced in the psychodramatic method it was meant to be the operational manifestation of "spontaneity." To adhere to that idea means to assume that the two concepts are ipso facto related to each other. The consequence of that thesis is manifested in the trend in which the two were hitherto treated in the psychodramatic literature. Whereas "spontaneity" became a ponderous and over-inclusive concept, the "warming-up process" shrunk and grew narrower. What are the reasons that the "warming-up process" has been underestimated and contracted? Three possible explanations may account for the tendency to reduce the significance of the warming up. The first is based on the indications that the "warming-up process" has been confused with "spontaneity." The closeness and mutuality between the two concepts provided an opportunity to identify the one with the other. The result was that many characteristics which genuinely belong to the "warming-up process" were mistakenly attributed to "spontaneity." Yet, the two concepts do differ from each other. The "warming-up process" is susceptible to external, environmental influences and can be manipulated from without whereas "spontaneity" cannot. In that respect "spontaneity" is more autonomous than the "warming-up process."

What happened that it was "spontaneity" which grew so big and not the "warming-up process"? It is probably easier to add extra characteristics to a theoretical concept than to an empirical one. An empirical concept needs to be precise and carefully defined, being liable to research validation. Otherwise, it faces the possibility of refutation. A theoretical concept, on the other hand, can be elaborated with some considerable comfort. The second explanation maintains that "spontaneity" gained more characteristics than the "warming-up process" because of an erroneous assumption that as a theoretical concept it might tolerate them.

Third, and most unfortunate of all, there is evidence for a confusion between the "warming-up *process*" and the "warming-up *phase*." The "phase" is a specific term which refers to the first portion of a psychodrama production. It pertains to the effort made by the therapist to bring the participants, the

members of the group to act and to share feelings. The "warming-up *phase*" is an essential yet only a preparatory step. The "warming-up *process*" includes more than that initial phase. Originally, the "warming-up process" was described as a general condition existing before and *during* every creative act and was not necessarily confined to the step prior to the act. This, apparently, seems to have been almost forgotten. Most studies devoted to the investigation of the "warming-up process" and its techniques confine themselves to the "warming-up phase." Only negligible attention has been paid to the *process beyond the warming-up phase*.

The term "the warming-up process" used in the present discussion refers to the whole process and includes, yet is by no means restricted to, the "warming-up phase."

The aim of the following analysis is two-fold. First, to describe the main characteristics of the "warming-up process," and second to discuss both similarities and differences between the "warming-up process" and "spontaneity." The four main characteristics of the warming-up are: *The Situation*. "The Situation" is an essential requirement for any "warming-up process" to take place. There are few factors which are related to the concept of "the situation." First, the nature and type of "the situation" affect the production of the "warming-up process." True, there are some standard situations which most people might be warmed up to enact. But, many situations have a personal and individual significance to different persons. One person may be warmed up to a particular situation, whereas a second person will be warmed up to a different situation and not to the same one presented by the other person. Second, the number of situations an individual is warmed up to at a time is an important aspect of "the situation." Some people do warm up to a number of situations simultaneously whereas others adhere to one situation exclusively and "cool off" as soon as any variation of the original situation occurs. It is typical of the psychotic and confused personality, for instance, to warm up to many situations simultaneously. Another aspect of "the situation" is the element of "reality." The more *real* the situation is the better are the chances for a "warming-up process" to emerge. Whether it is possible or even advisable to provide a total reality is still doubtful. Nonetheless, the closer the situation is to reality the easier is the "warming-up process."

At this point a basic difference appears between the "warming-up process" and "spontaneity." The former arises often from external incitement; whereas "spontaneity" initiates always from within, always internal—"sua sponte."

The latter point is confirmed best in Moreno's theory.* The theory postulates that "Each warming-up process has a focus . . . localized in a zone* as its locus nascendi." The "zone" is formed on behalf of an indispensable function on the infant from early days of life. Its goal is to enable the infant to concentrate on the acting-out of a particular function. Thus "Every zone is the focal point of a physical starter* in the process of warming-up to a spontaneous activity state" (1, p. 57). The "starter" is a mechanism responsible for initiating spontaneous behavior and is not necessarily an internal stimulus but can be external, physical, psychochemical or social.

The Warming-up Threshold: The "warming-up process" is a dynamic process. It is characterized by the tendency to vary in both intensity and direction; positive or negative. These delicate fluctuations of the "warming-up process" indicate a high sensitivity to inter-psychic and intra-psychic variations. It also reflects a tendency to be an extremely selective process. For example, some roles may elicit a "warming-up" behavior and others will not. This is the "*selective sensitivity*"* feature of the "warming-up process."

The theory of the "starters" did not furnish a complete explanation for that "selective sensitivity" aspect of the warming-up. An additional factor might be helpful to provide a satisfactory explanation, namely, the "warming-up threshold." The *threshold* is a psychochemical—or neuroendocrinal—sensitivity which is susceptible to certain stimuli to activate a progressive state of readiness to act out. The idea of the threshold implies that for each area of human functioning, physiological, psychological or social, there is a distinct and separate *range* of susceptibility to a "warming-up process" to be instigated. It is feasible that there are as many "warming-up thresholds" as the number of areas of human functioning ("zones"), within one individual. Moreover, there "warming-up thresholds" vary from one person to another. The emotionally unstable personality will exhibit in many cases a limited number of separate "warming-up thresholds," usually with a low threshold, yet on the other hand will be hyper-sensitive in one or a few "warming-up thresholds."

It is highly improbable, at the present, to predict where is the upper limit of a certain "warming-up threshold." Nor do we know once a "warming-up process" has started whether the person in action operates on his maximal ability to warm up. It is known, however, that with training the *threshold* can

* The theory of the "zones" and the "starters" will not be elaborated further in the article. The reader may find that theory detailed in Moreno's "Spontaneity Theory of Child Development," Psychodrama Monograph No. 8.

* A term frequently used by J. L. Moreno in his academic lectures.

be changed upward or downward. Undoubtedly, there are physiological limitations, highest and lowest points, of this "warming-up threshold."

Creative acts, like those during dreams, which are accomplished without an obvious and observable "warming-up process" can be regarded as examples of a "*subliminal* warming-up process."

Urgency of Change: The speed, intensity and continuance of the "warming-up process" is largely determined by the severity of the situation confronting the subject. The more unsatisfactory is the present the greater is the need for a change. True, the dissatisfaction can be on the level of unawareness yet the desire to change the situation still prevails. Obviously, the greater is the need for a change the better the chances are for the "warming-up process" to reach high peaks. There is, therefore, a positive correlation between the intensity and continuance of the "warming-up process" and the desirable goal to change the present. This correlation, however, will not be upheld with regard to the *speed* of the process. Indeed, when the "warming-up process" is rapid the need for a change might be great. But, where the warming-up is somehow slow, it does not indicate necessarily the degree of satisfaction with the present. Sometimes, paradoxically enough, a slow warming-up or even a "negative warming-up process" i.e., a warming-up not to act out may suggest a grave desire for a better future.

This is also in accord with the teleological doctrine accepted in psychodramatic philosophy. The need for a more satisfactory future is equally important as the disappointment with the present. And both dictate the manifestation of the "warming-up process."

Adequacy: The "adequacy" of the "warming-up process" includes two indispensable features: the *direction* of the process and its *appropriateness*. The direction of the warming-up process" may be positive or negative. A positive warming-up leads the actor toward the goals he wishes to accomplish, whereas a negative warming-up distracts the person from his desirable achievement. In the latter case, he is warmed up not to act in the direction which may alleviate his conflicts. The appropriateness of the "warming-up process" is closely related to the "directions," yet not necessarily identical. The direction refers to the *motivation* to display or inhibit the "warming-up process." On the other hand, appropriateness pertains to the *purpose* of the acting out. When the "warming-up process" serves the function set by the client, his therapist or both—it is believed to be appropriate. Occasionally, a negative warm-up can be very appropriate.

These characteristics attach qualitative values to the "warming-up process." The process is evaluated and judged in terms of its adequacy or

inadequacy, propriateness or inappropriateness in terms of its productivity. These qualitative values are relative and subjective judgmental appreciation of the "warming-up process," depending on the norms held by the therapist, the client, society and so forth.

It is fair to sum up that the "warming-up process" functions as a carrier of the intangible "spontaneity," an outlet for "spontaneity" to come forth. One wonders whether the "warming-up process" is merely an operational manifestation of "spontaneity" or does it render—facilitate and encourage the emergence of "spontaneity" as well?

III. SPONTANEITY REVISED

The attempt to discuss the highlights of the concepts of "spontaneity" and the "warming-up process" discloses some factors which may account for the confusion between the two. It is evident from the analysis that a number of characteristics previously attributed to "spontaneity" belong, genuinely, to the "warming-up process." When misplaced in the wrong concept they were, naturally, found to be incompatible with each other. However, there is a way to resolve the incoherence in a manner which will do justice to each of the two concepts. The "constitutional endowment" characteristic of "spontaneity," for example, failed to fit into other attributes of the concept such as the "non-accumulative" feature and that "spontaneity" is "trainable." On the other hand the analysis of the "warming-up process" revealed that the "threshold"—which ultimately relates to constitutional endowment—is an essential characteristic of the "process." It is advisable, therefore, to detach that characteristic from "spontaneity" and designate it to the "warming-up process."

Similarly, one may solve the conflict of the training of "spontaneity." Again, one can deprive "spontaneity" from the "trainable" characteristic and attribute it to the "warming-up process." Once more, the idea of the "threshold" can be easily incorporated into the hypothesis that the "warming-up process" is susceptible for development. The "threshold" is liable to changes within some optimal range.

Some doubts have been expressed in the discussion on "spontaneity" as to how is it possible to regard "spontaneity" as an "observable fact" as well as "energy." In this case one advocates the divorce of "observable fact" from "spontaneity" and its addition to the "warming-up process." This will create no uneasiness for the "warming-up process" since the latter is by definition concrete and observable behavior. Lastly, one can relieve "spontaneity" from the discomfort of being both a "qualitative criterion" and

"energy"—which do not pair—by ascribing the former to the "warming-up process." This adds no extra characteristics to the "warming-up process" since "adequacy" is one of the listed features of the "process."

These suggestions leave the reader in the following position: "Spontaneity" remains in possession of its main characteristics, i.e., a non-conservable, "non-accumulative energy," of a "cosmodynamic" origin, having a "teleological orientation" and serving as "catalyzer of creativity." On the other hand, the "warming-up process" did not gain many additional characteristics. Many of those transferred from "spontaneity" were already included in the four factors of the warming-up, previously discussed. Consequently, the final list of factors and characteristics of the "warming-up process" from the present analysis is: It is an "observable fact," evoked by the "warming-up threshold," affected by the urgency for a change and varies in "adequacy."

The suggestions presented in this discussion could be expressed in terms of a new definition of "spontaneity." Hitherto, "spontaneity" was defined as "an adequate response to a new situation or a new response to an old situation" (4). Does the following definition of "spontaneity" as *"unconservable, cosmodynamic energy rendered by an adequate warming-up to a situation, real or perceived"* appear to fit the theory better?

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A SOCIOMETRIC STUDY OF PLAY PREFERENCE AND PLAY BEHAVIOR IN A GROUP OF THIRD GRADE CHILDREN

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INTRODUCTION

Sociometrists (3, 4, 6, 10, 17, 19, 20, and 24) have suggested that a number of distinct factors operate in the peer group that directly affect the child's mental health, social development and academic growth. By using the sociometric test initially devised by Moreno (D) the teacher can discover "the feelings which individuals have in regard to one another in respect to membership in the groups which they are at a given moment. It is an *action* test" (B, p. 439) and therefore can appropriately be administered in a play situation. Consequently, the play situation may serve as a diagnostic tool, and in some cases be employed as a therapeutic device as the observer notes interactions transpiring during a physical activity. The results of sociometric tests should facilitate these observations and assist the teacher in understanding the unique group configurations into which a complete class organizes itself.

SAMPLE

A sociometric analysis was performed on a group of third grade children attending a mid-western parochial school. The purpose of the investigation was to discover if unique play patterns would develop within the class when the composition of the class appeared to have three distinct group of children.

The sample consisted of twenty-three males and sixteen females. Of the thirty-nine subjects participating in this study, sixteen were Negro (nine males, seven females), and twenty-three were Caucasian (fifteen males, eight females). Eleven (six males, five females) of the Caucasians were institutionalized in an orphanage and were driven to and from school each day by bus.

The study covered a period of four weeks with all data being gathered by the teacher through group testing. The implemented procedure was similar to that recommended by Northway and Weld in *Sociometric Testing* (C, p. 15). The instructions given were quite clear and the children were willing to cooperate. Separate test blocks were administered each of the four weeks. These will be discussed later.

Objectives

The objectives of this investigation were threefold: (1) to compare the relationship of play preference and play behavior; (2) to compare peer status with home background; and (3) to evaluate the effect of play on the structure of racial subgroups.

Significance of the Study

This study was important for the following reasons:

(1) This study differed from previous studies in that the subjects were drawn from a residential trichotomy. That is to say, the subcultures of a Negro community, Caucasian community, and an orphanage comprised the trichotomy.

(2) This study differed from previous studies in that seating choices and rejections, work choices and rejections, and play choices and rejections were compared to actual play selections in a dynamic game situation.

Limitations of the Study

The limiting factors of this study were these:

(1) Test and re-test on separate items was not performed. Therefore a strict reliability statistic was not available. Due to the number of items a test-retest scheme was not feasible at this time.

(2) Since the actual play choice observation was made in a dynamic game situation it could not be entirely objective. Choice based on current game pressure, score, location, and psychological climate could not be regulated and/or interpreted.

(3) Since the group was extremely heterogeneous the findings must be carefully evaluated before applications to sociology would be made.

The Measuring Instruments

Because "an adequate personality assessment of any person or group cannot be achieved with any one method of appraisal" (A, p. 402) the following instruments and techniques were employed in this study:

1. I.Q.—The California Test of Mental Maturity, Long Form, Level 1, 1963. This test was administered during the first week of the study.
2. Grade Point Average. This grade was based on the following subjects: religion, arithmetic, English, spelling, reading, science-health-safety, music, art, and handwriting. See Table I.
3. Seating Choice and Rejection. This test was administered during the first week. See Form 1 in Appendix.

4. Work Choice and Rejection. This test was administered during the second week. See Form 2 in Appendix.
5. Play Choice and Rejection. This test was administered during the third week. See Form 3 in Appendix.
6. Actual Play Choice in Game Situation. This test was conducted during the fourth week. The games consisted of activities of low organization which are often called "it" type of games. During this week each student was "it" at least once. His choices were recorded by the teacher. It was assumed that pursuit was based upon likes rather than dislikes.

Definition of Terms

1. Isolate—a student who has a cumulative choice total of one or less.
2. Deviate—a student who has a cumulative rejection total of five or more.
3. Mutuals—students who choose or reject one another.
4. Star—a student who has a cumulative choice total of ten or more.

Review of Literature

Cold (8) stated that sociometric research by teachers in their own classrooms is perhaps one of the most adequate and available tools at the teacher's disposal for furthering quality education.

Havighurst and Neugarten (11) commented that the successful teacher is one who works with, rather than against, the peer group. These writers further state that the peer group of the child and adolescent constitutes a culture of its own with its customs, traditions, manners, and even at times its own language.

Sutton-Smith (19), concluded that it is not possible in general to interpret a preference on a play scale as an indicator of real play participation or competence.

Tokita (20) concluded that in asking a child the question of "like" and "dislike" it is necessary to add to them, the question, "Whom do you find easy to act with?" Our study has employed this principle in that work preference was solicited.

Certain researchers have found that sociometric choice is related to "out-of-school" play mates and/or residential proximity. Recently, Yaross and Bradley (26), following a sociometric analysis of dormitory dwellers, concluded that a relationship existed within the floors but not between the floors.

According to Havighurst and Neugarten (11), boy-girl cleavages seem to vary with age, with fewer intersex choices in the lower grades, and with more intersex choices in grades six through twelve. They further state that the peer group decides what knowledge is important, and what is not. The child learns from his peers what behavior is acceptable and admired. It has also been left to the peer groups, by and large, to impart sex education and teach sex roles.

Miller and Whitcomb (16) stated that nine year old boys and girls play apart. Further, these writers state that girls like to dramatize and boys like rough and tumble activities.

Kenyon (15) concluded that values held for physical activity can be conceived of as being multidimensional. Kenyon's work further suggests that the development of new mathematical models permit the psychometrician or social scientist to undertake studies that previously were not feasible.

Bucher and Greene (1) while describing the "Social Contact Theory" of play state that "a child will play the games of the group of which he is a part."

Clarke and Haar (5) suggested that perhaps no other single factor means so much for a boy's social status among others of his age group as the ability to play well.

In his classic *Street Corner Society*, Whyte (23) reported a very close correspondence between social position and bowling performance. This researcher suggested that bowling performance was not only related to, but also regulated by, social position.

Clarke and Clarke (4) reported that they obtained a positive relationship between peer status of boys nine to eleven years of age and their body size and strength. In another study published by these researchers (3), it was found that nine year old boys who expressed higher levels of aspirations in a grip-testing pattern were physically superior in size and strength to those who expressed an increase or decrease in aspiration.

Jones (14) stated that among boys, especially, a positive relationship exists between physical elements and peer status. Jones found that boys high in strength tend to be well adjusted socially and psychologically; boys low in strength show tendencies toward social difficulties, feelings of inferiority and other personal maladjustments.

Rarick and McKee (17) reported that third grade pupils ranking superior in motor proficiency were judged by their teachers as being significantly better adjusted than those ranking inferior in motor proficiency.

Havighurst et. al. (12) used the "Who Are They" (WAT) sociometric test and concluded that boys who become delinquent have a strong likelihood of getting high scores for aggressive maladjustment.

Wylie (24) reported that high self-regard tended to be associated with less rationalizing and projecting than did low self-regard.

Hart (10) administered sociometric tests to 500 boys ages 10-16 in racially mixed groups in a detention home. He concluded that: (1) rejections and choices within the colored subgroup were more evenly distributed than rejections and choices within the white subgroup; (2) weak whites were in competition with strong colored for choices among whites; (3) the data suggest that there is a tendency for the isolated white boy to pick out one colored associate; and (4) it is the white lieutenant who most often does the rejecting of colored boys but it is the colored leader who most often rejects white boys.

Coleman (6) concluded that for boys, the importance of being a "brilliant scholar" was secondary to being a "star athlete" in all the schools in the study; and for girls it was less important than being an "activity leader."

Yamamoto (25) stated that only a capable person is able to satisfy the needs of another capable person. Further, friendship choices are rather evenly distributed, regardless of levels of creative-thinking abilities.

Festinger et. al. (7) indicated that the sociometric status of the deviate is clearly different from that of the conformer. Also, isolation seems to be both a cause and effect of being a deviate. These researchers concluded that deviates tended to choose conformers more than conformers choose deviates.

Schacter (18) concluded that persons in the mode and slider roles will be rejected less (if at all) than will persons in the deviate role.

Havighurst and Neugarten (11) stated that certain isolates may have no need for group association, while for others this lack of group identity will affect self-confidence and self acceptance, and may retard the normal process of social and emotional development.

Neugarten's (22) study of fifth and sixth grade children in Jonesville revealed that the children selected as friends those with a higher social class designation.

Waisman (21) concluded that mere regrouping of students on the basis of sociometric study of the group appears to be insufficient to assume favorable developmental experiences and attitude formation.

With respect to cleavage, Havighurst and Neugarten (11), state that in one elementary school where marked cleavage between boys and girls

appeared in sociometric findings, the school modified certain of its practices. For example, separate playgrounds for boys and girls were abandoned, and teachers arranged for mixed squads of boys and girls in gym activities.

In summary it should be emphasized that the sociogram illustrates the network of relationships that exist, however it does not necessarily show the reasons underlying the structure. The sociogram provides a means of checking the teacher's own evaluation against those of the peer group. From a remedial standpoint the sociogram is of value as a tool for modifying the sociometric structure of a specific group and bringing about desirable change.

Analysis of Data

The nine-digit personal data inventory shown in Table I provides the raw data for each student. The data found in Table II lists the choices and rejections for "sit beside," "work with," and "play with." Table III permits an analysis of play preference and play behavior.

A cursory review of the data indicated that several distinct cleavages were in operation. The writers refer to this cleavage as "A Sex-Segregated Sociometric Trichotomy." This trichotomy, was based upon racial, sexual, and residential factors. The degree of sex cleavage is shown quite clearly in the seating arrangements selected by the children. Next, the racial cleavage and residential cleavage could also be observed in the sociograms. It was further observed that not only was there racial cleavage, but also, the orphans (all Caucasian) represent a separate subgroup.

There did not appear to be any structured trends regarding age with one exception. Student 26 (a star) was considerably older than all of his peers with the exception of one.

The sex cleavage was quite striking. In almost every instance, for every variable, boys chose boys and girls chose girls. The only consistent exception to this finding is for the deviate to select a member of the opposite sex. For example, observe the choices of student 20 on the table.

There did not appear to be any consistent trends with respect to variables 5 and 6 which were I.Q. and grade point average.

The orphans exhibited strong group interaction on all variables. They seldom picked a non-orphans Caucasian and were even less likely to select a Negro. They seldom rejected a Caucasian but exhibited a strong tendency to reject Negroes.

The Negroes did not exhibit a great deal of group interaction. As a matter of fact, they were just as likely to select a non-orphans Caucasian as

TABLE I
PERSONAL DATA INVENTORY
N = 39

1	2	3	4	5	6	7	8	9
Subject								
1.	N	101	M	110	D	H	C6	R3
2.	N	114	M	78	D	H	C0	R5
3.	C	106	F	116	B	H	C1	R0
4.	C	120	M	97	C	H	C0	R2
5.	C	98	F	101	C	O	C5	R21
6.	C	97	F	103	B	H	C8	R2
7.	N	113	F	75	D	H	C2	R8
8.	C	102	F	119	D	O	C5	R12
9.	C	98	F	93	C	H	C7	R3
10.	C	108	M	103	C	H	C11	R3
11.	C	103	M	97	E	O	C1	R23
12.	C	101	M	112	C	O	C13	R5
13.	C	112	F	122	E	O	C10	R10
14.	N	99	M	95	B	H	C4	R5
15.	N	99	F	96	C	H	C8	R4
16.	N	98	F	117	C	H	C2	R8
17.	C	108	M	122	B	O	C4	R14
18.	C	121	M	118	E	H	C1	R1
19.	N	102	M	100	B	H	C4	R3
20.	C	105	F	90	B	O	C8	R7
21.	N	111	M	110	D	H	C7	R2
22.	C	77	M	128	D	H	C7	R2
23.	C	112	M	98	C	H	C12	R6
24.	N	99	M	108	C	H	C4	R13
25.	N	103	F	101	C	H	C4	R3
26.	C	124	M	116	D	O	C22	R3
27.	C	124	M	122	C	O	C3	R2
28.	C	110	M	84	D	H	C5	R1
29.	N	97	F	89	C	H	C3	R16
30.	N	106	M	99	D	H	C1	R11
31.	C	99	F	106	B	H	C11	R3
32.	N	99	F	91	C	H	C8	R3
33.	N	102	M	102	B	H	C5	R9
34.	N	102	M	110	D	H	C4	R7
35.	C	109	M	109	C	C	C9	R5
36.	C	100	M	107	C	H	C9	R1
37.	C	114	F	99	E	O	C1	R6
38.	N	113	F	84	E	H	C7	R3
39.	C	113	M	97	C	O	C9	R1

Legend

2—Race; 3—Age in months; 4—Sex; 5—I.Q. (Cal. Mental Maturity, 1963); 6—Grade Average; 7—Residence, H, Regular home, O, Orphanage; 8—Total choices; 9—Total rejects.

TABLE II
CHOICE AND REJECTION

Choice			Student	Rejection		
Play With	Work With	Sit Beside		Sit Beside	Work With	Play With
<i>19-21</i>	<i>19-21</i>	<i>16-21</i>	1.	<i>17-2</i>	<i>11-2</i>	<i>4-2</i>
<i>26-17</i>	<i>26-21</i>	<i>26-34</i>	2.	<i>35-10</i>	<i>1-39</i>	<i>24-35</i>
<i>25-29</i>	<i>25-29</i>	<i>25-31</i>	3.	<i>8-5</i>	<i>5-31</i>	<i>8-13</i>
<i>39-23</i>	<i>14-23</i>	<i>23-39</i>	4.	<i>8-5</i>	<i>8-31</i>	<i>8-5</i>
<i>20-8</i>	<i>12-8</i>	<i>20-8</i>	5.	<i>13-11</i>	<i>13-11</i>	<i>37-12</i>
<i>15-31</i>	<i>15-9</i>	<i>15-31</i>	6.	<i>32-7</i>	<i>7-29</i>	<i>7-29</i>
<i>32-38</i>	<i>21-32</i>	<i>16-13</i>	7.	<i>11-27</i>	<i>5-19</i>	<i>25-5</i>
<i>5-20</i>	<i>5-20</i>	<i>20-12</i>	8.	<i>19-34</i>	<i>17-37</i>	<i>29-2</i>
<i>13-6</i>	<i>13-31</i>	<i>13-31</i>	9.	<i>29-16</i>	<i>29-16</i>	<i>29-16</i>
<i>18-23</i>	<i>22-14</i>	<i>23-26</i>	10.	<i>22-36</i>	<i>35-11</i>	<i>27-34</i>
<i>26-12</i>	<i>10-26</i>	<i>12-26</i>	11.	<i>30-21</i>	<i>5-20</i>	<i>24-30</i>
<i>27-26</i>	<i>17-26</i>	<i>27-26</i>	12.	<i>11-17</i>	<i>11-30</i>	<i>17-24</i>
<i>9-38</i>	<i>38-9</i>	<i>6-9</i>	13.	<i>25-29</i>	<i>20-5</i>	<i>29-16</i>
<i>36-12</i>	<i>35-15</i>	<i>35-10</i>	14.	<i>33-24</i>	<i>5-11</i>	<i>34-11</i>
<i>6-31</i>	<i>6-7</i>	<i>6-9</i>	15.	<i>33-24</i>	<i>13-9</i>	<i>13-33</i>
<i>31-8</i>	<i>9-15</i>	<i>15-13</i>	16.	<i>7-29</i>	<i>7-29</i>	<i>9-13</i>
<i>26-12</i>	<i>26-12</i>	<i>26-36</i>	17.	<i>11-34</i>	<i>34-24</i>	<i>34-11</i>
<i>10-26</i>	<i>10-26</i>	<i>10-26</i>	18.	<i>24-33</i>	<i>33-30</i>	<i>24-33</i>
<i>1-21</i>	<i>21-1</i>	<i>26-33</i>	19.	<i>37-*</i>	<i>26-2</i>	<i>11-30</i>
<i>12-37</i>	<i>12-6</i>	<i>12-27</i>	20.	<i>29-32</i>	<i>17-11</i>	<i>29-30</i>
<i>19-1</i>	<i>19-1</i>	<i>1-39</i>	21.	<i>11-17</i>	<i>12-11</i>	<i>12-11</i>
<i>36-23</i>	<i>36-23</i>	<i>36-35</i>	22.	<i>23-4</i>	<i>35-10</i>	<i>18-10</i>
<i>36-22</i>	<i>36-35</i>	<i>36-22</i>	23.	<i>8-11</i>	<i>30-17</i>	<i>17-16</i>
<i>33-35</i>	<i>34-33</i>	<i>33-39</i>	24.	<i>14-34</i>	<i>6-15</i>	<i>14-11</i>
<i>38-29</i>	<i>38-31</i>	<i>15-6</i>	25.	<i>13-37</i>	<i>13-5</i>	<i>8-11</i>
<i>39-17</i>	<i>39-28</i>	<i>39-17</i>	26.	<i>13-8</i>	<i>5-37</i>	<i>38-13</i>
<i>12-26</i>	<i>26-12</i>	<i>26-12</i>	27.	<i>17-24</i>	<i>17-30</i>	<i>24-17</i>
<i>35-12</i>	<i>35-12</i>	<i>35-34</i>	28.	<i>8-1</i>	<i>23-11</i>	<i>14-23</i>
<i>38-32</i>	<i>25-32</i>	<i>32-7</i>	29.	<i>5-20</i>	<i>5-20</i>	<i>20-5</i>
<i>39-34</i>	<i>10-23</i>	<i>39-26</i>	30.	<i>24-11</i>	<i>24-31</i>	<i>24-33</i>
<i>32-5</i>	<i>5-20</i>	<i>6-15</i>	31.	<i>29-16</i>	<i>9-29</i>	<i>25-29</i>
<i>13-9</i>	<i>31-38</i>	<i>3-31</i>	32.	<i>37-38</i>	<i>29-7</i>	<i>38-7</i>
<i>24-14</i>	<i>14-24</i>	<i>24-35</i>	33.	<i>14-23</i>	<i>5-15</i>	<i>30-15</i>
<i>10-11</i>	<i>1-36</i>	<i>10-28</i>	34.	<i>33-12</i>	<i>17-12</i>	<i>17-35</i>
<i>28-33</i>	<i>28-23</i>	<i>28-22</i>	35.	<i>11-5</i>	<i>22-26</i>	<i>23-26</i>
<i>23-22</i>	<i>22-23</i>	<i>22-23</i>	36.	<i>17-20</i>	<i>30-33</i>	<i>30-16</i>
<i>12-20</i>	<i>13-32</i>	<i>13-5</i>	37.	<i>21-19</i>	<i>20-5</i>	<i>5-8</i>
<i>13-32</i>	<i>8-20</i>	<i>13-31</i>	38.	<i>5-8</i>	<i>5-15</i>	<i>8-16</i>
<i>10-30</i>	<i>10-26</i>	<i>10-24</i>	39.	<i>7-11</i>	<i>6-32</i>	<i>28-1</i>

* Student 19 indicated that *he* did not want to sit beside Student 37. Student 37 is a female. *He* did not reject a second student as instructed, but rather he stated: "and all other girls."

Italic numbers refer to *mutual* choices and rejections.

TABLE III
STATED PLAY PREFERENCE AND ACTUAL CHOICE

Stated Play Preference	Student Number	Actual Choice
19-21	1.	12-24 (—)
26-17	2.	9-13 (—)
25-29	3.	8-16 (—)
39-23	4.	10-36 (—)
20-82	5.	8-32 (+)
15-31	6.	3-16 (—)
25-5	7.	15-32 (+)
5-20	8.	16-20 (+)
13-6	9.	3-31 (*)
18-23	10.	39-26 (*)
26-12	11.	12-26 (+)
27-26	12.	17-26 (+)
9-38	13.	32-37 (—)
36-12	14.	6-15 (*)
6-31	15.	7-19 (*)
31-8	16.	22-36 (—)
26-12	17.	22-23 (—)
10-26	18.	10-30 (+)
1-21	19.	24-33 (*)
12-37	20.	3-32 (—)
19-1	21.	10-11 (*)
36-23	22.	24-33 (—)
36-22	23.	21-34 (—)
33-35	24.	10-18 (—)
38-29	25.	6-15 (*)
39-17	26.	17-36 (—)
12-26	27.	12-26 (+)
35-12	28.	24-33 (—)
38-32	29.	8-15 (—)
39-34	30.	36-39 (+)
32-5	31.	13-32 (+)
13-9	32.	16-36 (—)
24-14	33.	29-25 (—)
10-11	34.	10-28 (+)
28-33	35.	10-28 (+)
23-22	36.	35-28 (—)
12-20	37.	11-12 (+)
13-32	38.	13-9 (+)
10-30	39.	26-18 (*)

+ = The student selected at least one of the stated play preferences in the actual game situation.

* = The student, although not selecting at stated play preference, chose at least one person they wanted to work with or sit beside.

— = Actual play choice not related to any stated preferences.

one of their own subgroup. They seldom rejected these same whites. They reciprocated with the orphans on rejection in that they were just as likely to reject an orphan as one of their own subgroup.

The Caucasians from outside of the orphanage not only tended to select one another, but they also had a high incidence of mutuals. They seldom rejected members of their own group. Their rejections were equally distributed among Negroes and Orphans.

Two of the Caucasians from outside of the orphanage were rejected five times ($N = 12$). In other words approximately 17% of these Caucasians were rejected.

Nine of the sixteen Negroes were rejected. Approximately 57% of the Negroes were rejected.

Seven of the eleven orphans were rejected. Approximately 64% of the orphans were rejected.

None of the three groups were any more isolated than the other. This is probably due to the cohesiveness of the subgroups.

There did not seem to exist a significant difference between seating, work with, and play choices. This of course is based on an analysis of preference.

When the actual play choice was compared to the play preference there were no radical departures in choice. "Stars" tended to remain "stars" and "isolates" tended to remain "isolates." However, it will be noted in Table III that only thirteen of the thirty-nine students actually chose one of the students they listed on the preference sheet. Also, eight of the students, although not selecting a stated preference, did choose a student previously listed in either the "sit beside" or "work with" categories. Of interest is the fact that eighteen of the students did not select any of their previous preferences. This finding substantiates the findings of Sutton-Smith (19). There are apparently factors operating in the dynamic play situation which alter expected behavior as based upon play preference.

CONCLUSIONS

1. A rigidly structured, sex segregated, residential trichotomy, existed in this third grade parochial class room.
2. There did not seem to exist a significant difference between seating, work with, and play choices.
3. Although physical activity does not alter the role of the "star" or the "isolate", play behavior does not coincide with stated preference.
4. The incidence of mutual selections was the greatest for the non-orphan Caucasian subgroup.

5. Rejections occurred in the following order: a. orphans (64%), b. Negroes (57%), and of the remaining Caucasians (c. 17%).

6. Isolation did not appear to be related to subgroup. This was probably due to subgroup cohesiveness.

Recommendations for Further Study

The following are recommendations for further study.

1. Studies should be conducted which include measures of physical fitness in order to better understand the relationship of physical competency and peer status.

2. Studies should be conducted which include sophisticated measures of "body image." This knowledge along with sociometric data would provide avenues for the development of diagnostic techniques and remedial procedures.

FORM 1.

SOCIOMETRIC SURVEY OF SEATING PREFERENCE

Directions to Students:

Several students have requested that I permit them to change seats. In order to be fair I have decided to let each of you indicate who you would like to sit beside. In order to help in the forming of our new seating plan, will you write on the sheet I am giving you the names of two students that you would like to sit beside.

Sometimes there are students that we do not like to sit beside. If there are students in this class that you would prefer not to sit beside, please list their names in the blank spaces on the right hand side of your paper.¹

My name is

I would like to sit beside.

I do not want to sit beside.

1. _____

1. _____

2. _____

2. _____

¹ The teacher duplicated the above form on the board for purposes of explanation.

FORM 2.

SOCIOMETRIC SURVEY OF WORK PREFERENCE

Directions to Students:

Next week we are going to begin our art projects. Will you write on the sheet I am giving you the names of two students that you would like to work with on our art projects.

Sometimes there are students that we do not like to work with. If there are students in our class that you would prefer not to work with, please list their names in the blank spaces on the right hand side of your paper.¹

My name is

I would like to work with.

I do not want to work with.

1. _____

1. _____

2. _____

2. _____

¹ The teacher duplicated the above form on the board for purposes of explanation.

FORM 3.

SOCIOMETRIC SURVEY OF PLAY PREFERENCE

Directions to Students:

Next week we are going to play some games that are performed in two's and three's. Will you write on the sheet I am giving you the names of two students that you would like to play games with.

Sometimes there are students that we do not play very well with. If there are students that you would prefer not to play with, please list their names in the blank spaces on the right hand side of your paper.¹

My name is

I would like to play with.

I do not want to play with.

1. _____

1. _____

2. _____

2. _____

¹ The teacher duplicated the above form on the board for purposes of explanation.

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DYNAMICS OF ROLE REVERSAL

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Undoubtedly the most singular aspect in the spectra of man is his capacity for growth; to be alive, a thing must grow; when it ceases to grow, it ceases to live. Life is essentially development and growth; conversely, to develop and grow is to live.

"The self, as that which can be an object to itself, is essentially a social structure, and arises in social experience," wrote G. H. Mead.¹ In order to engage in this self-aware process of social interaction, the individual can never be a mass-man, he must think first. Mead perceived thinking as preceding the act in an intelligent relationship where the mode of action is based on the individual's total picture of the social process. Thinking was "inner conversation" to Mead and formed the basis for significant "social intercourse."²

Mead defined the "I" and the "me" in relation to the social community because he continually stressed that people do or act and are simultaneously aware of themselves. The "I" then is the responsive self; the "I" reacts to the attitudes of others while the "me" is the organized set of attitudes which the "I" accepts as the social response. The "I" expresses itself through experience and action as the "me." The "I" is the individual's initiating, thinking, decision-making self which responds to the "me" of the community through acting. The human personality, Mead believed, needs an "I" to respond to a "me" which is social experience. Without an "I" there would be no communal "me," only irrational animals. Man has language which affords him the opportunity to discuss situations. He also has the capacity to utilize his "I" to reflect upon the social situation.

Social change occurs when the "I" reacts to the situation by initiating new ideas and concepts. Essential to Mead's contribution as a social behaviorist was his view that the self cannot be reconstituted without also altering the community and the social relations of the self to others within the community. Social progress is related to individual progress, growth, and attainment.

Abraham H. Maslow expresses the feeling that all basic needs can be categorized under the general heading of self-actualization, that is "every-

¹ G. H. Mead, *Mind, Self and Society*, Chicago University Press, 1934, p. 140.

² *Ibid.*, pp. 141-142.

thing that the person can become."³ Maslow listed ten characteristics of the healthy, most fully human individual.

1. Clearer, more efficient perception of reality.
2. More openness to experience.
3. Increased integration, wholeness, and unity of the person.
4. Increased spontaneity, expressiveness, full functioning; aliveness.
5. A real self; a firm identity, autonomy; uniqueness.
6. Increased objectivity, detachment, transcendence of self.
7. Recovery of creativity.
8. Ability to fuse concreteness and abstractness, primary and secondary process cognition.
9. Democratic character structure.
10. Ability to love.⁴

As Maslow wrote: "The human being is simultaneously that which he is and that which he yearns to be."⁵

J. L. Moreno finds a parallel between the problem dealt with by behaviorists, existentialists and psychoanalysts and attempts a synthesis. Moreno's constructs, socio- and psychodrama, both utilize and are concerned with "spontaneity theory of learning." In a letter to *The American Journal of Psychiatry*, Dr. Moreno condenses his theory into two tenets:

1. The principle of a-historical treatment, and here-and-now.⁶ "Both Freud and Jung have studied man as an historical development; and the one from the biological, and other from the cultural aspect. On the other hand, our approach has been that of direct experiment: man in action; man thrown into action, the moment not part of history but history part of the moment—sub species momenti." (1932)
2. Behavior is a very abused term with multiple meanings. It is preferable to focus on acts, action and specific situations which manifest the behavior of the patient concretely. According to the spontaneity theory of learning, whenever spontaneous remission takes place, it is through the autonomous experience and learnings of the patient (mental role reversal, mirroring, etc.), that the neurotic symptoms from which he ails are overcome or corrected *in situ*. Gradually the neurotic residua begin to vanish. The patient "learns primarily through self-discovery. He has

³ Abraham H. Maslow, "Psychological Data and Value Theory," *New Knowledge in Human Values*, edited by Maslow, Harper & Brothers, 1959, p. 123.

⁴ *Ibid.*, p. 127.

⁵ *Ibid.*, p. 130.

⁶ Jacob L. Moreno, *The First Book on Group Psychotherapy*. Beacon House, 1932. Also: Robert B. Haas, Editor, *Psychodrama and Sociodrama Education*, Beacon House, 1948.

a better chance to learn if his responses are not inhibited by interpretative, analytical comments which stifle the possibilities for self experimentation.^{7,8,9}

There is a feeling of need, of insecurity, and frustration, which leads men to seek for some authoritative source of wisdom and direction. To meet the demands that modern life makes upon the individual, however, each person must in the end discover the way for himself. At best, he can find in the experience and ideas of others suggestion and instruction, but the final decisions in this undertaking must be his own. Every human being must have a set of guiding principles by which he can govern his existence—there are moments in the life of each person which reveal with clarity the deeper needs of human spirit and which stimulate with greater urgency the search for a satisfying philosophy. Actually the issue is not whether the individual desires a philosophy by which to live; it is a question rather of adopting a vague, inconsistent, a half-conscious, blindly accepted, and probably foolish philosophy or having one that is carefully conceived and based upon the best available information about the individual and of his world. Gradually, unconsciously, but surely, every person absorbs from parents, from friends, from the texture of early life, those attitudes and convictions which provide the framework of the individual's working philosophy of living. What a person accepts uncritically as right or wrong, what a person feels most deeply concerned about, what a person spends time and effort in securing for himself—these values shape a person's view of life as naturally and inevitably as the things an individual has to eat and wear influence preferences for food and clothing. It is of such deeply rooted, unreasoned conviction and values as these that a working philosophy consists, even as a person begins to examine life more critically and objectively for himself. Indeed, the very process of reasoning, by which a person conducts a more mature self-examination, is itself shaped by these underlying convictions. There is no such thing as complete objectivity in philosophy; a person cannot construct a philosophy of living for himself as a person might plan to erect a new home and occupy it at his convenience. All the individual can hope to do is to reexamine in some larger and more mature perspective the actual convictions to which he gives allegiance, seeking to identify obvious limitations in his outlook and

⁷ Gordon Allport, *In Psychodrama*, Vol. II, Beacon House, 1959.

⁸ M. S. Shaw, *Spontaneity Training, in Role Playing in Business and Industry*. Free Press, 1960.

⁹ Jacob L. Moreno, "Behaviour Therapy," *The American Journal of Psychiatry*, Vol. 120, No. 2, August, 1963, p. 195.

inconsistencies in his conduct. Gradually, if he is determined, he may perhaps reshape his underlying attitudes and convictions into a fairly consistent whole somewhat more nearly in line with the facts of experience and the enduring values of life. His task, then, is comparable not to the building of a new house but to the re-construction of the home in which the individual is living and in which he must continue to live while the re-building is in progress. A philosophy of living which evolves from an inner calmness of spirit which comes in turn from knowing what the individual believes and why—and that outer strength of purpose which comes with a sense of inner peace and security.

It is in this domain that Moreno's psychodrama not only stimulates the person to think for himself, but develops an instrument of greater inclusiveness. "Existential theorists have contributed much to our comprehension of the central position of the experience of time in human existence."¹⁰ They have demonstrated the future's precedence over the past. They have accentuated the need for including the future in any conceptualization of human existence. "Personality can be understood only as we see it on a trajectory towards its future,"¹¹ wrote Rollo May. Much earlier Gordon Allport reminded us that "People, it seems, are busy leading their lives into the future, whereas psychology for the most part is busy tracing them into the past."¹² Existential theorists have proposed that the future and past meet in the present to form the moment of action.

By "re-living," through the vehicle of Moreno's psychodrama, a person forces the future and past to merge together in the recreated spontaneous present. Initially, the individual encounters great hesitancy to enter into the real situation,¹³ to reveal a "naked intensity of spirit,"¹⁴ or to re-live the agonizing situation. The reluctance to become personally involved diminishes with the aid of the director and auxiliary ego, enabling the protagonist to ventilate his anguish, hostilities, irrationalities and/or hatred. At the zenith of this involvement—when the emotionally charged vendetta has been re-experienced—the director of the psychodrama suggests a "role reversal" of the protagonist to the role of other person involved.

¹⁰ Henri Ellenberger, *Existence*, "A Clinical Introduction to Psychiatric Phenomenology and Existential Analysis," p. 39.

¹¹ Rollo May, *Existence*, Basic Books, 1958, p. 69.

¹² Gordon Allport, *Becoming*, Yale University Press, 1955, p. 51.

¹³ Carl P. Rogers, *On Becoming a Person*, Houghton Mifflin Company, 1961, p. 109-110.

¹⁴ Thomas Wolfe, *The Story of a Novel*, Charles Scribner's Sons, 1936, p. 17.

To further illustrate role reversal is, indeed, difficult. The driver of an automobile, for example, accelerates his car slowly and, after the lapse of several seconds, attains the arbitrary speed of fifty miles per hour. At this juncture, to reverse roles would entail having the driver shift to "reverse" immediately and go backwards over the same road travelled. According to physics, however, this cannot be accomplished because of an intermediate phase of inertia that must occur prior to going into "reverse." Even this instantaneous deceleration, assuming it is possible, would lurch the person forward and disturb the existing heretofore equilibrium. The impact upon the driver, in brief, would be tremendous. To attain a corresponding rate of propulsion backwards would scientifically require, the same process of going from +50 miles per hour to 0 to -50—a total speed difference of 100 miles per hour. No technological analogy, however, should be overemphasized because human behavior is more complex.

It is this spontaneous transition, suspended in eternity, immediately preceding the shifting from "drive" to "reverse" that interests me: the moment of impact, of explosion, of transition. It is this point when the individual is furthest, it seems, from reconciliation from either any objective (or subjective) solution that he must enter into that diametrically opposed world of the antagonist. (In comparison to the car analogy, the human personality is more flexible.) The hostility, hatred, nihilism the protagonist experienced is now viewed from the perspective of the other, the sweat, the blood, the guts, the agony. And it is precisely by creating this dialectic of the thesis and antithesis that produces a synthesis which, ultimately, may be only tangentially related to the former components. It is this creative process of merging two polar concepts and/or sentiments that creates not only anxiety but also provides insight. Individuals must be free to exercise their creativity and their imaginations. Gardner Murphy wrote, "The impulse to perceive, to understand, to imagine is just as much part of human nature as are the specific adjustment processes which we describe in terms of visceral drives."¹⁵ The human being must be permitted and encouraged to explore the unknown heights and react toward "the potentials for becoming a human being."¹⁶ Goethe has said "A young man must dare to be happy." In the final analysis, it may be a matter of courage—of advancing beyond the confronting but restricting frontiers of knowledge and experience acquired at twenty and penetrating the darker but maturing areas of the unknown. The goals of psychodrama, I believe, are to enable the protagonist to reach a stage of

¹⁵ Gardner Murphy, *Human Potentialities*, Basic Books, Inc., 1958, p. 23.

¹⁶ *Ibid.*, p. 32.

independent action and control; to gain success according to his own interests, abilities, and needs; to gain increased confidence in and an understanding of himself and others, and to take his rightful place in interpersonal relationships.¹⁷

Rollo May suggested a person is subjectively equipped to confront unavoidable anxiety when he is convinced (consciously or unconsciously) that the values gained in progressing are greater than those created by escape.¹⁸ The connotation of "escape" possesses great significance because the protagonist will probably avoid maximum effort, maximum involvement by attempting to escape.

But being able to evaluate oneself realistically (objectively) requires an inner courage and sensitivity in order to promote a self-trust which makes it unnecessary for an individual to prove his prowess (to himself and/or others) and enables him to ascertain reality with productive energy.¹⁹ Men who are aware of their strengths and weaknesses are seldom haughty because knowledge of self, combined with experience and education, has a humbling effect of recognizing a person's limitations.

Anxiety, often confused with guilt, as is May's error, is a destructive, negative emotion that impairs self-awareness and growth. In this context, anxiety assumes the form of shame, and differs from guilt in that the former involves not the exposure of a wrong doing; but the exposure of the individual's self which is accomplished through psychodrama. Shame can accompany socially acceptable behavior and cannot readily be that which, in turn, threatens the person's being. Shame manifests itself. The shameful person tends to conceal his shame, becomes more ashamed for covering it which results in a negative cycle. If dealt with, however, according to Helen Lynd: "Shame can become not primarily something to be covered, but a positive experience of revelation."²⁰ Lynd believed it is the conquest of shame resulting in pride and self-respect that creates and fosters a genuine humility.²¹ Guilt, a by-product of psychodrama, if it is to be constructive to man, must be based on self awareness and a commitment to a value system. Guilt, a rational and positive factor, assists the individual in his interpersonal relations and with himself.

¹⁷ Katherine D'Evelyn, *Meeting Children's Emotional Needs*, p. 31.

¹⁸ Rollo May, *The Meaning of Anxiety*, The Ronald Press Company, 1950, p. 229.

¹⁹ Bonaro Overstreet, *Understanding Fears in Ourselves and Others*, Harper Brothers, 1951, p. 95.

²⁰ Helen Merrill Lynd, *On Shame and the Search for Identity*, Harcourt, Brace and Company, 1958, p. 20.

²¹ *Ibid.*, p. 258.

These feelings of anxiety, guilt, shame, revelation, occur when it is possible for the person to re-examine the various components of his irrationality or experience a nuance of feeling without the paralyzing or blinding passion—to stand away from and view within.

To tell a mother, for example, that she is overly aggressive and should not regulate her child's life as much as she does will not and cannot produce significant behavioral change. She will only alter her behavior when she perceives herself to be wrong—when she gains "*action insight*." J. L. Moreno believes the quickest, most effective method to obtain action insight is through psychodrama. If she is forced to live under her dictates, if only for a few moments, while she role reverses with her child, it may be sufficient to produce significant change.

Each person has a variety of ways of reacting to a familiar situation, differing because of a multitude of complex personality factors. Any conflict—conscious or unconscious—consumes psychic energy which otherwise would have been utilized to cope with the problem. In order to cope with the problem, it may be beneficial to construct a microcosm (a stage) which is indicative of the more complex macrocosm. To exist with conflicts, to view them before they can be solved—herein is the essence of the existence of the delicate psyche.

STANISLAVSKI'S METHOD OF IMPROVISATION AND MORENO'S SYSTEM OF SPONTANEOUS PSYCHODRAMA

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It may be helpful to the reader to familiarize himself with Moreno's own view of the differences between the two methods: "Improvisation in the Stanislavski method is supplementary to the aim of playing a great Romeo or King Lear. The element of spontaneity is here to *serve* the drama conserve, to revitalize it."

Moreno's method of spontaneity, by contrast, made an end to this dilemma when he dropped the role clichés altogether and permitted the actors to be entirely spontaneous-creative, to develop roles in "*statu nascendi*." The Theater of Spontaneity postulated an *art of the moment*, as against the *art of the conserve*. The next step was the development of the therapeutic theater, the psychodrama. It may not be without historic significance that Moreno's earliest publication on the therapeutic theater and the theater of spontaneity, *Die Gottheit als Komödiant (The Godhead as Actor)* appeared more than ten years before Stanislavski's book *My Life In Art*.

A survey of the two fields of psychodrama, and the legitimate theatre, especially the system of Constantin Stanislavski, is of value.

There is a great temptation to state, simply, that Moreno uses theatrical techniques for therapeutic purposes and the Stanislavski method, popularly referred to as "The Method," uses improvisation techniques for theatrical purposes. Obviously, this is too simple, and a more detailed study is necessary.

If spontaneity is considered the key to psychodrama, and improvisation the focal point distinguishing The Method, the two elements for the purpose of study may be handled as parallels.

The two obvious points dividing the two media are the placement in time and the purpose of production.

There are three types of improvisation of The Method: Those related to training of the actor; those related to characterization study; and those known by the term "preparation" whereby the actor moves into characterization directly preceding a performance. Consideration must be given to the types when comparing the techniques to psychodrama.

A quick survey of a few basis techniques may help to give a better understanding of the two media. The basic psychodramatic techniques are compared to those of The Method improvisation. The latter are scenes

(1) referred to, but not presented, in script; (2) imaginary, regarding the characters; (3) built on the five senses and the appetites; (4) using mental images; (5) built on personal experiences and emotional memories; (6) of interplay between characters; (7) making contact with objects; (8) making contact with the environment; and (9) of a metaphorical nature. The psychodramatic improvisation, as a separate technique, only appears closely related to Method techniques; there are substantial differences between the two.

Observation of both media at work reveals comparison and contrast in such areas as: (a) reality and illusion of reality; (b) involvement; (c) actuality and fiction; (d) background material for action; (e) acceptance of stage convention; (f) types of drama possible; (g) use of detail; (h) use of actors in roles; (i) interpersonal contacts; (j) use of physical self; (k) use of mental self; (l) element of accident; etc.

Three other elements are discussed as a means of comparing Moreno's psychodrama and The Method's improvisational techniques. They are the role theory, the group approach, and the concept of the totality of man.

In conclusion, although there are many differences separating the two media, the similarities may be indicative of something valuable happening. With great emphasis on the improvisational elements, it is possible the theatre is seeking ways to solve problems. Perhaps in struggling, sometimes in strange ways, it is making a spontaneous therapeutic attempt to fulfill itself. This would include all levels, from the frustrated individual working in the field, through the disorientated organizational structure, to the confused and goal-less medium as an active agent in the evolution of life. If such is the case, the theatre may be expected to move in the future even closer to the spontaneous nature of psychodrama.

THE PROCESS OF ACCREDITATION IN THE FIELD OF PSYCHODRAMA, SOCIOMETRY AND GROUP PSYCHOTHERAPY, MORENO INSTITUTE AND MORENO ACADEMY

The national accrediting agencies in the field of psychodrama, sociometry and group psychotherapy are the Moreno Institute and the Moreno Academy, World Center.

Through their Board on Professional Standards, standards for training are set up and maintained in the Institutes throughout the country. Through the Committee on Institutes of this Board, existing institutes are continuously examined and guided. Through the Committee on New Training Facilities, new and budding training centers are guided towards Institute status. By these activities the Institutes are reviewed and approved in a way which is comparable to the review and approval of residency training programs in other fields. Through the Membership Committee of the Board on Professional Standards, individuals are examined and accredited as specialists in psychodrama, sociometry and group psychotherapy, in a manner entirely comparable to the accreditation of specialists in other fields.

The Moreno Institute is approved by the University of the State of New York, Department of Education, as an accredited school.

The Moreno Academy is a non-profit membership society and was incorporated for the purpose of enlarging the scope of the movement to include countries outside the USA. It assists the Moreno Institute in the organization of training centers and sponsors world congresses.

Three new Institutes are in formation on the West Coast, accredited by the Moreno Institute and Moreno Academy, The California Institute of Psychodrama and Sociometry, Los Angeles, Director, Professor L. Yablonsky, Ph.D.; The California Institute of Socioanalysis, Long Beach, Director, Professor Martin R. Haskell, Ph.D.; The Berkeley Institute of Psychodrama and Group Psychotherapy, Director, Professor Richard Korn, Ph.D.

Students in Training, 1960-1967

The period between 1960 and 1967 saw the admission of more than one thousand students in training, attending seminars and workshops under the auspices of the Moreno Institute and Moreno Academy. The students are entitled to apply for and obtain a certificate in accordance with the level achieved, as well as to apply for membership in the Moreno Academy. Membership covers a subscription to either the journal *Group Psychotherapy* or the *International Journal of Sociometry and Sociatry*.

Requirements

1. Director: Minimum training period of two years and accumulation of 96 points.
2. Associate Director: Minimum training period of one and a half years and accumulation of 72 points.
3. Assistant Director: Minimum training period of one year and accumulation of 48 points.
4. Therapeutic Assistant (Auxiliary Ego): Minimum training period of six months and accumulation of 24 points.

Rating of Points

1. Three days of training, 3 points; one week of training, 6 points; two weeks of training, 12 points; three weeks of training, 18 points.

Evaluation of Students

After the minimum training period, candidates must present themselves for a practical competence test. After evaluation, either a certificate is issued or recommendations for further study are made.

Admission Requirements

Open to professional workers, psychiatrists, group psychotherapists, psychologists, sociologists, educators, industrial personnel, pastoral counselors, nurses, social workers, and all persons working in the field of human relations.

Interim Periods

The periods between training sessions in residence at Beacon, N.Y. are periods of application, opportunities for the student to test out in life the methods he has learned. These periods are important for the final evaluation of the student's competence. Students are expected to report at regular intervals to the Institute at Beacon and to ask for consultation; this is part of their training and no charge is made for such consultation.

ANNOUNCEMENTS

Theatre of Psychodrama in Minneapolis

Minneapolis is one of the few cities of the world to have "public" psychodrama. Wesley Methodist Church's Counseling Center at Marquette and Grant Street, schedules a psychodrama on alternate Sundays, from 5:00-6:30 p.m., in the Theatre of Psychodrama, Suite 1010 of the Wesley Temple Building.

In commenting on this new endeavor of his church, the pastor, Dr. John B. Oman, said: "Public Psychodrama, I suppose, is a phenomenon which could happen only in a large metropolis, as New York City, Los Angeles, Buenos Aires, Argentina.

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

Some persons, particularly those with rather specific problems, e.g., alcoholism, can through psychodrama begin to learn patterns of behavior which may later be applicable to situations in the community. Thus, for example, an alcoholic who comes to admit in a group situation that he cannot drink and may even make a verbal promise to himself and others that he will not drink, can be shown some of the situations which he may encounter and which may tax his resolve. A scene can be enacted in which he portrays himself, sitting in a restaurant. Others from the participating audience, can play the roles of friends who use all sorts of lures to get him to accept a drink. Such action will demonstrate to him what he may be up against and what sorts of responses he will have to learn to make in order to avoid drinking.

It is reasonable to suppose that a variety of such scenes may come close to the reality which the alcoholic might face and that he in turn might learn certain procedures which can be applied in order to help him avoid drinking.

Another person perhaps has anticipatory anxieties centering around fear of a failure on the job. Here again the enactment of a scene in which he is employed by a tyrannical boss who constantly harrasses him might be sufficiently real and get sufficiently close to the anticipatory anxiety as to assist

in desensitizing him so that he can later be prepared for problems at work with some defenses prelearned which he can use as necessary.

Very often persons may, in a verbal group setting, refer to deepseated problems but in a way which leaves their nature unclear and vague. It is frequently possible by psychodramatic action to clarify these problem areas and to suggest some constructive action to overcome them.

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

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

Dr. Oman, who is a Fellow of the American Society of Group Psychotherapy and Psychodrama, also use roleplaying techniques to train or educate the Minneapolis Police Department's rookie policemen.

Psychodramatists on the Staff of the Wesley Methodist Church Counseling Center are: Dr. and Mrs. W. L. Pew, the Rev. Donald Crannel, Mrs. Emery Swanson and Mr. Charles Brin.

Canadian Psychodrama Society

Mme. Carmen des Francs will conduct the February meeting of the Canadian Psychodrama Society.

Topic: "The Exploration of Reality, Phantasies and Symbols using Psychodramatic Techniques"

Place: Notre Dame Hospital,
Auditorium — School of Nursing
1st Floor,
2205 Maisonneuve Street, Montreal.

Date: Wednesday, 15th February, 1967

Time: 7:45 p.m.

Parking facilities will be available.

Note: Paid-up members will be admitted free of charge.
Others will be admitted at a charge of \$1.00 per person.

American Society of Group Psychotherapy and Psychodrama

Nomination of officers 1967-68: President-Elect, Hannah B. Weiner, New York; Vice President-Elect, Doris T. Allen, Cincinnati, Ohio; Second Vice President-Elect, Abel Fink, Buffalo, N.Y.

Group Psychotherapy, Vol. XX, No. 2, June, 1967

This special issue is now in preparation. It contains abstracts of the contributions made on the program of the 26th Annual Meeting of the American Society of Group Psychotherapy and Psychodrama, March 16-18, 1967, in New York City, at the Hotel Roosevelt and the Moreno Institute. Editor-in-Chief, J. L. Moreno, Associate Editor, Hannah B. Weiner.

Training Institute, 1968

The Moreno Institute and Moreno Academy will conduct a three-day Training Institute in connection with the next annual meeting of the American Society of Group Psychotherapy and Psychodrama at the Hotel Roosevelt, March 22-24, 1968. The Training Institute will be conducted under the direction of Dr. J. L. Moreno and Zerka T. Moreno. Participants will receive one to three point certificates. For further details write to P.O. Box 311, Beacon, N.Y., 12508.

Moreno Institute, New York City

The Moreno Institute in New York City conducts daily sessions, Monday through Sunday included. The Directors conducting sessions are: J. L. Moreno, Zerka T. Moreno, Hannah B. Weiner, James Sacks, Priscilla B. Ransohoff, Walter Klavun and Robert W. Siroka.

Dr. Robert W. Siroka has been nominated as Acting Director of the Moreno Institute. He received a Ph.D. in Sociology at New York University, and is now teaching at the Manhattan School of Music.

INTERNATIONAL CONGRESSES

Fourth International Congress of Group Psychotherapy

This Congress is scheduled to take place at the University of Vienna, Vienna, Austria, from September 15-19, 1968. Hon. President, Dr. J. L. Moreno, M.D.; President, Prof. Dr. Hans Hoff, M. D.; General Manager, Dr. Raoul Schindler, M.D.

Third International Congress of Psychodrama and Sociodrama

This Congress is scheduled to take place in Prague, Czechoslovakia, from September 23-25, 1968. Hon. President, Dr. J. L. Moreno, M.D.; President, Dr. F. Knobloch, M.D.; General Manager, Dr. J. Rubes, M.D.

First International Congress of Sociometry and Social Psychology

This Congress is scheduled to take place in *Prague*, Czechoslovakia, from September 26-28, 1968. Hon. President, Dr. J. L. Moreno, M.D.; President, Prof. Vladimir Vondracek, M.D.; General Manager, Dr. J. Rubes, M.D.

NOTES

J. L. Moreno, M.D. Honored

Dr. J. L. Moreno received from the Medical Society of the State of New York a certificate of Citation dated February 12, 1967 in recognition of fifty years devoted to the service of the public in the practice of medicine, 1917-1967.

The American Sociological Association nominated Dr. J. L. Moreno as a Fellow Emeritus. This is "due to the time and efforts you have devoted to Social Science," quoted from a letter from the American Sociological Association dated May 23, 1967.

International Journal of Sociometry and Sociatry, Semi-Annual Handbook

The International Journal of Sociometry and Sociatry is preparing a semi-annual Handbook as an anniversary volume of thirty years since the International Journal of Sociometry and Sociatry was initially published, 1937-1967. It is also the official bulletin announcing the First International Congress of Sociometry and Social Psychology in Prague, Czechoslovakia, September 26-28, 1968.

The Handbook will contain numerous articles which will survey the development of sociometry. Articles will be included by Profs. Wellman Warner (USA), Leonard Cottrell (USA), Manfred Vorwerk (DDR), Joe Hart (USA), Benjamin Fruchter (USA), Jiri Nehnevajsa (USA), and others.

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