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CONTENTS

IS GOD A SINGLE PERSON? MY FIRST ENCOUNTER WITH A MUSE OF HIGH ORDER, ZERKA—J. L. MORENO, M.D.	75
HOMO JUVENIS, THE GENERATION GAP—J. L. MORENO, M.D.	79
THE BUD AND ITS RESOLUTION THROUGH PSYCHODRAMA—PETER OLSON, M.D. AND JERRY FANKHAUSER, M.S.W.	84
MULTIDIMENSIONAL APPROACH IN RESOLVING RACIAL TENSION IN THE SCHOOLS UTILIZING PSYCHODRAMATIC TECHNIQUES—WILLIAM E. FERINDEN, JR., PH.D.	91
NOT TO HAVE THAT STONE IN ONE'S HEART—LADISLAV TUMA	97
SELF-EVALUATION IN TERMS OF THE ROLE OF THE WORKER IN A PSYCHODRAMA RE-ENTRY GROUP—LYNETTE CLAYTON, B.A.	101
PSYCHODRAMATIC TECHNIQUES, 1970 WHITE HOUSE CONFERENCE ON CHILDREN— RONALD B. ROBBINS, PH.D. AND GLORIA J. ROBBINS, B.A.	110
PSYCHODRAMA IN A CHURCH COUNSELING PROGRAM—HELEN HITTSON, B.A.	113
THE REFORMED AUXILIARY EGO TECHNIQUE: A PSYCHODRAMATIC REKINDLING OF HOPE—JAMES M. SACKS, PH.D.	118
PSYCHODRAMATIC BODY BUILDING—RONALD B. ROBBINS, PH.D. AND GLORIA J. ROBBINS, B.A.	122
SOCIODRAMA IN PUBLIC AFFAIRS—ABRAHAM E. KNEPLER, PH.D.	127
AMERICAN SOCIETY OF GROUP PSYCHOTHERAPY AND PSYCHODRAMA	135
MORENO INSTITUTE	136
ANNOUNCEMENTS	137
IN MEMORIAM, HENRIK INFELD	140

FOUNDED BY J. L. MORENO, 1947

IS GOD A SINGLE PERSON? MY FIRST ENCOUNTER WITH A MUSE OF HIGH ORDER, ZERKA*

J. L. MORENO, M.D.

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One of the difficulties in our mythologies of God is that he is usually pictured as a single person, either a God or Goddess. Loneliness was the penalty which we had to pay for monotheism. In the mythology of the Greeks, which was carried on a lower level of intensity, God married and produced offspring, like Zeus and Juno. The stories about these marriages are full of disappointments but they are more real. Anyway, I was searching for an integrated partnership, for the Muse of Integration, so as to bring the Godplayer down to earth.

THE FIRST ENCOUNTER WITH ZERKA, I AND THOU

On a sunny summer afternoon, Anno Domini 1941, the door opens and a young woman steps into my office. (She was accompanied by three adults but I seemed only to notice her first, later the others began to emerge, one by one.) She has a little boy in her arms, about three years old. I look at her, she looks at me, and that was it. I say to myself (my double speaks): "Yes, yes, yes," and I stretch out my arms in a broad, all-embracing manner. I feel that she is already mine and that I am already hers. There she is; I don't know anything about her, but that is SHE. I can even feel what she is saying to herself, right this moment, here, now. Zerka: "I am very unhappy. My sister is ill. He may think that this is my child. I have no children, I am single. I came to find a doctor, a psychiatrist, for my sister." Then she makes a pause. I wait, until I hear her again. "This man is not a simple psychiatrist. He looks and acts more like an artist, a creative man." Now there is silence between us, but it comes into my mind: "If her sister is sick and her sister's husband is with her, why does she come along?" As if she hears my query, she replies in her own mind: "He doesn't understand, these people are European refugees, refugees from the Nazis. He doesn't know that they have just arrived here. I am with them not only to help them, but to protect the boy from further abuse. My sister is too confused to care for him; when left alone with him, she is so bewildered that she tries to kill herself and the child. I almost feel as if he were my child, not hers. I feel responsible. Besides, my brother-in-law speaks very

* From J. L. Moreno's forthcoming book: *Fantastic Journey Through the Cosmos*, Beacon House, New York, 1971.

little English. He needs an interpreter." And then it comes to her in a flash: "I did not expect to find such an enchanting, warm man. He greets us so warmly, as if he really is glad to meet us. I expected a purely formal event between a doctor and a patient meeting for the first time. And he is so human, so charming, not just professional." I see tears in her eyes. "I like that. He is handsome too, so masculine, in that white suit and blue shirt. The color of his shirt emphasizes his great, extraordinarily luminous, penetrating, deeply expressive eyes. What color are they? Oh, blue. I adore blue eyes in a man; somehow they always strike my heart. But why is he so lonely? I heard the nurse who greeted us say that he has a baby girl about the same age as my nephew. So he is or was married. It really doesn't matter. Yet, he is lonely, deeply lonely, possibly even unhappy, as unhappy as I am." Silence. Now I hear her again, or I imagine that I hear her: "I am lonely and unhappy, too, having just broken off a love relationship with a man I planned to marry." "So," I say to myself: "she was planning to get married. Then the child is not hers." Zerka again: "We were well along the way to setting the date and preparing the event itself. Now I have no one." A long silence, then: "It hurt badly for a while, but somehow I am glad to be free again. I'm getting ready for a new relationship, a more mature one. This doctor is old enough to be my father, although he doesn't look or act old. But he couldn't be interested in me personally; he obviously loves people, young and old, especially children. See how he smiles at the child and asks questions about him."

At this point the baby glides off her lap, walks towards the fireplace and starts playing with the brass fire irons. He drops one with a clatter and we all focus our attention upon him. Zerka goes over to see if he is hurt and gently brings him back to the chair, taking him once again on her lap.

The scene changes; she is back at her depth. Now she looks at me again and we smile at each other, assessing and confirming: "This has all happened before, hasn't it? But when? Where? Oh no, it has never happened before. Not like this. It is the first time, it is happening now." A pregnant pause here. Then another flash breaks in on her—she seems full of electricity which discharges itself in my direction, sparked off by my own; now it seems to me that I hear her voice very clearly: "He is not a simple man; this man is a great genius, perhaps the only true genius I will ever meet. Many men make believe, or try to, but this man is the genuine article. Oh, what could we possibly have in common? I am a rather inexperienced person, just starting to learn about life and its darkest corners. Yet, he looks at me with as much interest as he spends on my sick sister, his patient. What can he be thinking? Perhaps it is just that my sister and I are physically so different.

People always are astounded at that. And now we are certainly also clearly very different emotionally. But I feel he can see that we are somehow deeply tied up, that I am very depressed at this new outbreak of her emotional illness." Silence. "I fear he will get the wrong information or no information at all about her emotional history. I will have to make sure to see him alone so I can help him to get to know her. She can't cooperate, she is too confused and doesn't recognize the nature of her condition." Side remark: "My brother-in-law is a poor refugee. He has had to borrow heavily to pay for her care here. He is not yet employed or working, having only arrived two days ago. We must make sure the treatment does not take too long or he will not be able to carry the burden of it all. Besides, we need money to place the child in a temporary foster home. All this is a terrible, crushing burden." More silence and searching out, then: "But why is the doctor so interested in me? What does he want from me?" And I am asking myself at the same time: "What do I want from her?" It comes to her sharply: "Why am I so interested in him? What do I want from him, besides help for my sister?" Now there is another voice; it is her mother's voice out of her childhood and adolescence: "Don't get in your sister's way! This is *her* friend now, *her* doctor. *She* is the one to get his whole-hearted attention. Make yourself be almost invisible, subservient to *her* needs. *Don't* inject yourself! Don't take his attention, the focus, the love away from her. You know you've managed to do this since you were little; the whole family loved you as their toy. You are the baby. Your sister is the eldest. Your father and brothers adored you. Now she needs all the love she can get, especially that of a good father; don't make trouble for her again." There are other voices, just as sharp, those of public opinion: "What could a *married* man want from a young, single girl? He is not supposed to be too interested in single girls unless they are his patients. Is this a purely professional interest he shows for you? Remember, he is also the father of another child, a baby girl. Whatever else his child needs, she needs her life undisturbed. Don't make waves. Don't get involved. Stay out of too close, too personal a contact between you. Only a professional relationship will do." Silence, her eyes are cast downwards, as if inward-looking, then, reasonably: "Oh, remember, they almost didn't make it to America. Your family was stuck, first in France, later in North Africa. They might all have succumbed to the Nazis, as have already untold hundreds of thousands. You have helped to *save* their lives. Are you now deliberately going to ruin or complicate it? No! They must have every possible consideration first. They need every kind of help desperately, their life is a shambles. The boy needs his own mother and father. However much you love him, he is not yours.

You are but a temporary substitute. Don't ever get into any parent's way. It will pursue you till the end of time. Your conscience will not permit it, just as it would not let you rest until you had snatched them away from the shores of dying, agonizing Europe. Now, you must show what kind of ingredients you are made of. Keep in the background. Don't think of yourself now."

They have all left the room to settle the patient into hers. I am sitting, waiting to see Zerka and the others before they depart for the city. Will I see her alone at all? As if in reply, there she is, back again, knocking at the door; she has come to ask me for an appointment at my office in the city where she wishes to talk to me alone.

HOMO JUVENIS, THE GENERATION GAP*

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INTRODUCTION

The Young Moreno, 1909

My early German writings are little known. They are, however, significant because of their prophetic anticipation of the attitude of the younger generation of our time. I coined the term Homo Juvenis to contrast with Homo Sapiens and pointed out the generation gap, perhaps for the first time in literature, in an extreme philosophical form. I wrote *Homo Juvenis* in 1908 and it was published for the first time in *Einladung zu einer Begegnung* in 1914. This is the first time that this piece is translated into English. I declared it on numerous occasions during 1908-1914 as the epitome of the youth movement. Many of the young people of that day became well known in adult life, Siegfried Bernfeld, who later became a distinguished psychoanalyst, Ruth Eisler who later became Ruth Fischer, leader of the German communist party, her brother Gerhard Eisler, the wellknown communist spy, Elizabeth Bergner, grand lady of the German theater under Max Reinhardt, to mention but a few. It is remarkable that almost seventy years later, and in my own lifetime at that, the same mood of opposition prevails in the world of youth today. Nothing is new under the sun. Interesting is that my son, Jonathan, when reading this part said: "Well, that's it. This is how young people feel."

I

The Mystery of Growth

The mystery of life is closely connected with the mystery of growth. This is reflected in the rise and in the decline of the forces of growth. There are two universal complexes determining evolution, the complex child-adolescent and the complex man-old age. The philosopher sees the movement of life in the framework of an infinite which vanishes as soon as it is touched. The analyst sees the movement of life like a river or stillwater in which it is drowned. Both views neglect the growth of the self-owned ego at the cost of the search for an inexperienced God whom they cut out of the world or whom they damn. Or they neglect the inexperienced develop-

* From *Invitation to an Encounter*, 1914, p. 14 (*Einladung zu einer Begegnung*, Anzengruber Verlag, Vienna).

ment which they piece together from lived portions. But the realities of the self-owned ego stir, however hidden, in these explosions. In the study of the character of man and animal they build contrasts between form and content, spirit and matter which they also translate into the temporal dimension where one part produces or releases the other; one part is repressed at the cost of the elevation of the other. It remains irrelevant whether it is a creative or a mechanical process in which the division of the original entity ends. There is always a tendency to "explain" the living process instead of deepening and exploiting it, to cut the visible process into its parts instead of to intensify it, to piece together the creative process instead of to continue it. It is for these reasons that we pay no attention to the experiments which strive toward a generalized life or a generalized evolution and insist at all cost upon the life that is self-seen whenever the questions of life are confronted. Such a case is in the growth of the self-owned ego: the only one which nature itself has created and has put at our disposal in which we are both observer and experimental person.

II

The Generation Gap

The idea has been deeply impressed upon us that the life of the ego is in all stages of growth a constant, unchanging value, that it is like the movement of a swimmer who moves from one shore to the other upon a plane surface: from the shore of life to the shore of death. But it is not so upon deeper consideration. Life does not move always on the same level, it is more like a well which pierces the soil, climbs up to its peak and then returns, down to the earth. Or it can be compared to a mountain which goes up to its top and then turns down. It can be compared also to a stone which is thrown into space, forming a curve with two sides. The rising part of the curve portrays childhood and adolescence, homo juvenis. The sinking part of the curve portrays the slow breakdown from the top of life, manhood and old age, homo sapiens. The evolution is followed by dissolution. Homo juvenis represents the rising of value; homo sapiens represents the decline of value. The duality of body and psyche in the dimension of space is paralleled by the division of the whole human being in the dimension of time, in two opposite principles: homo juvenis and homo sapiens.

III

The Growing Child

The growing child is the mirror of the constellations of many generations. They dream on the threshold of conscience and on the threshold of the body. But only certain selected experiences enter the narrow doors of

conscience and come to life and thus impress themselves upon the ever-ready formation of the body. This explains the uncertainty of the final gestalt and the relative formlessness of the child's being. The psyche of the child is determined through "anticipation." It is turned towards the future rather than towards the past. It is easily deviated and easily excited. It accepts everything which reaches its senses. It has not yet made the final connection with reality. Fantasy and reality penetrate each other. This produces a kind of an independence from matter. Its categories of perception as well as its emotions are elastic and hungry to absorb the wealth of the world. Its drives put its plant-like pattern in the foreground and do not permit the animal nature to dominate. There is no past which is burdening him. Therefore, he is free from guilt and from the struggle of drives which create conscience. Thus, we often consider children as innocents, as angel-like beings.

IV

The Adolescent

Adolescence of both sexes, boy and girl, completes the body. The beauty which has been prepared gradually steps to the shores of the psyche: the fulfillment of the body. The body from now on has no other goals except gradual aging. The growth of height comes to an end. The bones and the muscles attain their greatest flexibility. The psyche of the adolescent is determined by value. The leading contents of life are now built to completion. Nothing essential is added later on. Every question is formulated. The answers are already sketched, although they are not finished because realization depends upon power and time. The danger of youth is the role player who represents the conflict between desire and realization. Adolescence is the time of conception. The poet, the thinker, the emotionally disturbed, they create the roots for their future performance. The young woman has the greatest potentiality for bearing offspring and she gives birth to the largest number and the healthiest children. The animal character dominates now and pushes on. The past begins to trouble: the conscience of guilt and of frustration emerges. But the future has two meanings: the first face shows eternity, the other death. The adolescent embraces the first and is blind to the second. The male adolescents have the appearance of victors, the female, the appearance of goddesses. *Homo juvenis* represents the tongue of morning, the day of the Godhead, and the arrow of faith.

At which point the adolescent turns into a mature man is uncertain. It is possible that there is a new chemistry which prepares the decline of the psyche and of matter.

The complex childhood-adolescence is a symbolization of the bird and

is dominated by the positive principle of pleasure and enjoyment: their view of life is joy.

Homo juvenis, maximal tension of life, sense of time, sense of creation; their God is: the thing outside himself.

V

Maturity

Man and woman grow in the direction of broadening out. Their anatomy, the bones and the muscles are enhanced by a tendency toward plumpness. They are characterized by the desire for power. Their long past and wealth of experience make the process of living clearer and their appearance is more pronounced. Their long past forms the psyche. A long past life develops their memory which is a kind of power in the dimension of time. Memory is a form of money. Their productivity tends toward multiplication rather than intensification: family, society, government. Their hostility towards the younger generation is released by fear of the certain, unavoidable defeat by the homo juvenis, and man has the profile of the fallen Godhead.

VI

Old Man

The old man is characterized by remembering. He has no future and is an observer of life rather than an actor. His past is in itself a kind of space in which he mirrors himself. The impulses are weakened, the gestures frozen. They are the ashes out of the explosion which life has inaugurated. The old man represents the saint and the sage. The positive pole of the principle of pleasure is diminished. The more painful, negative aspect of life dominates the pessimistic view of life. It is a shadow which the tree of life has developed. Homo sapiens, relaxation of life, sense for space, sense for order; his God and rule is: the thing in itself.

VII

The Four World Periods

History presents the Godhead as an old man, but we are raising the question whether the adolescent when becoming old throws the mask of age upon the young Godhead. The mythological picture of history describes the evolution of four periods of existence. The various types of races are often portrayed as the frozen tendencies of the four world periods. The primitive represents the child, the Southern—the adolescent, the Nordic—man, and the Eastern—old age.

VIII

Homo Juvenis and Homo Sapiens

The period of youth is the genius of organic life. The animals who at the peak of existence die immediately after the sexual act are a testimony to themselves that aging is biologically superfluous. The period of old age has value only for the single individual, not for his kind, as procreation takes place primarily in the period of homo juvenis in the first half of life, in the hereditary disposition and in the forming of the mneme, the dominant role. The contours of growth even make it probable that our organism is materially and psychologically determined by laws of rising and falling, corresponding to homo juvenis and homo sapiens. Old age is the genius of the anorganic but even that is divided. The flood is followed by the ebb. The first heated period of life flees and cools off, days followed by night. It is even possible that all our anorganic world is a remnant which organic life leaves behind in its forward motion. It is always the homo sapiens which is the fruit, invisible, hidden in the flower of youth where it rests until it is awakened.

IX

The Total Man

But this duality is ingrained in the unity of total man. He himself is a whole, a complete entity and could overcome the conflict. Only the superman accomplishes the deed of absorbing the homo sapiens and restoring the final unity of man who has attained the great unity, the great harmony in himself.

THE BUD AND ITS RESOLUTION THROUGH PSYCHODRAMA

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One of the basic fundamentals of the alcohol treatment program at the Veterans Administration Hospital, Houston, Texas, is the concept of the BUD (Building Up to Drink). It has been the experience in the program that during treatment or after a period of abstinence an alcoholic develops specific involuntary behaviorisms that, in effect, are warning signals that a relapse is imminent. This phenomenon, the foreshadowing of the alcoholic's approach to relapse, has been termed the BUD, (Building Up to Drink).

Dr. Jorge Valles, director of the program and developer of this concept, defines the BUD in his most recent book, *From Social Drinking to Alcoholism*, as a syndrome or a group of symptoms characterized by "a sudden change in the alcoholic's mood, increased psychosomatic complaints, emotional confusion, and diverse levels of anxiety, which if not controlled will terminate in alcohol ingestion."

As we know, the alcoholic has very little tolerance for stressful situations, and because of this, we may say with some certainty that there is a period, the BUD, when the alcoholic is undergoing some experience that propels him toward drink, despite his sincere and strenuous effort to maintain his sobriety.

The BUD begins very slowly and in a manner somewhat difficult to recognize unless the alcoholic is on guard for it. In fact, it begins so inconspicuously that if one is not aware of this phenomenon, it may escape his notice completely. At the beginning of the BUD, the alcoholic feels somewhat moody, a little irritable, slightly bored, and rather restless. This condition progresses steadily, gaining momentum as it expands. That which began feebly and became fairly moderate now deepens and grows more intense. The alcoholic's irritability is uncomfortable to him as well as to those close to him. Generally he becomes quarrelsome, raises his voice, shouts at the slightest provocation; sometimes, on the other hand, he becomes exaggeratedly quiet and withdrawn. Soon symptoms of a physical nature make their appearance; his hands begin to tremble, beads of perspiration accumulate on his forehead and in his hands. At this point he is approaching a plateau, the danger zone.

Close observation reveals that even before he has had his first drink, he is already in a condition of emotional confusion. Actually, it is "emotional inebriation." That is to say that the alcoholic is already drunk before the

ingestion of alcohol. As Dr. Valles says in his book, *How to Live with the Alcoholic*, "my experience with many hundreds of alcoholics has convinced me that the alcoholic loses his control and power of volition not when he has had his first drink but before taking it."

The duration of the danger zone varies according to the alcoholic and depends on the circumstances in which the BUD occurs. When he is in the danger zone, resolution of this highly emotional and physical stress can come in two ways, (1) by alcoholic inebriation or (2) by the siphoning off of the intense feelings resulting in a gradual decline of the symptoms. An integral part of this treatment program is teaching the alcoholic to become aware of the BUD in its beginning stages.

The major treatment modality used by Dr. Valles in his treatment of alcoholics is psychodrama. This method has been found extremely successful, especially in helping to resolve the BUD situation. The following are descriptive cases of how, through the method of psychodrama, BUD situations were recognized and resolved.

CASE 1

Mr. E. is a 55 year old retired army sergeant major. Married for thirty-six years, he has been a moderately heavy drinker for 25 years with a marked increase in drinking since his army retirement five years ago. In previous years he had been a quiet home drinker, but in the last several months he had a D.W.I. charge. He also experienced difficulties in his job as hotel manager because of his drinking which led to a two-week hospitalization in a private institution in the past year. Two days before his admission to the V.A. Hospital general psychiatry ward, he separated from his wife due to the effects of his drinking on their life together. Sixteen years previously he had achieved a five-year period of complete sobriety after his wife had been found to have cancer of the cervix. During this time he had shown admirable devotion to her and to his job. After five days on the general psychiatry V.A. ward, he was transferred to our alcoholism unit. He showed cooperative participation in the treatment program for one month.

One morning he suddenly presented a dramatic picture on the ward. He approached the ward physician almost immediately upon his arrival in the morning. He was obviously upset, despite clinging to his rigid army veneer of control. He expressed enormous concern over financial and personal matters at home. He complained of the damaging effects of psychiatric hospitalization for alcoholism on his credit rating. His statements sputtered forth in loosely connected clusters. He described credit bureau computers at work across the nation. He brimmed with fear that by now his financial reputation was irrevocably damaged and fatally recorded in the mechanical memories of such

relentless computers. Sweat beaded his furrowed brow, and a blotchy flush was faintly visible across his neck and upward behind his ears. He shuffled his feet, mopped his brow, and paced about intermittently. He expressed gratitude for the program but felt it was repetitious for him at this point, and he must leave immediately. There was a subtle urgency, diffuse confusion, and definite change in pattern of relating in his approach. At no time was drinking mentioned.

One of the authors took him directly to the stage for the morning psychodrama session. The intent was to quickly focus on these present conflicts in front of the group of alcoholics. He was asked if his present situation and difficulties could be looked at that morning. The patient, however, leaped quickly away from these topics. In this warm-up, stage-setting phase of psychodrama, he chose to go back in time 15 years to scenes in Germany when he first learned of his wife's diagnosis of cervical cancer. His conference with the army doctor was vividly relived in the first scene. Through role reversal, he portrayed the compassionate but straightforward manner in which the doctor informed him of his wife's affliction. A double helped him with expressing his feeling about this in a subsequent soliloquy. His face contorted at times with the words of shock, disbelief, and deep fear. A further sequence carried him and the doctor to the bedside for the emotional scene where they informed her of the diagnosis, prognosis, and treatment plans. Role reversal with a double for the patient dramatized the demonstration of his wife's reaction to the news.

Another attempt was then made by the director to bring the psychodrama content to the present situation. However, the patient proceeded to set a further scene of a quiet dinner he and his wife shared after her release from the hospital and their return to the United States. In this scene he did some secret drinking in the restroom during their evening together. A return to this scene several times with a double brought to life some of the guilt, fear, and concern he had in that situation. The psychodrama ended with empathetic feedback from the audience of alcoholics as the director and patient sat on the stage together. At the close, he expressed a resolve to stay for completion of the two-month treatment program, the best future hope for both him and his wife. He made certain that his wife was present the next day when the ward group reviewed the videotape replay of the session.

This man presented a remarkably different picture at the close of the psychodrama session. Though visibly moved and emotionally fatigued, he seemed to have shed a haunting weight from tired shoulders. His muscular frame was visibly relaxed, and the nervous pacing ceased. A shy smile replaced the furrowed brow, and quiet conversation replaced the confused declarations about a marred financial reputation.

CASE 2

Mr. W. is a 38 year old white male who was observed to be very nervous, wringing his hands and pacing up and down the hall on the ward. His normally friendly conversation was very abrupt and quick,

and he became very angry at the slightest provocation. That evening the nurse observed the patient pacing in the hall. He would go into the day room, sit down, look briefly at a magazine, then get up and go to his room. Several times Mr. W. tried to sleep but to no avail. At one point while trying to go to sleep, he was disturbed by another patient and became angry and loud.

The following day the patient looked very tired and was still extremely nervous, picking at his fingernails and responding sharply in his conversation. He recognized that the feelings of anger and turmoil inside of him were the symptoms of the BUD and volunteered to come to the stage. The warm-up aspect of the psychodrama depicted the previous day's happenings, going through his feelings at bed time, feelings while pacing in the hall, mainly of anger.

As he talked, he referred to feeling the same way five years earlier at a Christmas party. The author then went to this incident, beginning where he was getting the office ready for the festive occasion. The patient was nervous about the party, manifested by the constant rubbing together of his hands. The party began in a happy mood with several patients taking the roles of the other employees. Mr. W. had a number of drinks and was enjoying himself until his older brother, the president of the company, entered. Upon seeing his brother, portrayed by another patient, the patient's face changed markedly to one of anger with constant handwringing. The brother walked up and began talking to the patient. Beads of sweat began breaking out on Mr. W.'s forehead. At this point a double was used to help the patient express his real feelings. As the conversation progressed, Mr. W.'s face grew red, and the handwringing changed to clenching his fists. The patient said that he and his brother then got into a fight that resulted in the breaking up of the party.

To facilitate the expression of the angry feelings, the director put a pillow in a chair, telling the patient this was his brother and to show how he really felt at that moment. Mr. W. hit the pillow several times knocking over the chair with all his force. Following this expression of anger, beads of sweat on his red face became very evident as he expressed how sorry he was that he had ruined the party. Now he must face his father. The drama changed to the conversation with the father who informs the patient that he is being dismissed from the company. Role reversal was used to help Mr. W. understand his father's feelings in this situation.

At the close of the psychodrama Mr. W. seemed markedly relaxed. Prior to the psychodrama he had asked for tranquilizing medication. After it he felt that he could handle the situation without the use of drugs. That night he slept for the first time in two weeks.

CASE 3

Mr. R., 37 years old, had been in the alcoholic treatment program for three weeks. Since his admission other patients and staff had overheard several heated phone calls with his wife. One evening he described

to a number of fellow patients a phone call during which his wife told him of her final decision to divorce him. He paced the ward that evening, perspiring, and threatening to leave the program to try to talk to her. That night he had chaotic dreams about divorce proceedings and vivid scenes of heavy drinking to drown his sorrows. He awoke in the same state of agitation and with somatic sensations of a hangover. His desire for leaving had heightened. Ward members recognized the sweating, flushing, and confused behavior as BUD and notified the staff.

He was promptly taken to the psychodrama stage where the situation was made known to the director. The warm-up phase dealt with a re-enactment of the fateful phone call with a double present to uncover feelings. The scene moved to emotion-filled divorce court proceedings and side excursions to private talks with his wife to try to change her mind. What had been behavior of confusion and restlessness became that of anger and remorse. The most moving moment occurred when his wife strode away after a final and futile attempt on his part to get her to stay with him. The terminal psychodrama phase of discussion found fellow alcoholics empathizing with Mr. R. but pointing out that his completion of treatment and maintenance of sobriety must come first. They shared experiences where a breakup with a woman had paved the way to a disaster of perpetual inebriation. The close of this psychodrama found him less anxious and determined to see his treatment program to a favorable conclusion.

CASE 4

Mr. J. is a 35 year old man who said he had been in a constant BUD since entering the program two weeks prior. He was observed by the staff pacing in his room at night, being unable to eat properly, and when playing pool, not being able to hold the cue without minor shaking. Once the patient had been taught the concept and symptoms of the BUD, he immediately recognized that this was his present emotional situation.

Volunteering to come to the stage, Mr. J. enacted the time when his wife asked for a separation. The scene then moved back to the sequence of events leading to proposal of marriage. While proposing to his wife, tears came to the eyes of the patient, and at this point a double was used to help Mr. J. express his feelings of pain. The drama continued, portraying some of the positive experiences with his wife up to the time he went back to drinking.

In the discussion following the psychodrama, the patient continued to cry, telling the other patients that he felt like a big baby crying in front of a group of men. In this final aspect of the psychodrama, sometimes called the "love-back," patients share similar experiences. Several patients with tears in their eyes expressed their empathy with words such as: "I wish I had the courage to face my feelings like that;" "that's not being a baby, that's being a real man;" "I wish I could

just cry like that;" "I have been wanting to get up on the stage for days, and now, because of you, maybe I can do it."

Following the psychodrama, Mr. J. made the comment, "I haven't had that much relief in months." This relief became evident in the patient's behavior as he began sleeping nights and was much less nervous and able to eat regularly again.

DISCUSSION AND CONCLUSIONS

In this paper we have studied the BUD in chronic alcoholism described by Dr. Jorge Valles. The intense flushing, sweating, tremor, tachycardia and emotional confusion ("emotional inebriation") support clinically the recent data that suggest a C.N.S. biochemical alteration in alcoholics. (See Science, Vol: 167, February 13, 1970, as it describes the work of Dr. Virginia Davis et. al. at the Houston V. A. Hospital.) They found that acetaldehyde from ethanol alters the dopamine pathway so as to result in the formation of morphine-like alkaloids via a normally untraveled condensation pathway. This hypothesis not only links alcoholism with opiate addiction, but it also has striking implications for the clinical handling of alcoholics. The craving for drink should not only be seen as a result of psychological forces but as a true physiological addiction. Rather than encouraging hasty discharge via traditional insight and chemotherapeutic therapies, the alcoholic needs desperately to stay in the hospital in order to become familiar with the interwoven pathophysiology and subtle social, family, occupational and psychological precursors of the BUD.

The unique contribution of this paper lies in its study of the emergency treatment of the BUD on the psychodrama stage. The psychophysiologically-based BUD concept is vitally integrated with such psychodrama sessions. We hypothesize that such an emergency session provides constructive emotional release that dissipates the BUD. Perhaps endogenous increase of catecholamine to enhance the normal metabolic pathway is the mechanism. The case presentations speak for themselves with regard to holding a man in the three month treatment program when impending elopement in the grips of the BUD prevails.

In terms of long term prognosis for sobriety we do know that 20-30% of those who stay in the program are sober at one year. Until biochemical and pharmacologic research pin down treatment more firmly in the future, our present tendency to briefly hospitalize and tranquilize seems futile. If the alcoholic can spot the early signs of a BUD (as it arises for him), he can return to the hospital "BUD Service" or take other action that he learns on the psychodrama stage. Such treatment approach welcomes a supportive

return to the hospital, with respect to a person gripped by a disease which has a true pathophysiologic dimension as well as psychological precipitators and resultants. This approach would view return to the hospital as similar to brief hospitalization for readjustment of a diabetic's regimen. This, we feel, is subtly but importantly different from our attitude at the return of a "neurotic" to the hospital because he cannot handle his conflicts via insight and responsible personal action.

SUMMARY

This paper has presented the emergency treatment of BUD through the application of psychodrama. Case presentations illustrate the effectiveness of treating a patient as soon as the danger situation is recognized so that it may be dealt with promptly. Broad implications of linking the physiological and psychological dimensions are also discussed. Our clinical experiences seem to indicate that psychodrama and the BUD concept provide a clinical matrix. This fact has influenced the formation of our basic assumptions which have had, in turn, vital consequences upon our treatment approach.

MULTIDIMENSIONAL APPROACH IN RESOLVING RACIAL TENSION IN THE SCHOOLS UTILIZING PSYCHODRAMATIC TECHNIQUES

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Youth confront their parents, teachers, school, and other authorities. Black students confront the white students, white students confront black students, which usually results in counterconfrontation, disorganization, and chaos.

Rebellion appears to have been chosen by youth as the path to the solution of all problems. Discussion, alienation, and withdrawal seem to be a defense against submission to and a way of participating in the failures of society.

During this past school year such racial tension was evident in several schools throughout New Jersey. Linden, New Jersey was no exception to the rule, however, Linden, New Jersey was unique in its approach to the overall problem.

The program was unique in that the Linden Board of Education instituted a multidimensional approach which involved confrontation with the student body, faculty, school administrators, parents and community leaders.

The initial phase of the program involved approximately 50 students, black and white, who were consistently involved in racial disturbances. After an all day encounter one core group of about 16 students, both black (8) and white (8), were chosen by their classmates to represent the student body. Twelve of the 16 students were chosen because of their actual participation in school disorders, 4 of the students were selected as stabilizing influences as they were not directly involved in the disorders but were members of the student council and represented a greater portion of the student body.

The groups conducted by the author utilized the application of psychodrama and sociodramatic techniques such as self presentation, role playing, role reversal, etc. Students acted the problems of Negro and white unity, and more or less came to grips with daily life. By acting out their problems and expressing their frustrations and/or anger, students were able to come face to face, struggle with their feelings and emotions and as a result gained insight in helping to overcome them.

Several real lessons to be learned were those offered by the students as they engaged in serious interchange of ideas concerning the underlying reasons for interracial tension.

Initially, the Negro students were quite talkative and the white youth assumed a more or less passive role. The Negro youngsters valued their color and style and in a way did not express a feeling of assimilation. Most of the Negro students demanded equal treatment in school problems, in short equal rights and opportunities. The terminology used by the Negro students was "brothers and sisters" which seemed to strengthen the sense of being "black and beautiful."

The white students seemed to sense a feeling of impotence in their struggle to achieve some degree of cohesiveness within the group. The white students realized that verbal acceptance was not enough. This led to open confrontation between the Negro and white students in which the expression of fear was elicited from both sides. Both Negro and white students experienced fear when either factor grouped together going to and from school. An important factor brought out into the open was the fact that false rumors were also spread about which in turn incited both sides.

As the group encounters continued both Negro and white students agreed that they felt they knew everyone and that they felt accepted by most of their classmates, both Negro and white. Human feelings and emotions were expressed which went well beyond what the student actually verbalized or behaved overtly. They discovered that they were alike in the way that they experienced and expressed motions and that more could be accomplished if they could accept each other as individuals and as a cohesive group.

The remaining group encounters centered not around racial topics per se but about problems of mutual concern such as conduct in the corridors, lunch breaks, student council activities, etc.

The group encounters resulted in the fact that individuals understood each other better when they met face to face. Most of the students reported that they understood each other better as individuals and both expressed the interest that both should care to know each other better on a social basis.

A few of the students, both Negro and white, did not benefit from the group encounters. These individuals were not accepted by either Negro or white, as these students more or less manifested deeper emotional psychopathology suggestive of underlying sociopathic trends. As the psychologist conducting these encounters I became aware of a few very important facts. The racial incidents which occurred were in my mind not really racial. A few students whom I choose to label inadequate personalities because of poor academic performance or chaotic family backgrounds, had little or no status to lose and were starved for social recognition or peer approval. These individuals failed to have their basic needs satisfied by the social structure and

were now seeking satisfaction in atypical and socially disapproved actions. Because of their own psychopathology, they were able to utilize the racial issues negatively as a means of expressing their own personal-social deviance.

The most important learning experiences gained from these group encounters was that most of what appeared to be racial strife was in fact the doing of a few socially maladjusted individuals who were unable to adjust within the mainstream of education. Consequently, adolescent socially maladjusted classes and/or in-school suspension classes seem to be indicated for controlling disruptive behavior.

Another important learning experience was that the schools have an obligation to focus on a therapeutic milieu so that through such meetings, encounters, group counseling sessions, etc., students can be educated not only in intellectual but in social spheres as well.

The policy of our educational systems seems to be a *laissez faire* approach until a situation or a student becomes uncontrollable.

PARENT MEETINGS

During the course of the group encounters between students, several attitudes of both teachers and parents were expressed as underlying factors contributing to racial tension within the school.

It became quite evident that many of the attitudes and prejudices expressed by the students were held more strongly by the adults than by the students themselves and that the prevention of the school disorders had to be sought in a community-wide effort.

Consequently, several group leaders (teachers) were given training and exposed to basic psychodramatic techniques by actually participating in a so called dry run.

The parents were brought together in small groups with the purpose of meeting together in a setting which would afford them maximum opportunity to not only discuss current school problems but to experience his or her own personal reactions, and to learn through experience the impact they make on one another.

While a completely unstructured situation leaves maximal opportunity for free behavior, a degree of structure was necessary to reduce anxiety to the point where functioning could begin.

Such techniques as circle warm-up, round robin approach, etc., were utilized. The two leadership roles considered most important were "*gatekeeping*" whereby group leaders made certain that each parent participated and felt committed to the group, and "*orienting*" whereby group leaders had to

consistently define the progress of the discussions in terms of group goals and the direction the discussions were taking. After a one-hour session, the group leaders utilized the "sum-up" technique by acting as an audience analyst. The final approach to the sum-up included the requiring of each group member to relate something positive about their group experience and interaction. At this point all parents were returned to the school auditorium whereby they were requested to complete post-meeting reaction sheets.

At the completion of the workshops all parents were invited to attend a one evening session in which community leaders (police, clergymen, community organizations), school administrators, teachers and students served on a panel in order to give feedback and answer questions and recommendations pertaining to school problems which were set forth by parents in their actual group discussions. Some of the following areas were discussed:

1. Weed out the instigators and punish accordingly.
2. Unequal punishment to students by teachers.
3. Educating parents as to their attitudes and how they affect their children.
4. Newspaper coverage is biased and distorted.
5. Communication between the police department and the community is weak.
6. In-school detention is preferable to suspending children and having them roam the streets.
7. Parents of trouble makers should be required to meet in groups.
8. Specialized curriculum and additional counseling for the slow learner.
9. Racial feelings are no longer being suppressed.
10. Blacks and whites should be integrated in cafeteria during lunch hours.

TEACHERS

Teachers at the school participated in in-school communication workshops where their attitudes, feelings, actions, and methods of teaching as expressed in their classes were openly discussed and insight was given as to how such reactions could be one of the underlying causal factors for the racial tension. During the workshops, teachers involved themselves in discussing their own reactions to difficult students and how he or she might try to consistently use one of the attitudes suggested by other teachers in the group meeting when dealing with a very difficult youngster. A beginning consideration of the previously unalterable curriculum and a hard look at some of their teach-

ing methods also resulted as the teachers tried to meet these youngsters' needs.

The multidimensional approach utilized by the Linden Board of Education seemed to be quite effective; however, we still have a long way to go. Such an approach bears out the fact that educational institutions should play a major role in the prevention of disorders. Group meetings between students, parents, teachers and community agencies provide the opportunity to learn through emotional as well as intellectual involvement and especially to assist in coping with feelings about racial conflict.

Our schools have the obligation to examine with the children societal values and moral issues. If the schools are to exist for the welfare of the children then the students, teachers, administrators and community must be involved. The job of molding a youngster's future is a very burdensome one and cannot be shared by one professional group alone.

The solution and prevention of school disorders as demonstrated by the above approach has to be sought in a community-wide effort as this is the only way we will experience an improvement in prejudices and interclass and interethnic attitudes.

I am quite sure the Linden School System will experience difficulties in the future, however, we are presently dealing with these problems that cry out for solutions and attempting to reduce the current, real frustrations of parents and students by reducing many of the internal conflicts. Hopefully, with such an approach, utilizing group psychodramatic techniques we may build a better educational system in which learning and creativity are enhanced. This can only lead to a more productive and participating society.

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NOT TO HAVE THAT STONE IN ONE'S HEART

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"In today's world psychiatrists don't have the easiest time of it, and perhaps that is the reason that they, like other scientists, tend to speak about their work with modesty. For that reason, also, they are engaged in an on-going search for new methods and new techniques of healing. From their interest in the health of mankind psychodrama was born." These are the words of the chief psychiatrist of the Bohnice Psychiatric Hospital, Dr. Jaromir Rubes. It is quite difficult to explain the concept of psychodrama in a few limited words. Dr. J. Rubes, director of these sessions, characterized it in this manner: The founder of the psychodramatic school, Dr. J. L. Moreno, asserts that the method which he termed psychodrama is, in effect, an ageold healing method which had to be reinvented repeatedly since time immemorial by many people in the course of their actual lives. It consists of the enactment of different recurring life situations from one's own life as well as from the lives of others; in the process of such enacting, we take on various roles, not only our own but also of others. This role-playing then enables us to get to know ourselves better and to get to know others better so that we can all understand each other more. The method is as applicable as a major component of healing practices in a hospital for the mentally ill as it is for training in interpersonal relations among managers, organizers or even astronauts among whom we can assume just about perfect mental health. Despite this, they may be experiencing serious problems in their interpersonal relations, and thus they can avail themselves gratefully of the help through the Moreno method. J. L. Moreno stems from an old Jewish Spanish family and was born in 1890 on a ship sailing from Spain to Rumania. He studied in Vienna where he knew Dr. Freud, and since 1925, has been living and working in New York where, in the last years, he has headed a psychiatric clinic and is now Director of the Moreno Institute.

The layman may, perhaps, be depressed or even repelled by the term "psychodrama." But in a certain sense it is a kind of life belt which is supposed to help the individual to find a way to his fellowman, to eradicate from life indifference to the fate of others. Dr. Rubes decided, as an interesting and practical step, to demonstrate psychodrama as a special form of health

and educational activity. And so the hall of the club U kastanu in Prague was to witness eighteen evenings of psychodrama, of theater without prepared text, without a director in the theatrical sense, without staging and lighting effects, without a curtain—yet, of a theater in which each member of the audience can also become an actor or a spontaneous director, in which he can enter into the action or reorient himself in a different direction. This is not a cine-automat (“kinoautomat”). The performance seems more like a “comedia dell arte,” but it stands far above it precisely because it is not a play for the sake of a play only, for the benefit of the individual who, possibly, in the course of an accidentally evolving dramatization can find the answer to his own problems.

In this form, psychodrama can have no author for no one can tell what will, in fact, transpire and on what theme. Psychodrama, however, does require a leading personality, a director, for it would be impossible otherwise to stimulate an aggregation of accidentally assembled individuals to collective, common action, to provoke a discussion and from it a play on the stage, to encourage the discussion and from it a play on the stage, to encourage the spectator to become an actor who can improvise in a particular situation and with respect to a particular problematic theme. The play can unfold, for instance, about offended pride, and about thousands of other difficulties which plague the human soul. A young man can portray the mother-in-law who is out of time with the rhythm of life of the newlyweds; the father can enact the role of a growing daughter—none of this matters. What does matter is that these individuals, actors, bring a given problem into focus (with the occasional help of the psychodrama director who may enter the action as the “conscience” of the particular role-players, or as their “inner voice”) and provoke each other and the audience in ways corresponding to reality. Precisely in this emotional arousal people can cast away the boulders which fill their souls, and they are on the way toward understanding of their own, as well as others’, problems. The individual can suddenly see that he is not alone and that his “ego” is not the center of the world and that he is not alone in his search or, if you wish, in his unhappiness.

The eighteen evenings were extremely successful. The hall which can accommodate about eighty people was always filled. Part of the audience was coming repeatedly. On the last evening a few of the enthusiasts assembled around our tape-recorder, and the improvised discussion with the participants will, perhaps, tell the remaining part of the story.

A psychiatrist: As an aspect of general psychotherapy, psychodrama amounts to one of the modern methods which makes it possible for the patient to become a collaborator of the physician.

A (girl) student of psychology: Sometimes, I like to think of man's personality as something which has many shells. Psychodrama helped me to shed some of these shells from myself. In the play we are merely human beings, and it does not matter that someone is a physician, engineer or bricklayer.

An engineer, statistician: I find that psychodrama is also a form of entertainment in which the individual can directly take part.

A female librarian: On one occasion I was acting in the role of my nine-year-old son, and in that role I felt very badly indeed. I tried to feel my way into his behavior and reactions, and I came to recognize simultaneously not only problems with his development much better, but also those problems which are connected with the family and marital situation.

An economics student: I could identify with several of the problems which were being solved here. I felt very encouraged to see that people are not so apathetic to each other as it might sometimes appear.

A film projectionist: I have encountered myself when I was acting as the son of an authoritarian father. Somehow, I was able to live through my childhood, and I felt quite a bit relieved.

Engineer: The climate of psychodrama is quite different from that of the usual theater. The space is not divided into the passive audience and the active stage; all get pulled into the action so that the discussions continue even later on in the street. During one of these discussions, in fact I made the acquaintance of my present wife.

A female television technician: I would never act out my own problem, but I am able to help others to solve similar ones.

A criminologist: Many people were coming here because they saw an opportunity to solve some of the problems which are bothering them. In the discussion, or in the play, they were able to see that there exists a view of the problem different from their own. This certainly contributes to tolerance or to a feeling that one ought not be stubborn.

A plumber: Man's loneliness is, I think, the main cause of all evil and of many diseases. When one ceases to be alone and finds himself helped by others, he feels much better.

Psychodrama is: a corrective technique of psychiatric disorders of everyday life, a form of group psychotherapy and training in living through new methods of communication, a school of interpersonal relations and of getting to know one's self through active participation and cooperation in a group.

Psychodrama can be: outstanding entertainment, good and greatly varying fun, and also proof that we can be entertained not only by television, or possibly by having drinks accompanied by the unavoidable epilogue of outdated jokes.

And once again, words of chief psychiatrist Dr. Rubes: "Our experiment establishes continuity with the previous action of the Socialist Academy. I

have to come to the conclusion, that this form of education and psychotherapeutic care as well as training would be desirable and would be acceptable, perhaps with goals which are somewhat less deep and somewhat less specifically therapeutic as Moreno's psychodrama in current clinical practice. The public meetings lend themselves best to the utilization of Moreno's technique in industry, in production, in sales, in the training of specialists for services, in educational and personnel practices."

SELF-EVALUATION IN TERMS OF THE ROLE OF THE WORKER IN A PSYCHODRAMA RE-ENTRY GROUP

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BRIEF DESCRIPTION AND STATEMENT OF THE PROBLEM

The context of this research.—In the psychodrama program at St. Elizabeths Hospital, the purpose of groups is defined in terms of goals. The goal of re-entry groups is set up in relationship to the eventual rehabilitation of the patients in the community. "The re-entry group attempts to develop coping skills based on an increased specificity of his perception of himself in interaction with others . . ." In more specific terms, three main areas of focus are apparent, coping skills, perception of self and interaction with others.¹

This research project narrows down the area of role investigation to that of the worker role and is concerned with looking at the individual's perception of his present role capacity as a worker and his ideal role as a worker. This includes his view of himself in interaction with others in a work setting.

The worker role as an aspect of the total personality.—The role of the worker is only one role among many demanded in our society. It is, however, becoming an increasingly important one as it is closely related to the role of the provider in the family system. It is also closely related to the status and prestige of the individual in the larger society. Increased specialization and mechanization in our society have increased the need for adaptability in the individual. Some jobs are taken over by machines, requiring the individual to learn new skills in a new job setting. Other jobs such as highly technical professional jobs require constant adaptation to new discoveries in the technical field. Elliot Liebow writes, "One of the major points of articulation between the inside world and the larger society surrounding it is the area of employment. The way in which the man makes a living and the kind of living he makes have important consequences for how the man sees himself and is seen by others, and these, in turn, importantly shape his relationships with family members, lovers, friends and neighbors."²

¹ See Theodore Sarbin: "It is a widely accepted postulate that the more roles in a person's behavior repertory, the better his social adjustment—other things being equal . . .," in "Role Enactment," in Biddle and Thomas, *Role Theory: Concepts and Research*, New York: John Wiley and Sons, 1960, p. 195.

² Elliot Liebow, *Tally's Corner: A Study of Negro Streetcorner Men*, Boston: Little, Brown and Co., 1967, p. 210.

The purpose of this study.—A good deal of research has been done using the discrepancy between the present image of the self and the ideal image as a measure of self-evaluation. There has been little attempt to look at the content of this discrepancy. This study focuses on a specific area of the individual's life: his work area and examines his self-evaluation in terms of role theory.

THE QUESTIONS AT ISSUE

1. In what ways does an individual's perceived present role capacity as a worker differ from his ideal role capacity as a worker?
2. What are the implications for working in a psychodrama re-entry group in an institutional setting?

METHOD AND PROCEDURE

The subjects were four female patients from Richardson 1C ward, one male and two female patients on Dix 11 Day Care. Richardson 1C is the ward on Richardson from which most female patients return to the community. Patients live in the hospital. Some patients have industrial therapy assignments of work on the grounds of the hospital; some attend school; but many have been in the hospital for a considerable period. Dix 11 is a day care unit. Patients live at home and attend the program during the day. Most patients have an industrial therapy assignment on the grounds.

Method.—In order that the test situation be relevant to the ongoing life of a re-entry group the individual was asked to:

- A. set up a role situation in which he thought he could presently function as a worker;
 - (1) take his own role in this situation;
 - (2) take the role of others in the situation to determine characteristics of the social system to which he sees himself relating;
 - (3) respond to a situation in which greater demands are placed on him by the system in terms of increased work load or change in contract;
- B. set up a situation which he thinks would be the ideal work situation. Take his own role and the roles of others as indicated under A.

Recording devices.—A tape recorder was used to record verbal interactions during the sessions which lasted approximately one hour. Two observers recorded non-verbal communications. A summarizing outline was used in analyzing the tape recording.

Personnel involved.—Two student nurses on each ward acted as ob-

servers of non-verbal communication. Two trained auxiliaries from the Psychodrama Department took roles in the sessions. The writer acted as director of all sessions.

As role behavior was analysed, several trends became apparent in the data. These have been drawn together in the following propositions:

Proposition 1: Roles chosen to show ideal work roles do not have less social status than those chosen to show present work capacity.

Subject 1 chose as a job to show her present work capacity that of domestic worker in a private home where both parents work. This fits her present educational background (completion of 6th grade) and her previous experience. By contrast she chose as an ideal role a job which has higher formal requirements. In order to fill the role of filing clerk in a government office, this patient was aware that she would require further education and would need to pass a Civil Service Test. She was aware that there would be greater remuneration for this job. Her choice was appropriate to her present cultural background and would give her higher status.

Subject 2 saw her present work capacity in terms of past experience working in a cafeteria at a Hebrew Home for the Aged. Her choice of an ideal working situation caring for children as a nurses aide in a Children's hospital indicates a desire for more status and training, which she sees as in-service training.

Subject 3 sees a job as beautician as her present work capacity even though she has been trained in the hospital and has no experience or training outside the hospital. Her ideal role of nursery school helper would have similar status and may be more appropriate to her present educational background.

Subject 4 chose as her present job that of a chamber maid in a hotel. Her ideal work role is that of a clerk in the government. This would require more schooling, skills in typing and filing, as well as passing a Civil Service test. There is considerable social status difference between the two jobs.

Subject 5 shows the greatest status differentiation between his present role capacity and ideal. His dissatisfaction with his present capacity has prevented him from fulfilling his industrial therapy assignments on the hospital grounds. In the test situation he saw himself as able to function as a file clerk although his experience has been in the area of messenger boy. His ideal role of stockbroker and newspaper man would give much greater social status but are inappropriate to his present cultural environment.

Subject 6 was very aware of the status difference between the job of saleswoman and manager. She expressed her difficulty with superiors in her role as a saleswoman, a difficulty which she did not have as manager. This patient has had considerable sales experience so that her choice of

a job as saleswoman was appropriate to her training and experience. Her choice of a male role as her ideal role and her seeking out of negative feedback seem to be clear indications of her dissatisfaction with her present role capacity.

Subject 7 also showed an awareness of difference in social status in her choice of librarian as her present role and occupational therapist as her ideal role. Her present choice was based on past work experience and was appropriate to her background.

Proposition 2: Individuals show marked similarity in the way in which they enact both the present and the ideal role (i.e. individual elements of the roles are similar).

Subject 1 took a consistently pleasing, placating role in both present and ideal situations. She was concerned to meet all the demands of her employers even when these were increased to a point of discomfort for herself. For instance in the role of domestic worker, she was able to cope with caring for three children, preparing a dinner for unexpected guests, as well as meeting the immediate demands of a talkative, interfering employer such as "my mother and father want the children to eat with us, so would you set three more places?" just as she is serving the dinner. In employer roles or with subordinates, such as the children, this subject became dominant whereas her usual role is a recessive one avoiding conflict. In both employer roles she praised her work.

Subject 3 is an ebullient, volatile person who requires considerable self-control to maintain a worker role. Despite this, in both roles she consistently reacted to others in the appropriate worker role. However, the group response of laughter at her indicated that roles were not fully embraced. In Moreno's terms she was role taking rather than role playing. The worker role is one which she tries out but has not accepted as part of her cultural atom.³ This is in contrast to the role which she takes with her husband when he demands that she come home from her job after hours at the Beauty Shop to mind the children. She responds with intense anger, screaming at him, ordering him around and blaming him. In her ideal role as helper at a nursery school, she argued with one of the parents about the policy of the school and he withdrew his child. In both situations where disagreement was expressed she felt she would have to leave the job.

Subject 7 is a quiet, self-effacing person. She responded in both work

³ The term "cultural atom" is here used to describe the range of roles with which a person interacts. J. L. Moreno writes "Every individual—just as he has at all times a set of friends and a set of enemies—has a range of roles in which he sees himself and faces a range of counter-roles in which he sees others around him. They are in various stages of development. The tangible aspects of what is known as 'ego' are the roles in which he operates, with the pattern of role-relations around the individual as their focus." *Psychodrama*, vol. 1, pp. v-vi.

situations by wanting to withdraw. In doing this she usually jumped out of the role and said something like "I've said enough now, I'd better sit down." She became confused and anxious when greater demands were made and appeared generally tense since she showed a great deal of restless non-verbal communication. Her hands, face and body were in constant movement. She rocked back and forth, rubbed her ears, picked her fingernails, pulled at her skirt, twisted her mouth etc.

Proposition 3: Individuals accepted the formal requirements of the worker role but found difficulty in performing the informal components of the role.

Subject 2 fulfilled the physical needs of her patients but responded in her role as cafeteria worker with embarrassment and coyness to a suggestion by a fellow worker that she have coffee with him. Common warm-ups with fellow workers involved information exchange only.

As a beautician, subject 3 responded to her customers only in terms of the task. In reply to a customer's comment "I am going to a party tonight with my husband," she replies "Good, would you like a facial?" When another customer said "I feel lonesome," she replied "I always do a good job."

Subject 5 accepted a lunch invitation from other employees but was unable to relate adequately in this role. His behavior was slow, deliberate and controlled and showed no affect.

Proposition 4: All subjects were able to enact the present work capacity roles adequately. There were individual differences in ability to play the ideal worker role.

Subject 3 was able to set up both work situations describing physical surroundings and job specifications. She looked for more directions from her supervisor in the second situation as nursery school helper but this was probably a function of the job situation. In both roles the level of warm-ups was at a comic rather than a tragic level.

Subject 6 was able to control herself sufficiently to enact the role of saleswoman with customers who came into her shop. With her floor manager she was unable to enact the role because of her anger. In her role as manager she enjoyed the prestige and power component of the role but was inappropriate in other areas. She elicited anxious laughter from the group.

Proposition 5: Individuals appear to have habitual reactions to increased demands.

Subject 1 consistently complied with increased demands. At the same time her non-verbal behavior increased and showed anxiety.

In her first situation, subject 2 saw the Rabbi as unreasonably demanding and displeased. In response she complained to the boss who tried to

reassure her. She then showed her hostility to the demands by quitting. As a nurses aide she tries to placate the doctor and nurse although her non-verbal communication indicates that she is anxious. At times she makes hostile remarks to the children to vent her anger. She showed a variety of responses to increased demands, at times moving towards the system, at times away from the system and at times against the system.

Increased demands on subject 5 as a file clerk brought compliance with the expectations of the employer. It was impossible to increase demands in the second situation as the entire role was a demand which could not be met. He responded to it by emphasizing his inadequacy and by hesitancy when entering the situation.

DISCUSSION

Role Theory. In his book *Role Theory and Illness*, Gordon summarizes much of the theoretical writing on the concept of role and makes it clear that the term is used in varying ways. In this discussion a number of different approaches to role theory are used.

J. L. Moreno sees roles as the interactive forms which the self takes. Moreno sees man as spontaneously creating responses in interaction with others. Each individual does have habitual modes of response which Moreno says are part of his "cultural conserve" but is also capable of new perceptions and new responses to situations. Moreno has identified three types of roles and writes:

... role theory cannot be limited to social roles, it must include the three dimensions—social roles, expressing the social dimension; psychosomatic roles, expressing the physiological dimension; and psychodramatic roles, expressing the psychological dimension of the self . . .⁴

In considering the results of this study, it would seem that the psychodramatic roles taken by the subjects tended to be similar in both job situations. The subjects had certain habitual ways of interacting with people and they drew on these in both their present roles and ideal work roles. This behavior is the result of the cultural conserve of individuals who perceived both work situations in similar ways. One noticeable characteristic of perception was that subjects saw the work situation as one in which they were expected to be submissive, fulfilling the demands of a superior. If sufficient control could not be exercised to do this, subjects saw themselves as failing and needing to leave or be fired. There was little attempt to negotiate demands in the work situation although one subject showed an ability to do this.

If the social roles of the subjects are considered the results show that subjects consistently interacted in terms of the formal requirements of the

⁴ J. L. Moreno, *Psychodrama*, vol. 1, p. v.

job situation. They were inadequate in or ignored the formal aspects of the work role. Frederick Bates in his article⁵ relates role to position which is a location in a social structure. Each position has a set of social norms or learned behavior expectations associated with it. Role becomes an integrated sub-set of social norms related to a position. Role here is structural in character rather than behavioral. In these terms, the subjects in this study saw as relevant only some of the norms associated with the work positions. They accepted the norms associated with formal job specifications but did not include norms associated with relating socially with others. The modal conception of the work role did not include informal interaction within the role set.

If a measure of self esteem is considered to be the difference between perceived present work capacity and ideal work capacity then self-esteem in these subjects was highly related to the social status of the work roles. The ideal role chosen tended to have a higher social status than the present role. This, together with a difference in the ability to enact present and ideal roles in some cases, was the main difference between the two role situations. It tends to support Eliot Liebow's contention that "the way in which a man makes a living and the kind of living he makes have important consequences for how the man sees himself . . ."

Implications of the findings.—One of the implications for re-entry groups is that subjects require role training in order to develop new ways of relating on the job. For many, this role training is required in the area of informal relating on the job; for others role training in negotiation of requirements with employers who are seen as having absolute power, is required. The needs vary with the individual and suggest the need for awareness of the psychodrama director of roles in the work social system requiring definition—roles toward peers, employer or direct supervisor and other superiors. This leads to less emphasis on interviews for job situations, stressing better role diagnosis and treatment in psychodramatic terms of roles which are dysfunctional for the individual and which cause the subjects to withdraw, quit or become mentally ill.

A further observation is that individuals have fantasy roles in relationship to jobs and this study points to the use of these as an indication of self esteem. In some cases these fantasy or ideal work roles may never be actualized in reality. However in psychodrama the actualizing of these fantasy roles can make them more defined and allow reality testing on the part of the

⁵ F. Bates, "Position, Role and Status: A reformulation of Concepts," *Social Forces*, vol. 34, 1956, pp. 313-321.

subject. It can also provide an opportunity for looking at needs which are not being met in the present situation.

SUMMARY

This study of seven patients in a psychodrama re-entry group looks at the difference between present work capacity and ideal work capacity as a measure of self esteem. Findings are tentative because the population is small but indications are that self-esteem is related to perceived social status of work roles. Other findings are looked at in terms of the role of the director in a re-entry group.

APPENDIX

Dimensions of interaction in worker role

- a) *Office held by role player*
 - General description
 - Collective (social) elements of the role
 - Formal
 - Informal
 - Individual elements of the role
 - Role set: complement of role relationships which a person has by virtue of a position
- b) *Task specification*
 - noted by whom and whether responded to by star
- c) *Power relationship*
 - star dominant/recessive in what situations
- d) *Liking relationship*
 - common warm-ups
 - behavior sanctioned positively
 - behavior sanctioned negatively
 - by whom
 - response from other
- e) *Communication relationship*
 - role conflict
 - reciprocity
 - symmetrical/asymmetrical
 - complementary
 - pseudo-mutual: appearance of mutuality without supporting affect.
 - Avoidance of divergence from role
 - congruence of verbal and non-verbal behavior
- f) *Characteristics of role enactment*
 - content and action
 - showing the role in action
 - need for prompting by asking "What else does do?"
 - telling about role instead of acting

characteristics of enactment

adequate enactment: inclusion of all significant phases of role

distorted enactment: bizarre formations of role

partial enactment: one or two recognizable phases of role

below level of recognition

warm-up

comic: in and out of role

tragic: living and being in role

g) *Response to increased demands in situation*

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PSYCHODRAMATIC TECHNIQUES 1970 WHITE HOUSE CONFERENCE ON CHILDREN

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The 1970 White House Conference on Children was a milestone in conferences of this type as it utilized group dynamic action methods to allow conferees greater identification with children's problems in their search for creative solutions to the difficulties that face young people. Participants came to the five-day Conference from all professional disciplines which serve children. The goal of the Conference was to recommend policy legislation and programs to the President in order to meet the needs of children.

A central Conference theme was presented by Urie Bronfenbrenner who is well known to readers of this journal as a distinguished sociometrist. The American Psychological Association *Monitor* stated that "one of the most sought-after Conference participants, both by the delegates and the press, was Dr. Bronfenbrenner, Cornell University psychologist." Dr. Bronfenbrenner took exception to the contention that we are a child-centered society pointing out that perhaps no society is less concerned with the rights of children than the American society. Although many of our children are indulged with material goods, concern about each child's unique individuality is often compromised.

To attack the problems of children, the Conference planners chose to veer from the usual format of such meetings. Role playing, sociometric, sociodramatic and sensitivity type exercises as a means of communication were added to the usual methods of lecture, group discussion and audio-visual techniques to stimulate an atmosphere for creative thinking and to aid in the implementation of proposals. The authors were among several consultants to the Conference employed to assist in the process.

The particular area that we were invited to explore with Moreno's sociodramatic methods involved education. One experience led participants to consider the possibility of education in the twenty-first century. The first author accomplished this through a variety of psychodramatic methods. Future projection established both an educational heaven and an educational hell. Participants in this meeting had met in group discussion earlier in order to discuss a paper presented to them on this topic. The discussion had followed the usual routine of such meetings, with several people dominating the topic for two and one-half hours. The sociodramatic method was highly successful in involving every member in the creative process which success-

fully yielded suggestions to be worked on if the educational future were to become a heaven rather than a hell. The session contained many dramatic moments. The role of the devil consulting with his assistants plotting the future was excitingly played by a participant who was in reality a priest. The contrast of the priest playing the devil was both exciting and successful. Members of the group assisted him by staring into the firey pit to find their own personal educational hells, those experiences that only the devil himself could have concocted for small children to experience in our school systems.

After listening to the future plans of the devil, the angel consulted in heaven with his conferees plotting to foil the plans of the devil and to bring schools into a closer association with heaven. The whole proceeding itself was watched over by the Great Judge who felt that currently the devil certainly had the upper hand with strikes, tenure, overcrowding, split sessions, prejudice and boredom being among his successes, but perhaps with careful planning by the angel, the future might become better. The angel called a meeting of the committee as a whole which brainstormed resulting in forty positive suggestions to make learning in the future a more rewarding and meaningful experience. For the balance of the week the group was able to refine these ideas and talk about implementation and future plans.

In a second session with a different group the second author was confronted with typical conference rigidity. At the beginning of the session, participants sat very straight in their chairs, legs crossed, neatly and properly attired in Sunday best. Warm up began to help these people to become loose and feel more free within this setting and at the Conference itself. As a group, members talked about work and attire, and at this point people began to loosen up. With the leader's help, one-by-one, ties were loosened, shoes taken off, shirts unbuttoned, and people relaxed in their chairs. Laughter replaced conference solemnity.

The leader invited members to stretch themselves a bit more in doing positive work in their own communities. The group was broken up into small units, using milling to obtain sociometric balance. These were charged to develop a role-play in a school setting which would explore potential solutions or deepen insights into school-related problems.

The first role-play situation developed the idea that the school building can be a community resource serving many elements and segments of the community for learning. For example, the building could be a place where the aged could share meals or open for children to use and have physical and recreational activities in the afternoon and evening.

A second role-play situation dealt with truancy. When the officer found the truant, the child's epigram was: "Why are you looking for me now? I sat in my seat for eight years and no one saw me."

A third role-play situation expanded the use of volunteers resulting in the whole community becoming educational aides. Athletes could come to the grammar schools and play and teach their respective sports, children from different levels of education could intermingle, teaching each other academic, social, athletic and other skills. Work places would provide student occupational training with up-to-date equipment on real jobs. Students could become acquainted with individuals representing many different life styles.

The session ended with freer communication and easier relationships with further work eagerly anticipated.

Following the sociodramatic sessions, ideas were revised and refined and presented to the Conference at large. The Conference rated plans and programs according to priority, and over the next several years small regional meetings will take place in order to aid in implementation of those ideas that were forwarded.

The use of sociodrama in all aspects of the decision process received existential validation from the many ideas and high enthusiasm maintained by the groups which employed them. Faced with an overwhelming task which had to be accomplished in a short time, participants moved from impotent despair to a reasonable limitation of their problem to creative thinking and a feeling of partial accomplishment and satisfaction in their own involvement. This was done with laughter and joy as opposed to the boredom of lecture or the tensions of group decision process among strangers with typical power struggles and defensiveness, thus shortening the time required to get to creative problem solving.

The sociodramatic techniques, a new experience to many of the conferees, were certainly well accepted, and note was made of their successful implementation in the New York Times and other news reports disseminated throughout the country. Fred M. Hechinger, Educational Correspondent of the New York Times stated in the issue for Sunday, December 20, 1970, section on Education; p. 9: "Old-line conference-goers were surprised by the high incidence of 'role-playing' and psychological games as a substitute for discussion. . . . Sitting on the ballroom floors was the style, as was the psycho-drama."

PSYCHODRAMA IN A CHURCH COUNSELING PROGRAM

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Dramatic and durable changes in attitudes have been effected in the lives of various participants in psychodrama sessions conducted as a part of the mental health program of the Encino Community Church. In several instances counselees have spontaneously presented reports of their reactions to the writer and in other instances a written evaluation has been requested. The statements of protagonists which follow give strong evidence of the efficacy of the psychodramatic method.

DOROTHY'S ADVENTURE IN PSYCHODRAMA

Because of my husband's mental breakdown, I had a desperate situation at home. For help I turned to the Encino Community Church group counseling program and became quickly and thoroughly involved. There I witnessed my first psychodrama. The protagonist was acting out a quarrel with a relative. Afterward when the director, Helen Hittson, asked us to share our feelings with the protagonist I volunteered that I admired the courage the woman had shown in "telling off" her relatives. I stated that this was something I had never been able to do in my life. At this remark, everyone seemed to stare at me and I felt frightened at even this much disclosure. Helen smiled at me encouragingly and said, "Perhaps you would like to do so in our next psychodrama." The thought took root and tortured me until the next session. I had rarely told people my *honest* thoughts. I had a pretty thick mask, but I was desperate enough to try anything that could help me.

At the next session night Helen let me pick an auxiliary ego, a woman, to act out my mother-in-law's part for this was the relationship in which resentment was currently festering. She is the queen-dowager type and I was told by my husband before I even met her never to cross or argue with her. None of the family did and I was firmly instructed in this. I "bought" it. She evidently had been a long-standing source of trouble to my husband. She visited us last Christmas at the height of the frantic activity which led to my husband's violent breakdown. She was an immediate, precipitating cause. I never spoke a cross word to her throughout the whole mess, so I had a full head of steam to blow in psychodrama.

I started slowly and self-consciously telling her off about past events, but then I warmed up to *really* letting loose. I think I shouted. I know that tears ran down my face but I didn't care. Helen quietly and deftly moved another "mother-in-law object" in to give me a variety of responses. People moved in behind me as doubles to help me tell her

off. They seemed somehow to know what I was feeling. The mood had movements like waves—ebb and tide. Finally, I gradually stopped talking and slumped in my chair. I felt utterly naked. Emotionally I was exhausted. At this point of silence Helen put her arm around me and quietly said, "Now that you have told her off for past grievances, you'll never have to do it again. You will find that you will be able to handle future situations without the ancient anger."

I returned to the audience still empty and stunned. As Helen asked for comments and sharing, I became slowly alive to the love that was being poured out to me from all the people there. Their love and acceptance of me, even though I had honestly bared my soul publicly for the first time in my life, flowed in and filled me with warmth. It was startling and wonderful.

A month later it was possible for my three children and me to fly back East to the home of my parents. As a duty we took a day to visit "Nana," my mother-in-law. I went East prepared to stay, for my husband's black moods had become dangerous to us all. However, in a talk with my uncle-doctor whom I love and admire, I received a shock. He told me I had a moral responsibility to return to my sick husband. In commenting he said that it was too bad my mother-in-law did not understand the true situation. The next morning I received a letter from my husband's psychiatrist saying: "come back or your husband may commit suicide." I was frantic. I felt that God had closed the doors on the relief of my burden and was sending me back very definitely. I believe that God does do this at times. At this point the thought entered my mind: "Call Nana and tell her the whole truth." I was frightened at the prospect for she had always refused to hear any talk implying that her son was mentally ill. Yet we needed her help as he had often been much too disturbed to be able to work at all. Then I remembered that I had faced up to Nana in psychodrama and that I had not been destroyed by her anger. This gave me courage to follow my thought of confronting her.

I began by telling her honestly that I did not want to continue my marriage any longer, but I felt I had been delivered an ultimatum to return to him or risk precipitating his suicide. I went to tell her of his extreme present illness, of all his past illnesses and of his suicidal condition. It shocked and distressed her. She began to blame and accuse me, but to my satisfaction I found that for the first time I was able to stand my ground and shout back. What was even better was that I found myself dealing with the present and the future. I didn't accuse or blame her as I always had before in my silent thoughts. Helen had been right. I didn't need to. That was past. What I demanded was her recognition of her son's illness, his need of her financial help *and* I demanded no more pressures or interference from her.

Our discussion lasted about two hours until we were both talked out. She asked me to stay for lunch; while we were preparing it together she put her arms around me and we both cried. It was an altogether

lovely, cleansing experience. Now I feel I know her better than her own children do. I also know she is strong enough to take the honest truth. I know and love her as a human being. And I know she feels the same about me. My old awe and fear of her is gone. We are on equal terms and it is good.

I am *very* grateful for the psychodrama experience. I had to talk myself into daring to bare my soul. But I trusted that Helen wouldn't let anyone tear me apart when I was vulnerable. Once I was in it actively, my emotions poured out. Into the emptiness Helen and the group poured their love and concern and filled me with courage and hope. It was an exciting and rewarding experience. I am thankful for it.

EVA'S PSYCHODRAMA REPORT

Early in January I took part in a psychodrama session under the direction of Helen Hittson as a part of my group therapy at the Encino Community Church.

Helen asked me to come to the stage area where about four chairs were set up and to tell the group what incident I wanted to bring out. It concerned my relationship with my father and had taken place over thirty years ago.

I was shaking visibly as I sat down and as I began to tell about the incident with my father, I started to whimper with fear. As I look back now, I am surprised that it was fear I felt, because my memory of my feelings at the time was of outrage and anger.

I was fourteen at the time. I had gone to an early evening show at the neighborhood movie. We lived in a two-story house divided up into apartments. I came into the house, went up the stairs and opened the door. There was my father in the middle of the room, in a towering rage directed at me.

At this point, as I remember, Helen asked me to select one of the group to play the part of my father, which I did. The face of my "father" was distorted with violent emotion as he asked "Where have you been?" I replied with surprise that I had been at the movie. "Who did you come home with?" I answered, "No one." "You're lying! You came home with a man in a taxicab." "I did not!"

As we went through this action I entered into the feeling of the situation with anger and outrage, at the same time feeling fear. I told him that he was always accusing me of things that I never even thought of, that I didn't know what he was talking about. I began to get the feeling that he was accusing me of something that must be awful, connected with "a man," with sex, but what?

My feelings of hatred of him and his insinuating accusations which were so nebulous that I didn't really know what he meant, made me want to tell him how I hated him. I repeatedly said: "I hate you, I hate you, I hate you." Helen asked me if I wanted to strike my father and I remembered that at the original incident my father had raised his hand as though to strike me and I had raised my hand to retaliate but neither

of us had struck. I replied I did want to hit him; Helen instructed me to hit him on the arm which I did, several times.

In the meantime another "father," a double, had entered the scene and was now standing beside the father I hit. The second father began to talk to me as a gentle, loving father talks to a daughter. He said he really loved me very much and that he was only trying to make me see that whatever he said was "for my own good." I found myself listening intently, not to what he was saying but to the gentle tenderness in his voice. After a moment I returned to my angry feelings and told him that he always said things like that after he had gotten over his violent rages. I told him I didn't believe him when he said those things; that he was a phony and not a real father. I told him he was a weakling and that I hated him. When I shouted "I could kill you!", Helen asked me how I would like to kill him. I was surprised to hear myself say, "I'd like to beat him to death." Helen handed me a "club" made of rolled up papers, placed a chair in front of my two fathers and gave me permission to go ahead and beat the chair "father" to death. As I started hitting "him" she urged me to state what each blow was for and I struck him for every cruel thing I could remember, shouting at him such things as, "That's for calling me a tramp when I was a *good* girl!" It seemed a long time, but I guess it was only a matter of minutes before my anger was spent and I was physically and emotionally exhausted. At this point, Helen put her arms around me and guided me toward my two fathers. When I faced them, I said, "Oh Daddy, all I really want is your love." Each of them in turn hugged me and patted me as if I were a little girl, telling me they loved me. I felt comforted but limp from the experience.

It was several days before I realized how great a burden of fear and anger had been lifted from me by the psychodrama. It was as if a "cloud of unknowing" had been wafted away and I could see much of my life and many relationships in an entirely new way. Communication with men has always been a problem with me and this was especially true with my husband. I believe the psychodrama released enough fear of saying what I really felt to give me the courage to have a fully honest talk with my husband. This I did and was able to establish a complete and loving communication. I am deeply grateful for the opportunity to participate in the therapeutic method of psychodrama.

EVALUATION OF PSYCHODRAMA

Group therapy and individual pastoral counseling have been offered to the community by the Encino Community Church for approximately ten years. It was only after the writer completed two semesters of training with Dr. Lewis Yablonsky at San Fernando Valley State College, and the California Institute of Psychodrama, that psychodrama was introduced into the program.

From such sessions as those described we have concluded over a period of a year and a half that psychodrama is one of the most powerful of all therapeutic methods. In situations where hours of introspection and hours of group interaction in the more traditional methods have been unproductive of insight, psychodrama has unblocked pathways of feeling and expression. We join Dorothy and Eva in their gratitude to Dr. J. L. Moreno, Dr. Lewis Yablonsky and the wonderful therapeutic instrument of psychodrama.

THE REFORMED AUXILIARY EGO TECHNIQUE: A PSYCHODRAMATIC REKINDLING OF HOPE

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In addition to the broad, widely applicable techniques available to the psychodramatist such as role reversal, soliloquy, mirror,¹ etc., there are numerous special techniques designed to facilitate the flow of specific feelings. The "judgment technique," for example, is designed to bring into awareness latent hostility which is blocked by excessive guilt.²

The procedure described here is designed to bring into consciousness a repressed need for dependent love. Certain individuals maintain a chronic and sullen bitterness in order to avoid the emotional vulnerability which accompanies the more loving and tender emotions. Sometimes these cynical, insulated people are able to manage at least a semblance of the giving side of love but are quite terrified by the prospect of their own dependency. When affection is offered to them, they are often unable to recognize it or they may devalue the loving person and cling unrealistically to an image of the other person as hostile, inferior, etc. Sometimes these individuals can admit intellectually that others are, in fact, being kind or even loving to them, but the emotional power of this love simply does not penetrate or warm them. This defensive "independence" causes the individual to become progressively more love-starved, more angry and more cynical. It is often desirable to help him break through this defensive mechanism and to allow the need for protection and dependency to emerge. Sometimes the individual's reality situation will not permit him to fulfill his need completely. Even in this case, he is often more comfortable being frankly frustrated than in the perpetual state of tension involved in warding off the awareness of his need.

The reformed auxiliary ego technique is best applied near the end of a psychodrama session when the participants are well warmed up. The protagonist's more superficial needs will have been permitted full expression. The director and auxiliaries will have had an opportunity to develop hypotheses about the kind of experiences which may lie behind the protagonist's protective callousness. The technique is especially adaptable to psychodrama

¹ See J. L. Moreno, *Psychodrama*, Vol. I, Third Edition, p. x-xi; also Z. T. Moreno, "A Survey of Psychodramatic Techniques," *Group Psychotherapy*, Vol. 12, 1959, p. 5-14.

² J. M. Sacks, "The Judgment Technique in Psychodrama," *Group Psychotherapy*, 1965, 18, 69-72.

sessions which are not confined to the conventional one-and-a-half or two hours such as marathon sessions.

Preparatory to the use of the *reformed auxiliary* scene itself, the therapist should have explored the protagonist's current angers and complaints. To do this, the protagonist is permitted to ventilate the hostility he bears toward the world and toward the significant individuals in his life. Unless blocked by secondary defenses, such a protagonist may feel quite free to stand on a balcony or on a chair and bitterly berate his parents, siblings, spouse, etc., for a long series of real or imagined injustices that they have inflicted upon him over the years. The doubles make no attempt to expose any doubt or guilt that the protagonist feels about his attack. Any secondary masochistic gains which the protagonist gratifies in this kind of relationship are left uninterpreted. The roles are usually not reversed at this stage and he is not forced to see himself from the other person's point of view. If, however, he wishes to reverse roles he may caricature or mock the individuals he wishes to debase.

After this airing of defensive needs, the protagonist is placed alone on the stage with an auxiliary who has been trained for the highly specialized and subtle role of the "reformed auxiliary." If no such trained person is available, the members of a therapy group can be taught to fill the role for each other. The protagonist is told that he is now alone with the "enemy" he has been so roundly denouncing. This "enemy" has, in fact, been so hated because of the protagonist's unacknowledged needs from him. The director explains that the auxiliary has been totally reformed in regard to the characteristics which bothered the protagonist so greatly. The reformation can be explained as magic, a new drug, or a successful course of psychotherapy. In any case, the enemy has, by the decree of the drama, become a completely rational, kind and understanding person. The scene is usually best set in a very dim light or in complete darkness. The low light level has been found to be effective in reducing the sense of shame which the protagonist is striving to overcome in this scene. The auxiliary ego explains briefly how he has been transformed and that he now realizes that the protagonist's objections and hostility to him, extensively abreacted in the previous scenes, were quite justified. He makes no apology and expresses no undue guilt feelings, however, which the protagonist would only interpret as a demand for forgiveness. Instead, the auxiliary assumes the attitude that he knows nothing can be done about the past and that all he can do is to change his behavior now and in the future. He may also indicate that he does not expect the protagonist to learn to trust him at once; that as he is now aware of his past errors and will simply continue to behave well (i.e., according to the protagonist's needs)

and that eventually the protagonist may wish to establish a new relationship with him on a better basis. The auxiliary must give no indication that he needs the protagonist for his own gratifications in any way or that he is trying to seduce the protagonist into returning to him emotionally—only that he has changed and will remain available to the protagonist if he wants to take advantage of the opportunity for a new relationship on the protagonist's terms.

Sometimes this preparation frees the protagonist's dependent needs and his feelings may emerge in a great torrent. Resistance may continue, however, so that the protagonist may take a kind of "I'll believe it when I see it" attitude. Here it is sometimes helpful for the director to introduce a time lapse. The director may then indicate that three months or so have elapsed and that the auxiliary actually has lived up to all the protagonist's hopes. The scene is then resumed. It may also be helpful for the auxiliary ego to express interest in the protagonist's past emotions. He may explain, in some simple way, that since he has changed he is curious to learn what it must have been like for the protagonist to have had to endure him all these years. He explains that he is now strong enough to allow himself to learn what the subjective experience of the protagonist had been and that he no longer needs to block it out, to deny it, or to be threatened by it. Now that his former enemy has become so undeniably attentive and sympathetic, the protagonist's usual attacking attitude becomes blatantly inapplicable; therefore, the protagonist may be emboldened into looking inward and describing his emotions and needs.

In attempting to fulfill the dependent needs of the protagonist, the auxiliary may fail in empathy. He may give too much or too little; too quickly or too slowly. The protagonist may need to be touched, held, or rocked, or this may be just what he cannot yet bear. If the auxiliary fails to reach the protagonist after a reasonable attempt, it sometimes helps to reverse roles. In role reversal the protagonist is asked to show what he really wanted from the other person. This role reversal has had several very different results. Sometimes the protagonist succeeds in showing the auxiliary what he needs, and when the roles are reversed back, the auxiliary has learned enough to reach the protagonist effectively. In one case, the director asked for a role reversal, and the protagonist, after a moment of silence, began to weep. He later explained that in mentally entering the role of his "reformed" wife he first became aware of what he wanted from her. In another case, the role reversal resulted only in revealing the protagonist's complete inability to conceive of any real possibility of human kindness. When she tried to show the loving qualities that she supposedly wanted from her brother, she slowly

became more and more manipulative and guilt-producing. The group later confronted her with how ingrained her bitterness must be if that was the most she could hope for.

The reformed auxiliary technique seems most frequently effective when the protagonist is psychodramatically regressed to some formative age when his tolerance for dependent needs was greater. One elderly, obsessive man finally showed genuine emotional involvement when talking to the reformed version of the aunt who had raised him, but only after he had been warmed up to the role of being four years old. Many of the feelings and events he referred to while talking to her had taken place later on in childhood, but that made little difference. Emotionally he felt freed by being a four year old, and in a regressed and emotional state, strict chronology becomes as irrelevant as it is in dreams.

As might be expected, the "reformed parent" and even more specifically, the "reformed mother" version of this technique seemed to reach the most deeply and when effective, rekindled long suppressed wishes for mother love. One hardened adult man who never cried since childhood discovered a new side to himself in his tears. The scene was so moving that most of the group joined him in weeping, each one's tears relieving the other of embarrassment. The man ended up laughing with joy over the discovery of his own desires.

After the maximum cathartic effect has been achieved, the sharing portion of the session is most essential. The protagonist who has, in the heat of the session, stepped into a new area of emotional vulnerability will feel hyper-alert to anything that he could conceivably construe as ridicule. He can, then, easily fall back into his defensiveness with a great sense of embarrassment and humiliation. The group is, therefore, encouraged to describe the extent of their own identification with the protagonist and tell him how and when they have felt the same. This "sharing" experience is much more effective in helping the protagonist to consolidate his gains than any verbal reassurance from the director. Telling the protagonist that "It's perfectly alright to feel like a baby sometimes," usually makes the protagonist feel more patronized than relieved.

As the emotional intensity of the session subsides, the group may discuss the experience with a bit more distance. During this discussion the protagonist frequently realizes that this emergence of his softer side, not normally available to awareness, indicates that an internal conflict exists about dependent feelings. When his defenses recongeal, the memory of this experience may make it less necessary to hold on quite so tightly.

PSYCHODRAMATIC BODY BUILDING

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The individual's first reality begins in his body. Moreno¹ described the infant's early adaptation to life as the acquiring of psychosomatic roles. As the matrix of identity develops, a unity forms between the warming up of one bodily zone and the response of the total organism. Originally, the infant may warm to sucking and this zone will play preeminent importance in his behavior. As the organ develops, however, sucking and chewing and eating become in the healthy individual an over-all unified response with psychological aspects. Difficulties appear, however, when the organism does not function in a unified, simulated way. When an aggressive response is accompanied by a soft voice or when the social situation demands a new spontaneous response but this is blocked by a tight, anxious stomach, the individual then is out of tune with himself or the environment and is unable to react in a full, healthy way. Psychodramatic body building allows us to diagnose these inconsistencies and difficulties which hamper the individual's ability to function in creative ways.

When doubling, the auxiliary ego assumes the bodily posture displayed by the protagonist in order to get clues as to how the protagonist is feeling. The protagonist, responding to his mother with soft words while clutching his stomach, has inner feelings properly amplified by the double who loudly states for him, "You give me a pain in my gut." Double messages are often clearly seen when the protagonist says one thing with his voice and another with his body. Observations of these physical signs may help to clarify double meanings and conflicted intentions.

Body movements currently play an important part in doubling and in warm-ups. It is through the body that the individual gets his first perceptions of the world, feelings of pleasure and displeasure, and his ability to act out his feelings to fulfill psychological needs and social role expectations.

Free bodily movement is useful in building a cohesive group which is ready for action, for movement always begets action. Often the more totally the movement involves the body, the clearer the expression and release. It is the purpose of this paper to provide a new body technique—the exploration of the individual's own body through psychodrama.

Psychodrama typically portrays role situations as well as the sociometric and interactive patterns an individual has with others. However, a great

¹ Moreno, J. L. *Psychodrama*, Vol. I., Beacon House, 1946, 1970.

deal of an individual's time and energies may be bound up in functioning between concerns of mind and body. These concerns are often overlooked in psychodramatic therapy except in outstanding cases where the body is clearly of importance, such as birth, death, and disease. Lowen² points out that psychological and social difficulties have their direct expression in bodily gestures, movements, and structures. The protagonist with stooped shoulders gives a different appearance and engenders different reactions than he who is stiff-necked and straight-backed. Exploration of these bodily stances and parts and how they fit together to make up the individual and his role performances can be extremely useful. Psychodramatic body building has proven to be a useful technique to enable the protagonist to understand these processes, identify conflicts within himself, and experiment with possible methods of change.

THE BODY-BUILDING TECHNIQUE

The over-all purpose of psychodramatic body building is explained to the protagonist as follows: "What I want you to do is to construct a replica of your body, using auxiliary egos. Choose different bodily parts in order to reproduce yourself. Be careful to select group members who best portray the body part you are interested in representing."

The protagonist is given the greatest latitude in how to solve the problem of constructing himself. Some do this by constructing themselves in a lying position, others sitting on a chair, still others standing. Careful attention is placed on the order of selection of body parts. Many protagonists start with the head, which gives some indication that they see this as the center of their being. Once the part is picked and the protagonist has placed it in representative position, the director asks the protagonist to assume the role of the body part and begins interviewing for clues as to how the part functions in relationship to the body. Questions are asked, such as, "What do you usually do for this body? Are you noticed? Are you active?" etc. In role, the protagonist feels the importance the part plays in his functioning.

Once the initial body part has been psychodramatically explored, the protagonist steps back into the position of body builder and constructs the next part. Parts are added on the replica until clues indicate potential value in having parts interact. For example, the protagonist may proceed from the head directly to picking auxiliaries for the legs. It is, of course, important to explore which auxiliaries he picks for which body parts and why. He may, for example, pick two small individuals to represent his legs, and when he is in the role-reversed position, this can be questioned as to why. He may

² Lowen, A. *The Betrayal of the Body*, Collier Books, 1967.

respond, "Well, I don't use my legs too much. They carry me around. I'm usually pretty passive." In the role-reversed position he may respond as legs: "Well, he never uses me very much. We just hang around, and he pays little attention to me. Sometimes I get upset with him and tell him he should take off and get out of the situation, but I never get signals from him to move. Those times I usually fidget around. I guess I'm really underworked. I look at other legs and I see something that they kick out and push things out of their way. I'm never called on to do that. Mostly I just move around, to the dinner table, to the bathroom, in and out of the house, to work . . . sometimes I feel I'm really forgotten." The auxiliary head may begin to interact: "I've always avoided you legs. I guess it's your shape." The interacting can then continue spontaneously.

Body building proceeds in this fashion until the entire body is constructed. Many protagonists have difficulty acknowledging the fact that they have genital areas and it takes some observation from the director in order to include them. It is usually extremely important in the body functioning of the individual and can be the core of difficulties that the body is having. With the warm-up that the early part of the process has provided, it is often not too difficult to deal with this. Upon completion of the entire body, much can be gained if the director asks the body parts to assume the unity or division suggested during the creation. The protagonist may watch for a brief time while the parts interact with each other based upon the clues which they had received during construction. Following this, the director may ask the protagonist to change the body parts around, to identify parts he's not satisfied with, to suggest possible actions which could lead to harmony and consider what would happen—and to try out situations in which some of the body parts act differently. At the end of the drama, sharing is done in the usual way, with audience talking of how their own body functions, the bodily frustrations that they've experienced, etc.

AN EXAMPLE

The protagonist, Judy, responded to the suggestion that the session be focused on bodily functioning with a fixed smile and a stereotyped, "Gee, this might be fun." Judy is an attractive married woman of about 25 years of age. Her soft-spoken, retired manner, coupled with a sexually-attractive and alive body, had warmed a number of the men in the group up to her and their sexual being. Close physical contact, however, usually resulted in her distancing herself in a whisperish, seductive, romantic way, while her face became masklike with a frightened look appearing in her eyes as she attempted to handle the situation with poetic detached observations.

The first body part Judy selected was the head. She picked the group intellectual for this part and in role-reversed position explained that head tended to be aloof and very perceptive, quite capable of handling any situation as it arose in a matter-of-fact and competent way. Head was somewhat underrated by others as simply female and attractive and was not appreciated for its intellectual competencies. She next picked two individuals for arms, quiet persons whose contributions to the group tended to be insecure and infrequent. In role-reversed positions she explained that the arms kind of hang on her shoulders and are often a source of discomfort as they aimlessly look for a place to be, usually ending up demurely folded or hidden behind the back. The auxiliary head then spontaneously exclaimed, "I really have no real use for these hands. They just get in my way and sometime even appear to make me look nervous, although I'm really not and this can be somewhat disconcerting."

Legs and stomach were picked next and didn't seem highly indicative of any of the protagonist's difficulties. She role-reversed with each position in order to aid in the warm-up for the rest of the session. She next picked a part to represent her rear-end and in role reversed position expanded this to include her genitals. She presented them as super adequate and very lively, which resulted in an immediate, spontaneous encounter again with the head who wished to be detached, cool, and intellectual. The picture of a torn woman soon emerged who felt sexually attractive but prey to abuse. She intellectually feared sexual expression would lead to ego annihilation. Inconsistencies in role performance became evident with a swinging body saying to all males, "Come on, I'm interested," and a detached head saying, "Closeness breeds contempt."

The auxiliary playing the part of the genitals encountered the head, suggesting that he "butt" out so that sexual expression and feeling could be fully attained. The protagonist watched this encounter and quickly took the side of the head saying that if sexuality were released it could mean total submission to male dominance. Following this encounter in which the group was very involved, the protagonist said she had completed the body building; however, one of the group members suggested that she had left out her voice and her throat and felt that this is an important part that should be included. The protagonist picked someone and instructed her to be quiet and subdued. This brought a response from the auxiliary playing the genitals not to heed that warning but to allow some real noise and feeling out and that the whole problem of this body is that nothing ever gets fully and openly expressed. The body was then complete as the protagonist saw it and it was suggested that she would now have the oppor-

tunity to experiment and change it. She wondered what it would be like if she had a different head and requested someone much more emotional, labile, and free to play the part of her head. This immediately brought a sigh of relief from the genitals, and the throat began expressing itself more fully. With the head joining in, things were now functioning better than they had before, much more pleasurably.

The protagonist then reversed roles with the new head and warmed up to being freer. She seemed to gain self assurance when she realized she could still decide in which situations bodily functions would be freely released; that she had the power to protect the body from frightening, threatening, and overwhelming situations. The action then ended and sharing took place. Many feelings had been tapped and a lively discussion ensued. The protagonist spontaneously revealed information which would give rise to other scenes and further action in other psychodramas.

SUMMARY

Well-functioning organisms spontaneously act out psychological needs and desires through relationship and bodily movement. The fullness of expression is related to the ability to experience the body fully. Psychodramatic body building is a technique which allows explorations of body difficulties, providing diagnostic as well as therapeutic benefits.

SOCIODRAMA IN PUBLIC AFFAIRS*

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As the need to cope more effectively with an increasing number of social, economic, educational, and political problems becomes more insistent, the use of sociodrama and related approaches is likely to become much more widespread. Already sociodrama has been utilized in a variety of situations involving community problems and public affairs.

The term "sociodrama" has been used in the literature in a number of ways, ranging from a formally rehearsed presentation of a prepared script to a spontaneous and relatively unstructured acting out of the concerns of the group in whose presence the sociodrama is being enacted. One psychological dictionary (Drever, 1964) has even used the term "sociodrama" solely in the sense of *psychodrama* when psychodrama is employed for group psychotherapy.

Moreno's description of the origin of sociodrama will perhaps best clarify its nature and the way that it differs from psychodrama. In a psychodramatic session in which two neighbors attempted to resolve a dispute over a broken fence which separated their properties, other sources of conflict became evident—sources relating to the ethnic backgrounds and differences of social and political opinion between the neighbors. The ethnic and socio-political factors seemed to intrude upon the heretofore simple issue of what to do about the broken fence. Consequently, success in mending the differences between the neighbors *via* psychodrama was only partial.

Moreno perceived that "collective factors" were involved here that transcended the individual efforts to improve neighborliness through good will alone. To express it another way, these "collective factors" were "super-individual" in nature, and required a special modality—"a special form of psychodrama . . . which would focus its dramatic eye upon the collective factors" (Moreno, 1944). In this way, we are told, "sociodrama was born" (Moreno, 1944). What happened was that the psychodrama had been converted into a "socio-psychodrama," with the individuals participating and being perceived as "collective representatives of community roles and role relations" (Moreno, 1944; 1946).

Hence, sociodrama is group-oriented and is likely to reflect broader cultural factors, whereas psychodrama is individually-oriented. Psychodrama

* "Official Report," presented at the Fifth International Congress of Psychodrama and Sociodrama, Sao Paulo, Brazil, 1970.

utilizes "deep-action" methods to focus upon the private ideologies or problems of individuals; sociodrama utilizes "deep-action" methods to focus upon problems or experiences common to the group within a given culture or upon concerns shared by groups in relation to other groups, who may or may not share the same culture (Knepler, 1968).

In sociodramatic action, then, the participants attempt to identify with culturally representative or collective roles. For example, whereas in psychodrama a married woman might portray personal and family life situations in the effort to arrive at some resolution of her private conflicts, in sociodrama she would be likely to play the role of a wife and mother within a specific sociological category—e.g., a middle-class white mother and wife—in the effort to portray a representative role in the light of the assumed cultural norms for middle class white women. In this sense she would be playing the role of *the* mother (in the collective sense) rather than of *a* mother in the individual or unique sense (Moreno, 1944, Knepler, 1968). If she is interacting with another woman of somewhat different background—e.g., in the United States it might be a middle-class mother and wife who happens to be Negro—the white and the Negro women might be asked to reverse roles after the sociodrama has been in action for a while. In this case the role reversal might be utilized for such purposes as the testing of one's ability to identify with the other's role—to put oneself in the other's shoes—or to go beyond testing in order to improve one's identification with the other's situation, or to point up the need for a program that will contribute to better understanding between, and a closer identification of, white and Negro middle class women. Eventually, perhaps, there might be an inter-class as well as an inter-racial effort at understanding and closer identification of interests. In turn, this might lead to such things as community programs to improve opportunities for employment of minority groups such as Negroes in the United States, or opportunities for more adequate housing, or for justice in the courts, or for better education.

Some might view the eventual goal of such efforts as not merely the remediation or alleviation of some limited fragment of socio-economic relationships, but the revision or recasting of the entire social structure. Moreno, in his concept of "sociatry," stresses the need to heal society in its entirety (Moreno, 1953, p. 118).

For the time being, however, and at less ambitious levels, sociodrama has been utilized in efforts to release and relieve, if not fully resolve, tensions not only on a short-range basis, but also on a long-range one.

Among the recent and current areas of public affairs in which sociodrama has been utilized in the United States have been those of race and ethnic

relations (especially, as already mentioned, Negro-white relations), police-community relations, teacher-community relations, labor-management relations, adult-youth and student-faculty-administration relations, patient-staff and staff administration relations in hospitals, power relations among various groups, and resistance to social change (Knepler, 1968). A good deal of over-lapping, of course, exists among the categories just enumerated.

SOME SOCIODRAMATIC FORMS AND THEIR FUNCTIONS

Practically all of the forms of sociodrama which are utilizable with relatively small groups can also be used with larger groups. Consequently, regardless of the size of the group which is coping with a public or community problem, one or more forms of sociodrama can be used. Let us examine a somewhat more structured type of sociodrama.

In the struggle to bring about needed changes in community life, one finds as much resistance among professional people as among others. To help remove fears regarding the effects of planned community change and to facilitate even the active support of such change among professional persons, a certain type of sociodrama may have a catalytic impact. This was the case when a sociodrama was utilized at the beginning of a three-day conference of about four hundred people on mental health in Connecticut. For a long time attempts had been made to reduce both subtle and obvious resistances to the establishment of a much needed regional mental health treatment center. The central objectives of the conference were to allay anxieties and to enable a diversity of community groups, public and private to come to grips with some of the problems of providing more extensive and better integrated mental health services.

Representatives of several agencies and institutions accepted the invitation to plan for the use of sociodrama as a way not merely of providing a novel beginning to the conference, but also of moving the conferences into more "open" and more productive meeting sessions.

The apprehensiveness of some of the professional persons at using sociodrama was reflected as they initially proposed the preparation of a full script. The representative of a major state governmental department, upon learning of the intended use of sociodrama to pose the central problems as provocatively as possible, stayed away from the planning meetings and thereby avoided also any likely involvement in the sociodrama. Despite this additional example of resistance by one of their colleagues, the planning group proceeded with increasingly greater confidence to project the objectives which they wished to have served by the sociodrama. Incidentally, the main objective was to portray the kinds of institutional resistances which had already

been encountered by the planning groups in their long-standing efforts to launch the building of the mental health center.

The sociodrama emerged as a "warm, humorous, and spontaneous" presentation of the conference's chief concern and was evaluated by the sponsors of the conference as "an extraordinarily effective catalytic tool" (*Coordination and Integration of Community Resources*, 1966) in loosening up the conference participants and helping them to focus more frankly upon the central issues.

The example just cited, while regarded by the sponsors as sociodrama characterized by spontaneity, was actually an intermediate form of sociodrama between the unstructured and the highly structured. The essential preparation for the sociodrama was in terms of the assignment of roles that were collective representations, and in terms of clarifying the goals of the sociodrama. The actual content of the sociodrama was not delineated, but was left to be developed spontaneously.

Somewhat similar, but not quite as structured, sociodrama has been utilized in public affairs in the same area of Connecticut since 1947, in order to enable groups to focus more directly upon community problems than a merely verbal approach alone usually permits. But sociodrama is not utilized in a vacuum. It is usually integrated with other approaches to sensitizing groups to the dimensions of the problem, or to helping them to test alternative methods of solving the problem. For example, the condition of housing for the poor was portrayed through sociodrama at a gathering of about five hundred representatives from over 200 men's organizations in one city. This conference of men's organizations is an annual affair. In earlier years the gathering was simply a smoker, a social event which made it possible for the male leadership of the area to meet each other across business, social, racial, and ethnic levels. Then the annual meetings began to mix "socializing" with more serious activity—the examination of an area of grave community concern. The organization, called the Council of Presidents (COPS), established a planning "Council of Fifty" to meet a number of times during the year to plan the annual conference and possibly to follow up on a program to which the Council had agreed to provide support during the year.

To get more familiar with housing conditions, members of the Council of Fifty had previously visited slum areas and the homes of some of the slum dwellers. In addition, since the Council of Presidents also had representation from the slum areas and the areas of public housing in which men's organizations existed, some inhabitants of the public housing and slum areas were also on the "Council of Fifty." From their experiences, the members of the Council of Fifty developed a concept of what they wished to have the entire

Council of Presidents to deliberate upon at its annual meeting, and developed the idea of a loosely structured sociodrama. A certain amount of informal and spontaneous role playing took place among the committee members while they were weighing alternatives. The experience with role playing was new for most of the members of the committee, produced an air of excitement among them and helped considerably to improve the sociometric relationships among them. The sociodramatic presentation to the entire membership, serious yet sprinkled with spontaneous humor, appeared to make its point effectively and was followed by round table or buzz groups discussions devoted to the issues presented by the sociodrama. The presence of beer and other refreshments helped to make the discussions more socially palatable. Open discussion by the entire gathering followed, resulting in the development of a plan for further involvement in the work of community housing and recreation.

The recent kidnapping and slaying of a United States consultant in police work in Uruguay point up the problems which the police, to a lesser extent, have wherever they are regarded with suspicion or fear as the enforcement arm of the power establishment. In turn, whether justifiably or unjustifiably regarded as oppressors rather than as protectors, individual police members have their own suspicions and fears regarding large segments of the civilian population. In some measure their views of the civilian population may reflect personal inadequacies and anxieties which policemen as individuals bring to their job. In part, these views may reflect the social attitudes of the segment of the population from which the police come. In part they may reflect the sub-culture of a special occupational group whose functions are viewed largely as punitive or potentially punitive or restrictive. In part, too, their selective perception of their actual experiences in the course of fulfilling their professional roles may color their attitudes towards much of the civilian population.

For these and possibly for other reasons, in these days when open confrontation between police and previously inarticulate or non-activist segments of the population require greater skill on the part of the professional peace-keepers and greater self-control and understanding on the part of each group, sociodrama has an important role to play in police-community relations. The danger is great, however, that the sociodramatist will be regarded by each side as an ally of the other, since his function tends to be not only that of the sociodramatist, but also of the trainer. The question that arises is, "trainer for what?"

The last question will perhaps be answered indirectly, as I describe some of the ways in which sociodrama is utilized in police-community relations.

One of the older methods has been to have policemen assume roles in the anticipation of the kinds of problems that they might encounter in the community. In such anticipatory role testing, they might gain some understanding of the civilian, an understanding that is especially important if the civilian should happen to be of another ethnic and cultural background. Of course, such training would desirably be accompanied with authentic information about such groups. Often, however, such a technique has failed to develop a sufficiently sympathetic understanding of the civilian group—whether racial or labor or other. Too often the outcome has been regarded by civilians as a more effective kind of repression. Hence, in sociodrama, the contribution to the role repertoire of the policeman in a variety of threatening situations may be very valuable, but must be accompanied by some assurance to society that role resiliency will function in the service of the policeman's constituency, and not against the constituency.

More recently, an increasing practice has been to provide actual confrontations in the protected setting of police training institutions. The objective in the newer sociodramatic approach is "to force the police and their antagonists to confront each other in such a way that they shed stereotyped attitudes and deal with each other as human beings" (Sears, 1968). Role reversal is used to a considerable extent in such confrontations. Another element utilized is to pair or group Negro community members who role play as policemen, with white policemen, against other Negro civilians and policemen identifying as civilians. In such mixing, the experience of cooperating as friends in working on a problem appears to help in overcoming stereotypes.¹

The same approach has been used with high school youth and police, when youth and police, after some warmup in which they exchange expressions of grievances against each other, are engaged in the sociodramatic portrayal of some of their concerns. Discussion and further role playing usually follow, with some of the sociodrama being explorative of new role behavior. Also, in both racial and youth confrontations with police, it is possible through role reversal for each to see how the other group sees one. In addition, the effort of each to identify with the other's role helps each to appreciate the difficulties encountered by the other, and to become more aware of the effect of one's own conduct upon others. As Jones (1970) has noted in another connection, this type of approach can help also in sensitizing one to the requirements of his social role in interpersonal relationships, as well as to

¹ For some of the sociological and psychological complexities involved in the use of confrontation techniques in community mental health work, see Kolb (1970).

give one a broader and deeper understanding of the dynamics of human behavior generally.

More elaborate approaches to confrontation between youth and adults are also possible. One such approach was employed by a clinical psychologist at the University of Bridgeport, following the outbreak of college student strikes upon the occasion of President Nixon's extension of the Southeast Asian theatre of war operations into Cambodia and the killing of the students at Kent State University. A few days after the outbreak of the strike, strike leaders and students opposed to the strike were engaged in a sociodrama of the issues involved (while the strike was still in existence). In addition, all other members of the audience were then involved in the discussion of the same issues, and as consultants to each side. Role reversal was utilized in a manner which brought admissions from the protagonists that they had acquired some better understanding of the other side's point of view.

SUMMARY

The sociodramatic technique lends itself to easy adaptation and self-direction by some groups who may wish to continue to use the techniques in a rudimentary form, for self-improvement as well as for the improvement of relationships with other groups and for the resolution of intergroup tensions.

In all these latter circumstances, the sociodramatic medium has been much more spontaneous, of course. The possibilities for exploring new approaches to group problems, for instance, of improving international understanding, of identifying with the culture or viewpoint of others, of developing empathy and other abilities at communicating and identifying with those with whom we may otherwise be in conflict, are heightened with the use of the more spontaneous forms of the sociodramatic technique, provided that the director is sufficiently adept in their use.

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AMERICAN SOCIETY OF GROUP PSYCHOTHERAPY
AND PSYCHODRAMA

29th Anniversary of the Society's Inception

The annual meeting of the American Society of Group Psychotherapy and Psychodrama will take place at the Hotel Americana, New York City, on April 1-4, 1971. Your active participation on the program is herewith cordially invited. Please contact Dr. Robert W. Siroka, 215 Park Ave. South, New York, N.Y. 10003, giving him the title of your presentation and any suggestions as to what form you would like the program to take.

Officers, 1970-72

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CONVENTION CALL
TWENTY-NINTH ANNUAL MEETING
NEW YORK, N.Y.
APRIL 1-4, 1971

The pioneering efforts of J. L. Moreno have borne much fruit.

It is the intent and design of this meeting to provide a vehicle for sharing ourselves and our labors.

This letter is an open invitation to members and non-members as well as students to participate in our convention.

If you would like to join with us to demonstrate, discuss, or present your approach, ideas or findings, let us know.

We will schedule as many events as time and space permit. Highest priority will be given to action approaches with audience involvement.

Please send a description of your demonstration or contribution to:

Dr. and Mrs. Robert W. Siroka
Program Co-Chairmen
215 Park Avenue South
New York, N.Y. 10003

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ANNOUNCEMENTS

Psychodrama in Germany, 1970-71

Foundation of the "section of psychodrama, sociodrama and role playing," within the framework of the German Society of Group Psychotherapy and Group Dynamics (DAGG); the section consists of Dr. Ploeger (chairman), Dr. Friedemann, Dr. Leutz, Dr. Petzold, and Dr. Straub.

The section published a special issue of the *Zeitschrift für Praktische Psychologie* about psychodrama, edited by Dr. H. Petzold.

Psychodrama in France

A symposium, *Le Psychodrame*, a special issue of *Bulletin de Psychologie de L'Universite de Paris*, edited by A. Ancelin-Schutzenberger.

Psychodrama in Poland

The books by Czeslaw and Gabriele Czapow on psychodrama are widely distributed.

Psychodrama in South America

The sponsorship of the Argentine Society of Psychodrama and Group Psychotherapy (director—Rojas-Bermudez) has been cancelled. A new society has been formed in Buenos Aires, the "Moreno Chapter of Psychodrama, Group Psychotherapy and Sociometry," director, Dr. Monica Zuretti.

PSYCHODRAMATIST VACANCY

Position: Psychodramatist, GS-9, \$10,470-\$13,611 pa

or

Psychodramatist, GS-11. \$12,615-\$16,404 pa

Brief Description:

Psychodrama applies to therapy training and consultation in the hospital and the community. The psychodramatist functions as an agent for change who diagnoses the functioning level or state of individuals and groups using knowledges and skills of the social sciences, particularly those of psychodrama, sociometry and group dynamics. After obtaining this diagnostic knowledge, he employs psychodramatic methodology to assist the group (or individual) in achieving goals through focusing on concerns relevant to the problem.

The scope and complexity of the duties performed and the degree of re-

sponsibilities assumed will vary with the grades of the position, becoming progressively greater at the higher grade.

Summary of Qualification Requirements:

In addition to the minimum of a bachelor's degree in the behavioral sciences or health field, candidates must have a minimum of two years' specialized experience in a psychodrama program which has included participation in and direction of psychodramatic sessions for mental patients. Appropriate graduate study, and internship or residency training may be substituted for experience.

The Hospital:

Saint Elizabeths, a Federal psychiatric hospital, is a principal division of the newly established National Center for Mental Health Services, Training, and Research. The Center, situated in a residential area approximately 15 minutes from the Capitol, is an accredited training center in medicine and mental health professions, and also has a major research program in behavioral and clinical studies.

Saint Elizabeths offers career-conditional appointments with Civil Service benefits including low-cost, comprehensive life and health insurance, generous vacation and sick leave benefits, periodic salary increases, and excellent promotional opportunities based on merit.

The Psychodrama Department:

Under the direction of Mr. James M. Enneis, Supervisory Psychodramatist, the Department is locally active and nationally known. Its staff works with the full range of mental health issues and problems by servicing community groups, in and out patients, and by conducting research relevant to the psychodrama program. Its training program, one of the first established and most advanced in the nation, is approved by the American Society of Group Psychotherapy and Psychodrama, the American Academy of Group Psychotherapy and Psychodrama, and the Moreno Institute. The facilities are both modern and ample, and its equipment is new and sophisticated. The Department has recently installed a closed circuit television video tape system within the psychodrama theatre.

How to Apply:

Send a completed "Personal Qualifications Statement," SF-171, which may be obtained from any Federal agency or Post Office, to:

Mr. S. N. Desimone
Personnel Staffing Specialist
National Center for Mental Health Services, Training, and Research
Saint Elizabeths Hospital
2700 Martin Luther King Avenue, SE.
Washington, D.C. 20032

Telephone: (area code 202) 562-4000, Extension 348

AN EQUAL OPPORTUNITY EMPLOYER

IN MEMORIAM, HENRIK INFELD

It was with deep sadness that we learned of the death of Henrik Infield in Jerusalem on September 20, 1970, at age sixty-nine.

Born in Cracow in 1901, Dr. Infield was educated in Vienna and Heidelberg. He received his Ph.D. from the University of Vienna in Philosophy in 1924 and wrote several plays and a volume of poetry. Some of his plays were published, among them *Death Rays* and *Schattendorf*, and the latter was performed in Vienna. In 1933 he emigrated to Palestine where he became interested in the work and life of the Kibbutz. While at Heidelberg, he had come under the influence of Leopold von Wiese; this brought him to an involvement with sociology and stimulated him to specialize in the "sociology of cooperation." Thus he began to collect material on Kibbutzim, and when he came to the United States in 1935, he brought out a book on the subject entitled *Cooperative Living in Palestine* published simultaneously by the Dryden Press in the United States and by Kegan Paul in London. He was engaged as Director of Adult Theater at the YMHA in New York City between 1937 and 1939 and as visiting Professor of Sociology at Columbia University and the College of the City of New York between 1940 and 1941. In 1941 Dr. Infield moved to Poughkeepsie where he was appointed Director of the Group Farming Institute. There he began to edit and bring out the *Journal of Cooperative Living* and wrote a book on this subject, *Cooperative Communities at Work*.

Dr. Infield met Moreno in the late thirties and became actively involved in sociometry to which he made remarkable contributions, especially in the area of action-centered sociometry. He wrote classic reports on the use of sociometry in his book *Utopia and Experiment* published by Praeger in 1952 and in collaboration with his wife, Koka Freier, *People in Ejidos, A Visit to the Cooperative Farms in Mexico* published by Praeger in 1954, later translated into German, French, Italian and Spanish.

Dr. Infield returned to Israel in 1957, and there he taught at Hebrew University, his specialty being the "Sociology of Cooperation." He left behind three manuscripts which are projected for publication.

The world has lost a great man and we have lost a great friend.

J. L. MORENO, M.D. AND ZERKA T. MORENO

SPECIAL ANNOUNCEMENTS

The WORLD CENTER OF PSYCHODRAMA, SOCIOMETRY AND GROUP PSYCHOTHERAPY announces herewith the formation of an institute in Germany as a branch of the MORENO INSTITUTE, Beacon, N. Y. It will be the first formally approved institute in Europe. The officers nominated to head the institute are: Dr. med. G. Leutz, President—Dipl. Psych. H. Straub, Vice-President—Prof. Dr. H. Petzold, Scientific Secretary.

The forthcoming *7th International Congress of Psychodrama and Sociodrama* planned to take place in Munich between August and September 1973.

