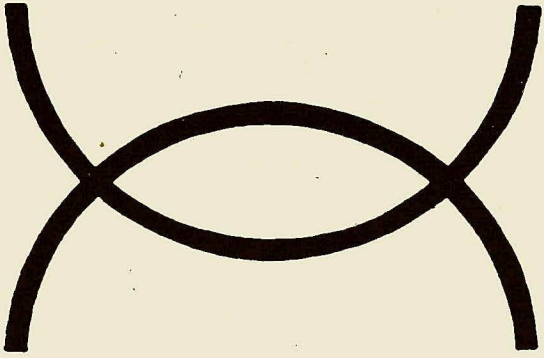
GROUP PSYCHOTHERAPY PSYCHODRAMA AND SOCIOMETRY

Official Organ of the
American Society of Group Psychotherapy
and Psychodrama



VOL. XXXIII, 1980

If You Have an Article . . .

We encourage the submission of articles about psychodrama, sociometry, and group psychotherapy from those familiar with J. L. Moreno's wide range of work in psychotherapy, education, training, and the arts.

Articles should be typed in conformance to the *Publication Manual* of the American Psychological Association, submitted in duplicate, and accompanied by a stamped return envelope, to the Editor, *GPPS*, Heldref Publications, 4000 Albemarle Street, N.W., Suite 100, Washington, D.C. 20016. Each article is read by two members of the Editorial Committee.

As mandated by the Council of Fellows of the American Society of Group Psychotherapy & Psychodrama, the Council of Fellows is trying to encourage interaction between ASGPP members and this Journal. To this end, suggestions, notes on activities, reviews, and articles are especially solicited from ASGPP members.

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Group Psychotherapy Psychodrama and Sociometry

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GROUP PSYCHOTHERAPY, PSYCHODRAMA AND SOCIOMETRY
Founded by J. L. Moreno, 1947

VOL. XXXIII 1980

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Letter from the Publisher:

I am pleased to announce that the Helen Dwight Reid Educational Foundation has assumed publishing responsibility for GROUP PSYCHOTHERARY, PSYCHODRAMA, AND SOCIOMETRY.

Several years ago, the Reid Foundation started a publishing program for small, specialized journals, many of which had found it difficult to cope with the impact of inflation on production costs and on the budgets of sponsoring academic institutions. The Foundation's publishing division, Heldref Publications, now includes over thirty journals, some that might not otherwise have survived the economic pressures and others, while financially stable, that have sought advantages of a larger publishing organization's production, subscription service, and promotional capabilities.

The common thread that binds the journals is a long tradition of providing new ideas, information, and a vehicle for communication to scholars, teachers, students, and concerned citizens in a variety of fields. We are pleased to add GROUP PSYCHOTHERAPY, PSYCHODRAMA, AND SOCIOMETRY to our other scholarly publications.

Sincerely,

Cornelius W. Vahle, Jr.
Director
HELDREF PUBLICATIONS

l'envoi

For 35 years J. L. Moreno and I have been editing the Journal he created in 1947. It has since been published by Beacon House, the publishers he founded. Originally, the Journal was named SOCIATRY. Its name was changed to GROUP PSYCHOTHERAPY, then to GROUP PSYCHOTHERAPY AND PSYCHODRAMA, and then to what it now is, GROUP PSYCHOTHERAPY, PSYCHODRAMA & SOCIOMETRY. The changing name, reflecting its broader and deeper contents, kept it attuned to the growing profession that has developed from the Moreno canon.

Now I am leaving the Editorship, confident that the Journal's standards are firmly established and will be maintained in the hands and under the eyes of those designated by the American Society of Group Psychotherapy and Psychodrama, the official organ of which it remains.

And Beacon House is turning over the publishing responsibilities to Heldref Publications, a non-profit entity of the Helen Dwight Reid Educational Foundation. Heldref publishes 33 journals, many of scholarly quality in fields allied to our own. We have been fully satisfied that Heldref has the facilities and determination to improve and increase the value of the Journal to its subscribers.

I propose to continue my affinity with the Journal, mostly as an author of papers whose worthiness for publication will be judged by others, as that should be. But in this farewell I must express my gratitude to all those—too numerous to name—who, over the years, provided the help and encouragement without which the Journal would not have survived.

Zerka T. Moreno

A FRAMEWORK FOR THE OBSERVATION OF MOVEMENTS AND SOUNDS

Christopher Joel Wainwright

Observations play a fundamental part in therapeutic and educational practice. Observation is the initial practical scientific act. Then comes classification, or ordering, of what is observed. Only then can hypothesizing, experimentation, and theory revision occur.

Review of the literature

Freud focussed his observational attention on the spoken word and on the isolated individual. Moreno focused his on the act. He extended Freud's range of observations to include not only the spoken word and associated silences, but also bodily movements of the person. He extended his attention to include every element in the universe meaningful to the person. Particularly, he gathered data about the person's interactions.

Releasing himself from observations of the verbalizations of the isolated individual, Moreno developed his concept of role, "the functioning form the individual assumes in the specific moment he reacts to a specific situation in which other persons or objects are involved." (Moreno, 1977, Vol. 1, p. iv). This definition provides a classificatory schema with which we may observe *all* the person. This requires we consider the bodily states. The body moves and makes sounds. These are basic defining terms of each role state.

Moreno further highlights the importance of the body in his description of somatic catharsis and its place in psychodramatic catharsis. He defines somatic catharsis as "purging or cleansing of any locus of the body," such as the alimentary canal or the genital organs. He views this process in a strictly physical sense, referring to specific organs, tissues and fluids. Moreover, somatic catharsis is an integral part of total and synthetic therapeusis in which the body is brought "back into action, consciously and systematically, as a centre of training and retraining in regard to all of its functions." (Moreno, 1977, Vol.1, p. 16).

The somatic aspect of spontaneity is further pursued in the context of the theatre of psychodrama when Moreno creates the term "physiodrama." This drama focuses on the soma; it is a synthesis of physical culture and psychodrama. The physical condition of the individuals before, during and after the production (the warming up process) is measured; it gives diagnostic clues for training requirements and provides the setup for retraining (Moreno 1977, Vol.3, p. 270). He suggests that pathological aspects of warm up, such as an overheated condition, undeveloped or rudimentary conditions, may be prevalent in the bodily processes of warm up as they are in the cognitive and connative functions.

He comes to another focused concern about the body in his advocacy and descriptions of spontaneity training and of body training. In *Theatre of Spontaneity* he says of the actors "A certain *presence of the body* must be trained to an extent unknown in learning processes associated with the unpresence of the mind" (Moreno, 1973, p. 67). In writing of the spontaneity training of children he says, "Our first objective in this training is the achievement of the Spontaneity State. This state is a distinctive psycho-physiological condition . . . ," and he notes that "muscles and manners have close kinship" (Moreno, 1977, Vol.1, pp.141-142). Of the specific techniques to develop the improvising body he suggests increasing body "plasticity" and "a persistent integration and a rich variety of bodily vocabulary . . . the body of the player must be as free as possible . . . It must have the power to perform as large a number of motions as possible, and perform them easily and rapidly" (Moreno, 1977, Vol.1, pp.43-44).

Finally, the somatic aspect of warm up occurs in the relationship between spontaneity and cultural conserve. Just as the verbal portion of role may be in a conserved form, as in the utterances of initiation ceremonies, so the nonverbal kinesic portions may also be conserved. The graduand is touched on the head, the initiate kneels, the soldier salutes, the servant touches his cap, the obedient child looks downwards.

Moreno was aware that in contemporary society cultural conserves pose a challenge and a threat to the sensitivity of man's creative patterns. As an integral part of the creative locus the body is threatened by the conserves. That the human body is a living concretization of conserved movements and sounds seems evident from the restricted range and intensity of these dimensions in many areas of activity. Moreno noticed the stiff bodies of the actors of the legitimate threatre, and the vocal restrictions on children as they become "educated." We notice how the conserves associated with transportation, recreation and intellectual endeavour restrain and adapt the body to relatively sedentary and silent positions. We notice how the musculature often reflects conserved forms. Bureaucratic, academic and literary work which centre

around talking, listening and writing, have usually adopted inactive, immobile and sedentary total muscular systems.

Both in psychodrama and spontaneity training, then, Moreno drew attention to the somatic component of role warm up to spontaneity, and he believed each role had definite kinesic and vocal characteristics which will reflect influences of the cultural conserves.

Further writing on this in the sociometric literature has been sparse. Bronfenbrenner and Newcomb (1948) provide the beginnings of an observational schema of kinesic characteristics in the application of improvisational techniques to role training. Chaiklin (1967) has written briefly and descriptively about dance therapy, but without referring this expressive mode to spontaneity theory. Robbins and Robbins (1970) provide what is probably the first and only written account of physiodrama. Their work is illustrative of applications of psychodramatic techniques to the body, such as allowing a limb to have a voice, having various parts of the body role reverse with each other and having future projections of the body. They do not themselves, however, recognize their work as physiodrama.

Other references of reported psychodramas and sociodramas refer to the somatic elements of role as a secondary aspect of warm up and of role interaction, as aspects of non-verbal communication. Thus, gesture, posture, gaze and volume of voice have been recognized as components of action but ascribed an importance secondary to verbalizations.

Part of the failure to incorporate the body fully into practice and theory may stem from the absence of a comprehensive and valid classification for ordering observations of sounds and movements. It is difficult to observe, and to train people to observe, movements and sounds because of difficulties in discerning each parameter separately using the naked eye and unassisted ear. In addition, it may be difficult to relate the parameter to the behavioural outcome and to observe each parameter reliably in the context of role enactments.

The Observational Framework

Our framework is derived from sources relevant to Moreno's theorizing about the nature and development of spontaneity. First, it is built from observations by trained observers, gathered from verbal and non-verbal improvisation training and psychodrama sessions. Second, it is derived from studies of social psychological features of body language reported in the scientific literature. Third, it is based on relevant experimental and clinically based findings constituting the fundamentals of vocal analysis. We suggest it is extensive enough to embrace all kinesic and vocal dimensions so far considered to have practical psycho-therapeutic, educational or sociometric significance for diagnosis and treatment. As observations of the body become more detailed,

as well as more closely linked with theorizing, we expect this scheme to be refined, or superseded.

Background

This work originated from identifying the features of the warm up of adults to child-like play roles. Group members were warmed up to sounds and movements associated with the roles of curious investigator, adventurer, innovating and co-operative playmate, fun loving child, excited participator, actor, fantasizer, imaginative player, creative mover, and care-free vocalizer. They were encouraged to drop roles associated with talking, thinking, waiting, sitting, standing upright, questioning and analyzing, and to participate in action in a variety of activities associated with the play of children and animals. The aims of this type of spontaneity training were to add new play roles or to deepen existing ones; to extend the limitations of movements and sounds in respect of time and space; and to increase body spontaneity through action, and interaction, at the non-verbal level.

The relatively restricted range and intensity of movements and sounds of most people were noticed early in these groups. Some could raise their arms high but had restricted thoracic breathing. Others engaged in deeper breathing but could not balance on one leg. Some people could not run on tip-toe but could tolerate closing their eyes for extended periods, and so forth.

Theoretical Basis

Initial observations of each movement and sound would need to be accurate and detailed if adequate therapeusis is to be available. Some means by which to measure changes in kinesic and vocal warm up of each person is necessary. We can then describe role states, role conflicts and confusions, and pathological expressions of spontaneity without relying on verbal expressions of inner states, or on words as interpretive of acts. An audio-visual observational framework will allow a role analysis of present roles, missing roles, embryonic roles, and contaminated roles.

In a diagnostic situation a wealth of observational data is usually available to the clinician. This data may broadly be categorized as spoken meaning, such as sentences; bodily movements and positions, such as gestures, postures and facial expressions; bodily sounds such as groans, snorts, coughs; and sociometric positions and movements, such as moving towards, away from, or hiding. These categories embrace the entire range of observational data from which roles may be scientifically described. They refer both to personal and inter-personal action. Clayton (1977) has demonstrated, in her rating scale of role warm up, that a role may be defined objectively in terms of combinations of observations about these four broad categorizations.

Each of these, in turn, may be divided into specific and detailed elements. For instance, spoken meaning refers to such things as questions, statements, pronouncements, narrations and commands. Bodily movements such as facial expressions refer to postulated emotions like happiness, surprise, sadness, anger, disgust, and to muscular changes of physical features such as open mouth, set jaw, pursed lips, chewing, temples tightened, or nose wrinkle. Birdwhistell (1970) has described a "code for the face" comprising 55 different socially meaningful coordinations of facial muscles and attempted to relate these to judgements of emotional state. Ekman and Friesen (1975) also provide guides for recognizing emotions from facial clues in their extensive work on the measurement and sequence of non-verbal behaviour.

Bodily sounds may be subdivided into voluntary and involuntary sounds, each with its own acoustic dimension, and each related to certain physical features of the body. Likewise, sociometric positions and movements have significance for role diagnosis.

Kinesic Analysis

Social behaviour has a kinesic counterpart:

> "Just west of Alburquerque on Highway 66 two soldiers stood astride their duffle bags thumbing a ride. A large car sped by them and the driver jerked his head back, signifying refusal. The two soldiers wheeled and one Italian saluted him while the other thumbed his nose after the retreating car."

A kinesic analysis of the actions of the driver is translated by Birdwhistell as follows:

> "The driver of the car focused momentarily on the boys, raised both brows, flared his nostrils, lifted his upper lip, revealed his upper teeth, and with his head cocked, moved it in a posterior-anterior inverted nod which in its backward aspect had about twice the velocity of the movement which returned the head and face to the midline, and thus to driving focus." (Quoted in Argyle, 1975, p. 253)

Kinesics is the science of the body in motion. The kinesic is one link between the physical and the social. Every social action has a physical basis. We could, in theory, describe an entire psychodrama in terms such as Birdwhistell's example illustrates.

Equally, every movement has social significance, either personally or inter-personally. The movements of the protagonist have kinesic features, as well as emotional and cognitive aspects. When we cry there are feelings and thoughts. There is total body movement, as well as more marked movement in specific areas such as head, torso, and hands. Within the head movement there may be marked movement in the muscles of the lips, cheeks, and

eyes, but not in the ears or nose. Different people may cry in different ways, some using large movements and some being relatively immobile. Each expression of feeling and thinking has its own kinesic features, based on the person's mobilization of body tissues, organs, fluids, and skeletal structure.

That movement has social significance is also recognized in the concepts of facial expression, posture, gesture and gaze. A facial expression such as a look of horror conveys information about the person's inner state. The capacity to use movement as a socially meaningful expression varies between people and across cultures. This is partly due to the different capacities to use the kinesic dimensions.

The kinesic dimensions depend upon the body's physicality for their activation. These dimensions have a socially derived significance. Hence, the elements of each dimension may be described in social as well as physical terms.

Acoustic Analysis

Sounds are vibratory occurrences which we perceive auditorily and integrate into mental patterns based also on information from non-acoustic sources such as visual input, memory, fantasy, and feeling states (Knapp, 1953). To serve practical needs people who study acoustic phenomena and teach sound-making have devised various terminologies for communicating verbally about sounds. Musicians speak of intonation, timbre and tempo; voice therapists describe hoarseness, registers, and melody; linguists use terms like inflection, stress, and pitch level; acousticians talk of noise, decibels, and frequencies.

The analysis of the voice is approached in three different ways: through the listener's perceptions, through visual observation, and through acoustic examination. The first approach is mainly concerned with what the voice is and with how the hearer experiences the voice. The visual approach describes the physics, physiology, and chemistry of voice production. Acoustic analysis, the approach to sounds with which we are concerned, examines the voice through listening.

Each acoustic dimension is, for the most part, measurable. They are different in nature, in significance, and in effect. Moses (1954) and Ostwald (1963) describe dimensions of voice and these are the sources for our observational framework for sounds.

Emotional conflicts are often vocally expressed, as are thoughts and ideas. Many directors of psychodrama depend for their role analysis on their abilities to creatively hear the acoustic dimensions. Sounds have a physical basis and a social significance. As with movements, sounds are an aspect of role and may also produce a counter-role. Ostwald believed that what we regard as psychopathology is more often communicated acoustically than visually.

It seems to be the case also that therapeutic influence is exerted primarily through speech, silence, hmms, ohs, and other acoustic signals (Ruesch, 1961).

The acoustics of role analysis focuses on the emotional implications of soundmaking, rather than on the denotative content of verbalizations. Thus, we listen for the sounds of anxiety, depression, anger, insincerity, and so forth, and the conclusions of our creative hearing will usually be based, in part, on an informal acoustic analysis. Moreno (1977) began this type of work in his treatment of stuttering and in his development of psychomusic. The relationship between soundmaking and role theory has been partly developed by Ostwald's analysis of the psychoacoustics of the baby cry, and his description of the acoustic correlates to some clinically described emotional states. It is partly developed in Moses' treatment of stereotyped forms of soundmaking encountered in clinical work.

Application to Spontaneity and to Role Theory

People vary in the extent to which they use movements and sounds. This variation is partly a function of the social definition of the environment. It is assumed it is also a function of the person's spontaneity, of which the readiness and capacity to utilize the kinesic and vocal dimensions are a part. We define non-verbal spontaneity as the variable degree of novel and adequate kinesic and vocal enactment in relation to time and space. Time and space are the two constant variables that characterize movements and sounds. Every movement occupies space and lasts for a period of time, and every sound has a time duration. All elements in our observational framework relate to one or other, or both, of these constants. In addition, to measure warm up in the kinesic and vocal dimensions, we refer to three possibilities of role states—the range, flexibility, and intensity of each movement and sound.

Range refers to the extent of the movement or sound. A person with a wide range of a vertical arm movement will move his arm lower and higher, proportional to his height, than a person with a restricted range. Range also refers to the total extent of movements and sounds available to the person. A person with a wide range has a role repertoire of many different types of movements and sounds.

Flexibility refers to a person's capacity to change movements and sounds quickly and fluently. It is the same as total role flexibility in which the person has the capacity to change roles in unexpected situations with ease. Intensity refers to the person's depth of warm up to the kinesic and vocal dimensions: the person may be in process of warm up, in a full state of warm up, or in a conflicted warm up.

The Categories

We have based our framework, in part, on the categorization provided by Bronfenbrenner and Newcomb. They did not categorize sounds, but their nosology provides stable and operational categories for describing certain aspects of movements. Their categorization is also limited, as we will describe.

Their schema classifies some basic features of how a body moves, and what parts of the body are involved in the movement. They provide a frame of reference for the analysis of bodily activity and postural adjustment. Their schema was developed on the general hypothesis that the physical characteristics of a movement, how it is made and what parts of the body are involved, may offer clues as to its psychological significance. The characteristics of movement they give are, Quality, Front, Locus and Direction. We include these in our description of the kinesic dimension. However, while providing a valuable starting point, this classification is limited in several respects. First, it was derived from observations of relatively stationary groups of people. They observed groups whose main task was to enact improvisations with a relatively high verbal content. We know that another range, and type, of movement occurs when verbalizations are few, or absent, such as are associated with patterns and shapes and we wish to include these. Second, their schema is derived from observations of movements made in the context of direct interpersonal action. Many movements, and sounds, are made outside of this context, when alone or in a large crowd, and we believe these need to be included. Third, their categorizations omit reference to two basic aspects of movement; that movements occur in time, and in conjunction with breathing. Finally, their schema omits a precise reference to the sociometry of movement. Using their categories it is not possible to chart who moves where in relation to other people and to fixed points. Movements in front of, behind, on top of, beneath, or alongside other people or objects cannot be charted.

To their four characteristics of movement we add Speed, Mobility, Stillness and Patterns. Breathing, which is also a feature of vocalization, we include in the acoustic dimensions. In addition, we add the features of the tactile body, facial expression, gaze, gesture and posture. These latter are usually associated with inter-personal situation though they need not have a communicative function. They are characteristic movements rather than characteristics of movements. Each may be defined purely in terms of kinesic attributes of front, speed, quality, direction, and so forth. We include them in our framework because they are common types of movement important to therapists and educators.

In the section devoted to acoustic dimensions we list twelve aspects of vocalization. We focus attention particularly on range, register, respiration, resonance, and rhythm for these are basic dimensions amenable to accurate

measurement. The relevance of each dimension will depend upon professional interest and the ability to identify each dimension. Observations of vocalizations, especially the acoustic dimensions, depend largely on the audial, rather than the visual. We feel that training in this area is a neglected part of social science education and we refer the reader to the work of Moses for guidelines to audial observation.

MOVEMENT: Kinesic Dimensions

Quality

1. Relaxed. Movement flows easily with freedom and follow-through.
2. Jerky. The movement is quick, somewhat uncoordinated, perhaps exaggerated, begins and ends suddenly.
3. Abortive. These are movements which are begun but are cut short before completion, e.g., the person starts to clench his fist but stops midway.
4. Controlled. Movement is measured, deliberate, laboured without follow-through.
5. Immobilized. This is the extreme of 3. The movement is completely or almost completely inhibited. The body segment is not relaxed, but tense; muscles seem set and rigid as if the impulse for movement were present but being held in check.

Front This refers to the contour which the total organism, or various segments (hands, face, trunk), present to the environment. It is helpful to distinguish two extreme types of front.

1. Closed. The person flexes, contracts, and presents his harder surfaces to the environment (back arched, head down, arms and legs close to body, fists clenched, brows knit, jaw set.)
2. Open. The person exposes his softer, more sensitive surfaces to the environment (arms and palms open, body exposed, head back, eyes open, lips and mouth open broadly).

Locus Locus refers to the region or regions in which motor activity is most marked.

1. Peripheral locus. Movement is restricted to the peripheral parts of the body (hands and feet).
2. Central locus. Movements are present in central portions of the body (eyes, lips, mouth, shoulders, trunk).

Direction. It is convenient to discuss direction in terms of three planes.

1. Vertical plane. Movements in this plane are upward or downward. They include total body movements (kneeling, rising on toes) or segmental acts (stamping foot, raising arms, banging fist).
2. Transverse plane. The movements are directly toward or away from another person, or group.
3. Lateral plane. This is the sidewise plan at right angles to the other person or group. The person turns away from his companion or the audience and no longer faces the other party.

Speed This refers to how the person uses time in relation to body movements.

1. Hyperfast. The movement is so fast as to be uncoordinated and uncontrolled, as in thrashing about. The locus of the movement is in several places and there is multi-directionality.
2. Fast. The movement is rapid. It has directionality and control, as in rising from a chair quickly, or running in a straight line from point A to point B.
3. Slow. The movement takes longer than is usual to complete. For example, the arm is raised to the head over a period of three to four seconds, rather than the usual time of less than half a second.

Patterns This refers to the person's capacities to use movements to create shapes and patterns of differing degrees of complexity. In free-range movement, people have the option to move from point A to point B by shaping their direction, ranging from a straight line to intricate patterns of lines with varying degrees of curvature.

Sociometry of Movement This refers to the movement of the person in respect to a fixed object and/or other people. It refers to maintaining a sociometric position while in motion.

1. Moves to mask self. In this, the person is moving so as to have less of his body seen by another in the group. In immobile groups this is exemplified by the person who changes his head position so as to avoid seeing other people, or be seen.
2. Moves to mask other. In these movements, the person is placing his body, or parts of it, so as to hide the body of another person from himself, or from others.
3. Moves to ally or support self. In this, the person is usually moving alongside another person, as in two runners who move side by side, or three people walking down the street arm in arm.

Mobility/Stillness This refers to the ability of the person to change between and maintain an active body state (or segments of it) and a still, or 'at rest' state.

1. Agitated. The person is unable to keep still. The extreme form is the body frenzy in which there is constant movement of all or most parts of the body.
2. Disturbed. There are occasional movements of the peripheries, such as head turning, or scratching, and occasional total body movements, such as shifting posture.
3. Calm. The body is in a state of rest. This is unified throughout the body, with rhythmic breathing. It is a state of centred relaxation.
4. Catatonic. This is an immobilized rigid stillness, in which the muscles are apparently inert. The lack of mobility is almost complete with the breathing being the remaining source of movement.

Body Contact This refers to the frequency and manner in which the person touches other people and allows his own body to be touched.

1. Physical isolate. The person keeps his physical distance, avoiding body contact. He seeks places in the room where he cannot be physically touched by others. He takes a step back when contact is offered, or he allows it to occur by withholding the sensitivity of his skin and muscles. The extreme of this is the person who hides.
2. Toucher. Makes many and varied body contacts. Initiates these more often than he allows himself to receive them. Is comfortable using central regions of the body, as well as the peripheries, for making body contact.
3. Allower. This person receives, rather than initiates, body contact. This may be done hesitantly or with abandon.

Facial Expression This refers to the ability of the person to use the mouth, eyebrows, and nose, independently or compositely, to express emotions or interaction signals.

1. Blank. There is a lack of movement in some or all parts of the face, and changes in facial expression are made relatively slowly.
2. Expressive. Changes in the face occur with fluidity. All parts of the face can be mobilized.

Gaze This refers to the person's capacity to make and hold eye contact with a person or object while giving and receiving communications.

Gestures Refers to the capacity of the person to use the body, or parts of it, to communicate non-verbally, or as an adjunct to verbal communications. Gestural communication is the use of body signs with agreed meanings. The following categorization is based on Argyle:

1. Types of signalling: illustrations linked to speech; conventional signs and sign language; movements expressing emotional states; movements expressing private roles; movements used in rituals.
2. Ways of signalling: punctuating and displaying the structure of utterances; emphasizing; framing, i.e., providing further information about; utterances; illustrating; providing feedback from listener; signalling continued attention; controlling synchronization.

Posture There are three main human postures, (1) standing, (2) sitting, squatting, and kneeling, (3) lying. Each of these has further variations corresponding to different positions of the arms and legs and different angles of the body. The components of posture may be classified in terms of the position of the spine, shoulders, back, stomach, arms, legs, and head (Birdwhistell).

Posture is used in several different communication systems, and there is a repertoire of posture in each of these. Posture is associated with the activity being pursued. For example, there are characteristic postures for being curious, puzzled, indifferent, rejecting, watching, self-satisfied, welcoming, determined, stealthy, searching, attentive, violently angry, excited, stretching, surprised, dominating, suspicious, sneaking, shy, thinking, affected (Argyle).

Posture is associated with emotional states. It accompanies speech, in a way similar to that of gesture, though more slow-moving, It conveys interpersonal attitudes.

VOCALIZATIONS: Acoustic Dimensions

Range Every normal human being has three ranges: the potential, the singing, and the speaking range. The potential range spreads from the highest tone he can emit to the lowest, regardless of the nature or quality of the tone. The singing range includes all the tones, from the lowest to the highest, that have a balanced quality. The speaking range is usually the deepest third of the potential range, although actually many people talk in a range not intended for them. The fact that people have three voice ranges stems from the fact that the speech range of today is only a partial function of total vocal vocalization. In archaic days, when sounds, and not abstract constructions of grammar, were the vehicles of human thoughts and feelings, the complete range of voice was used more freely. The cultural conserves associated with civilization have limited our actual voice range.

The infant lets his vocal powers spread to their fullest extent, just as primitive peoples may use their voices to their hearts' content to express their reactions. Sensual sound also preceeded syntax. As we ceased to express ourselves in imitative sounds, cries of sorrow and jubilation, and acquired, instead, words, our vocal range began to shrink. Only when our controls get out of hand do we become savages again. When excited or intoxicated we forget our civilized range limitations and the primal cry can be heard again. Range is the language of emotions, as against articulation, the language of thoughts.

Register As applied to the human voice register refers to a physical acoustic event which results from an energetic change within the muscular coordination of the vocal cords. The term register has been borrowed from the organ, an instrument made to emit the same notes in various ways. In the human being there are three registers. The highest is the head register, the lowest is the chest register. The one in the middle consists of a mixture of both and is therefore called "mixed voice" or mixed register. This is used in normal speaking. We speak with either more head or more chest register. The more head register, the thinner and more "watery" the voice, and this is termed lyric. The more chest register, the thicker, and more "clay" like the voice, and this is termed a dramatic voice.

That register may be important in role analysis, and hence in spontaneity training is exemplified by Moses who hypothesized that different personality types are characterized by different proportions in the amount of head and chest registers which together form the mixed voice. He suggests that the schizoid personality has a more prevalent head register, for example.

Resonance Resonators for the voice are in the chest, the pharynx, the mouth and the naso-pharynx, the nose, the nasal sinuses and in the Morgagni's ventricles. These constitute the equipment of the human voice to make itself heard. Low tones receive their resonance low in the chest. The high tones find their resonator in a high spot in the mouth, nose or naso-pharynx.

Respiration Without normal breathing there is no normal phonation, and no normal movement. A vocal abnormality, and a movement abnormality, is always accompanied by respiratory irregularities. When we analyze respiration we look at, and listen to, the following elements and relationships:

1. Depth and volume of breathing. A person may breathe deeply or shallowly, use little or much air, depending on his lung capacity, the circumference of his rib cage, and the angle of his ribs to the sternum. The volume of a person's breathing is not fixed for all time. It varies with activities, circumstances and emotional states. Volume of air inhaled and exhaled may be controlled at will.

Therefore, volume of breathing is an èxcellent means of expressing emotional states. Breathing deeply requires far greater muscular effort than does shallow respiration. Breathing also affects the basic chemistry that sustains us. But no matter how much oxygen we breathe in, our metabolism can use only a limited amount. The surplus is wasted and so is the energy used to secure it.

2. Frequency of breathing. Because of the close, direct connection with metabolism, rapid and frequent breathing indicates high-activity and excitement. Usually, the nature of an emotion must be evaluated in conjunction with other body cues, including vocal elements. Fear and anxiety are associated with more frequent breathing, while grief and sadness seem to be associated with a reduced frequency of breathing.

3. Relation of inspiration and expiration. The coordination of inhalation and exhalation is a controllable relationship. Lack of balance between expiration and inspiration may symbolise a variety of emotional meanings.

4. Relation of thoracic and abdominal function. The diaphragm reacts with sensitivity to emotional moods. In turn, its movements alter sounds. Anxiety upsets the co-ordination between abdominal muscles, diaphragm, lungs and vocal cords, and as a result an unsteady tone is produced. Contemporary clinicians often advocate a deepening of abdominal breathing in order to stimulate emotional expression.

5. Relation between the amount of air used and the intended tone. There is a proportion between the tone intended and the tone produced. In anxiety, the character of the tone changes. When a person is anxious he "shrinks." Vocally, this means he tries to keep the tone small. The amount of exhaled air will be bigger than the tone produced. The sound of horror is always breathy. The incompletely closed vocal cords make a passage for "wasted" air which escapes unused for phonation between vocal cords. Moses considers that hopelessness, fatigue and inner conflicts reveal this. Also, excitement and expectation show this: we sigh with joy, suck in our breath when surprised, sigh with tiredness, and so on. The particular meaning of the toneless surplus air depends on the vocal syndrome in which it appears.

Whispering is a wide-spread vocal convention often heard in neurotic expression. It is an articulated toneless expiration which is intended to be secretive. Moses suggests that persons who whisper inordinately suck in their breath because they do not want to give it away, and consider it an expression of "anal" retentive personalities.

6. Rhythm of respiration. Rhythm is the means by which cultural leaders achieve the concentration necessary for ritual. It is also a technique used for self-hypnosis. Also, by controlling the rhythm of breathing we can create certain emotional states. In addition, our breathing adapts itself to the rhythm of activities when we watch with great concentration. It adapts itself likewise to purely imaginary activities. The rhythm of breathing changes when certain emotional states are thought about as well as when they are experienced. Each movement has its own breathing rhythm.

Rhythm This is one of the most senstive of the acoustic dimensions. Its changes are audible and measureable under different emotions, and each individual has his own particular rhythm. Rhythm is movement, it is tension and release, it is periodicity. We assimilate by making helpful processes automatic. This may be thought of as habit formation, and its main source is rhythm.

Because of the constant change in the environment, as well as within the individual, the periodicity of rhythm of living things cannot be quantitatively exact. Physiological rhythm is irregular, like the waves of the sea, which are similar but never exact. Regular rhythm lacks life. It is typical of the machine, of the beat of attempted mechanical perfection.

In the archaic evolution of rhythm, music and rhythm preceded the word, or the name of things. The close connection between chant and magic is suggested in "enchantment." Rhythm in ancient magic had three roles: to exercise control of the force to be subjugated or used by symbolic gesture and repeated invocation of its name, to create the concentration necessary for magic ritual, and to submerge the magician into a state of even greater antiquity where he could explore the unconscious for "inner voices" and racial memories.

Rhythm is an experience which the newborn brings with him into the world. Our rhythmic needs vary greatly both individually and socially. With increasing affect our speech becomes more rhythmic.

Other Acoustic Dimensions and Significant Features of Voice.

Melody gives expressiveness to the voice. Even if articulation is poor the melody may make the meaning entirely understandable. Speech melody is determined by the meaning underlying the grammatical structure, and by the inherent emotional value of certain expressions. It carries the marks of the speaker's moods and attitudes. Speech melody contains dynamic accents of of volume and speed modifications. While variations in pitch carry the specific meaning, and to a certain extent, the emotional undertones of the thoughts conveyed, changes in intensity underline importance, focus attention, and thus express appeal. Melody is probably a central feature of role identification,

by acoustic means, of common roles such as the complaining, whining child and the enthusiastic initiator. When we say "I can hear the complaining in his voice" we are usually referring to the melody of the speech.

Pathos is the vocal threshhold of personal expression. It is the vocal link identifying "I" and "myself," and "I" and "you." It is a relational dimension in which a person expresses his, and others' estimation of himself. It is evident in social and in personal roles. Moses writes "It conveys that the king is king to himself, and to you and to me. It makes the child wince at the rejection of his mother's voice, regardless of her words. It moves the congregation during a sermon of true conviction even when the Minister is a poor orator." Pathos expresses the individual's autotele, his tele with others, and it underlines the vocal characteristics without conscious effort.

Mannerism, on the other hand, is affected and willed. It is vocal exhibitionism, a caricature of the genuine expression of pathos. Mannerism conceals or embellishes. It is used as part of a power relationship. It is never creative, never a new form for a new content.

Melism is the vocal means of expressing personal appeal. It indicates vocal finesse and consists of elements usch as imperceptible ritardando or acceleration, miniscule pause, a slight glide in pitch or an almost imperceptible inflection.

Regularity is the vocal repetition of one or more vocal qualities at definite intervals, or in recurring response to stimuli. For example, repeated use of the same vowel length when varying emotional states would call for different timing. Irregularity gives colour to sound production when the variations stay within harmonious limits. *Uniformity* in speech is always a pathological symptom. There is an element of muscular rigidity that does not permit volitional alterations of movement. It prevents vocal variation and characterizes the depressed voice. *Exactness* in speech is a willed effort and a result of training. Exactness extends from excessive inexactitude of general paresis to the over-exactness of compulsion. Exactness entails greater respiratory pressure and better abdominal support, exact pitch without too much glissando, well coordinated resonance and careful articulation. Regularity and uniformity relate to the flow of speech, exactness can be analysed at any random moment.

Conclusion

All and any observations lead to cognitive chaos. Each observation needs to have theoretical signficance. This schema is developed on the general hypothesis that kinesic and acoustic characteristics of action may offer clues for the clinical description of role states. It is designed to attune observers to a comprehensive description of role, paying attention to what have been loosely known as "body cues."

It is a basis for making hypotheses about these cues by drawing attention to the particularity and extensiveness of movements and sounds. It does not provide meanings for any kinesic or acoustic observation. These are provided by the observer.

The effective use of modalities in this framework in a psychodrama, for instance, will vary according to the reliability of the observations, and the validity of the hypotheses relating role states to kinesic and acoustic dimensions. The director, in the roles of social investigator, therapeutic guide, maximiser and role trainer, is already noting certain aspects of role and he may find advantage in increasing his sensitivity to the movements and sounds of the action component.

Some directors and researchers find value in attending to gestures and postures, others are more attuned to shapes of movements, to respiration, to infant-like sounds and so forth. In any given clinical situation it would not be necessary to describe role states in terms of all the dimensions.

At certain stages of a drama or spontaneity training session, however, it may be appropriate to focus directly and completely on movements and sounds. For instance, when the protagonist is in a pre-verbal warm up, baby-like sounds and movements need to be discerned. Similarly, when being trained to seek and accept nurturance, a protagonist might require guidance in these areas.

Furthermore, those roles whose experiential meaning and sociometric significance are attached primarily to the somatic, such as the play, athletic and dance roles, have a clear relationship to movements and sounds. In addition, the non-verbal drama as well as non-verbal spontaneity training and improvisational practice relay heavily on stimulation and interpretation of such dimensions.

In conclusion, the clinician's boundaries may be extended by utilizing elements of this framework. The use of this framework may bring psychodramatists and sociometrists in closer connection with the concepts and methodolgies of the developing sciences of movement and sound of which Moreno was cognizant in his pioneering works.

Summarized form of kinesic and vocal dimensions

Kinesic Dimensions

Quality	relaxed, abortive
	jerky, controlled, immobilized
Front	closed, open
Locus	peripheral, central
Direction	vertical, lateral, transverse
Speed	hyperfast, fast, slow
Mobility/Stillness	agitated, disturbed,
Stillness	calm, catatonic
Patterns	straight, circles, simple, complex

Characteristic Inter-personal Movements

Body Contact	body isolate, permitter, toucher
Facial Expression	blank, expressive
Gaze	
Gesture	types of signalling, ways of signalling
Posture	standing, lying, sitting, squatting and kneeling
Sociometry	masks self, masks other, moves to ally

Acoustic Dimensions

Range	
Register	
Resonance	
Respiration	depth & volume of breathing
	frequency of breathing
	relation of inspiration & expiration function
	relation between amount of air used & intended tone.
Rhythm	
Other acoustic dimensions and significant features	melody, regularity, uniformity, pathos, mannerism, melism, exactness

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Address: Christopher Wainwright
Wasley Centre
563 Willaim Street
Mount Lawley, Western Australia, 6050

PSYCHODRAMA AS A PSYCHOTHERAPY SUPERVISION TECHNIQUE

Jim VanderMay and Tom Peake

This presentation is intended to suggest an additional technique for learning and teaching psychotherapy and counseling skills. Especially the experiential parts of therapy skill are promoted by adapting psychodrama to sound principles of psychotherapy training. Unique qualities of psychodrama can complement other techniques, providing an important addition to the supervision repetoire. We intend to mention other techniques which are available to the therapy student and mentor; to highlight some of the most important principles of supervision (across theoretical orientation) which need to be considered in including a new technique; and then to describe the what, how, and when of psychodrama in supervision.

Many of the techniques used in supervision include (1) process reports or recall by the trainee, (2) audio tape, (3) video tape, (4) one-way mirror viewing, (5) co-therapy with the supervisor (especially in marriage or family counseling), (6) a group or seminar supervision of several trainees with supervisor(s), or combinations of any of these. It would be instructive to report which of these techniques or combination of techniques is most valuable or effective in the learning and teaching of counseling skills. That information is not available but suggests an interesting later study.

The technique of psychodrama includes a process report by the trainee, role playing, and a group supervision format. In that respect it is not unique. Psychodrama for supervision is unique in including its particular strategies and emotional impact. However, the strengths must be used in the context of the best training principles.

Supervision Principles

Numerous articles are available on the principles of teaching psychotherapy. Rather than exhaust all sources, several better known sources were examined

in order to draw conclusions about common crucial considerations. Kaslow et al. (1977) present diverse views about teaching helping skills. In Kaslow's compilation of readings, the authors who provide the most appropriate concepts include Gene Abroms and Paul Abels. Abroms describes "Supervision as 'Metatherapy'," or therapy of therapy. This requires thinking in parallel structures. The supervisor has a sensitive task of helping focus therapy's goals on what can be achieved given the psychosocial skills of both therapists and clients. Within Abroms' discussion some perspective is developed which allows resolution of the "vexing" problem about how much should or should not be said or what is or is not the supervisee's "pathology." In some form virtually all authors address this issue. Psychotherapy is broadly conceived as, " . . . a type of interpersonal relationship designed to promote beneficial changes in the thoughts, feelings, and behaviors of distressed clients" (Abroms, p. 82, in Kaslow et al., 1977). Thoughts, feelings, and behaviors of the therapist are also in play as well as a "split transference," both to client and supervisor, just to complicate matters. Recognition of these goals and factors is necessary if supervision is to be enhanced by any novel technique.

The chapter in Kaslow et al. (1977) by Paul Abels discusses "group supervision of students and staff," and includes a description of Bion's (1961) study of groups. This is a recognition that in any group setting there are "basic assumptions" or a group "deed structure" which, if not understood and counteracted by informed analysis and supervision, interferes with meeting the group's goals. A commitment is required even if only an informal metacontract that the group needs each other and will work together. Any supervision technique in a group setting would profit from Abels' discussion of techniques for promoting developmental growth in a group context.

The most frequently cited source of principles for developing the psychotherapy craft may be Ekstein and Wallerstein (1963). Doehrman (1976) has done some important work related to Ekstein and Wallerstein by researching their ideas. Doehrman demonstrated empirically that a "parallel process" exists whereby the therapist mirrors or tends to act like the patient in supervision and the supervisor in therapy. This observation affords unique opportunity both for a supervisor to model or encourage the therapist to try different ways of dealing with specific styles and problems, and to be sensitive to "blind spots" where the therapist may overlook ego defenses in the patient which are too familiar to be seen.

> The student's "problems about learning" involve his idiosyncratic character attitudes and ego-defense mechanisms developed as a resistance to the supervisory process. Although these resistances to supervision may represent major transference dispositions which parallel the patient's transference reactions, resistances, and defenses in therapy, Ekstein and Wallerstein prefer to restrict

> the terms *transference* and *counter-transference* to the therapy situations and talk instead about the student's "learning problems" and "problems about learning." So far as the student's "problems about learning" parallel the patient's resistances in therapy, these problems are not narrowly defined as obstacles to learning that need to be eliminated. They are, in fact, the very vehicle through which therapeutic progress may be effected. The . . . emotional reactions a student brings to his supervisor are recognized and dealt with, not to "therapeutize" the student but to help him use these reactions to achieve greater understanding of the ongoing dynamic processes at work in the therapy (Doehrman, 1976, pp. 16, 17).

Any supervisory technique must allow or promote this learning process if it is to be beneficial.

Matarazzo (1971) discussed research on the teaching and learning of psychotherapeutic skills. Borrowing from Matarazzo, Schmidt (1979) applies previous findings and suggests there are seven issues which must be dealt with in supervision. For the beginning therapist (1) role definition and (2) early beliefs about therapy are crucial. Ongoing issues in supervision include: (3) presentation of a difficult or troublesome issue, (4) theoretical discussion of hypothesized meaning, (5) trainee's emotive response to the issue, (6) therapeutic approaches or techniques to the issue, and (7) a restatement of the issue. This conceptualization enables a structured approach to be applied to supervision. An awareness of the importance those issues allows craft and cognition to merge.

One last author describes the importance and application of metaphor. Barnat (1977) says that spontaneous metaphor helps allay trainee anxiety. Metaphor serves a unique function in therapy (Peake et al. 1979) as both a language which aids diagnosis of a patient's emotional style and a language of intervention for the therapist. When metaphor is most pungent, clear and firm, understanding of conflictual issues is best. Psychodrama is unique in its ability to catalyze and crystallize metaphor.

Psychodrama Principles & Techniques

Psychodrama is an instrument through which the individual acts out problems and concerns in his or her life. The director coordinates the process so that the group and the protagonist, the person portraying the problem, receive maximum benefit. Group members as auxiliary egos perform the function of playing the roles of significant others with whom relationships are being explored. The action process is within the framework of the "here and now" as if it is unfolding at the present moment in time (Moreno 1978). The purpose of the psychodrama is to promote an environment where the individual's spontaneity may be rekindled and guided toward insightful, responsible, creative living (Blatner 1973).

The usual psychodrama session begins with a warm-up of the group to build trust, openness, and group cohesion. A protagonist emerges, and following the enactment, the group shares mutual concerns and struggles.

During the supervision psychodrama, the protagonist or supervisee examines a client relationship. The scene is set such as an office or ward. A group member is chosen as an auxiliary ego to represent the client. As the psychodrama develops, the director utilizes various techniques described later in this paper. These techniques lead the supervisee toward new insights into the relationship. The supervisee also is challenged to be creative and to experiment with new behaviors while interacting with the "client."

As a means of closure, the group members are encouraged to share experiences from their own lives that are similar to the action presented in the psychodrama. This aspect of sharing has a supportive and bonding effect and therefore encourages other group members to present their difficult experiences to the group. A final aspect of closure is used for processing and evaluating the psychodrama. Group members share perceptions of the psychodrama. Suggestions of alternative ways of dealing with the client may be offered to the supervisee.

Several psychodrama techniques may be used during the supervisory sessions. The use of any particular technique is dependent on the needs of the protagonist as determined by the director. Many techniques are used together, however, it is not necessary to use all of them during one session. The protagonist referred to here represents the supervisee receiving the supervision. The techniques are listed and briefly explained.

1. Setting the scene—Most psychodramas begin with a place for action to occur. With the theme of supervision often being one of dealing with difficulties in relationships with clients, most scenes during supervision are offices or on the nursing unit if it is an inpatient facility. The protagonist chooses and sets the scene. Setting the scene allows the group to "move in" with the protagonist to be on-the-scene observers and participants (Blatner 1973).

2. Role reversal with the client—Role reversals are conducted by the director often during the psychodrama. This is done to further acquaint the supervisee with the experience of the client and also to provide the auxiliary ego and director with information about the client. It is Moreno's contention that the protagonist should take the role of all significant persons in his or her life so that distortions may be explored and reintegrated (Moreno 1969).

3. Soliloquy and aside—These words represent techniques used in regular theatre when the actor or actress speaks aloud the thoughts and feelings that usually go unspoken. In psychodrama the supervisee-protagonist speaks aloud these thoughts and feelings with the understanding that the client will not hear them

(Moreno 1969). This technique may be very effective as a transition from customary use of words in traditional supervision to the more symbolic and action-oriented communication used in psychodrama.

4. Doubling—The double is a type of auxiliary ego that represents a part or parts of the protagonist (Moreno 1969). A double is brought into the scene if the protagonist becomes stuck in the action or has difficulty expressing what his or her feelings are. This technique is very useful as a motivator to challenge the supervisee-protagonist toward new more productive spontaneous behavior. The double also adds clarity to the interaction through continual focus and refocus on what is occurring (Blatner 1973).

5. Concretization—Concretizing makes visible the concepts of proximity and distance, movements to and fro, horizontal and vertical, or symbols, delusions, ideas, forces and dynamics (Moreno 1969). For example, concretizing authority could be done by raising the authority figure to a higher level such as a balcony or chair. Clinging may be concretized by physically hanging on. Concretizing is useful because the protagonist is able to visualize those qualities that would otherwise exist only in fantasy or symbol. He or she now has something with form that can be approached, confronted, loved, beaten, or removed (Moreno 1969).

6. Future projection—The protagonist portrays through action a possible future scene in his or her life (Moreno 1969). Some purposes of the future projection are (1) to assist the protagonist in goal setting for the future (2) to offer some indication of the protagonist's view of the future, and (3) to provide an opportunity for the protagonist to experiment with a new course of action and achieve an awareness of the consequences of those actions (Haskell 1967).

7. Mirror and self counseling—The protagonist is removed from the scene and replaced by an auxiliary ego who mirrors his or her behaviors (Moreno 1969, Haskell 1967). The purpose of this technique is to allow the protagonist to view the scene from a perspective which is one step back. The protagonist may be better able to develop alternative ways to handle the situation. Self-counseling is similar to mirroring except that the protagonist moves into the scene as a counselor or therapist to help the self who is being played by an auxiliary ego. Through this technique the protagonist is able to confront blocks and resistances in his or her own person as they relate to the conflictual situation.

8. Application of psychodrama to the one-to-one counseling setting—This technique allows the protagonist to practice the use of specific psychodrama techniques while in the protective setting of the supervision group. Haskell describes this psychodrama "a deux" as useful, especially with protagonists who are shy or withdrawn (Haskell 1967).

Psychodrama Advantages and Disadvantages

Having become aware of the techniques, one could raise the question of the advantages and disadvantages of using psychodrama in the supervisory situation. The advantages are listed according to seven specific areas.

1. Transference-counter transference: During the psychodrama the feelings of transference and counter-transference (or "problems in learning" as Doehrman, 1976, describes them) may be easily recognized and worked through especially with the use of the auxiliary ego who becomes the object of the transference-counter transference process (Z. Moreno, 1978). Techniques such as role reversal, doubling, concretizing, mirroring and self-counseling are all useful when dealing with countertransference issues. Moreno suggests that a new source of energy called "Tele" may replace transference by allowing therapist and client to see each other for what each really is when projections are not occurring (Moreno 1959, Moreno 1978).

2. Time: The protagonist acts in the "here and now" regardless of the actual past, present, or future of the situation (Moreno 1969). Therefore the situation is experienced rather than just discussed as a past event.

3. Action orientation: The action speaks for itself. The many concretizations and the here and now quality of the experience creates visual stimuli necessary to describe the situation more thoroughly than by reporting about it.

4. Spontaneity: The supervisee is given the opportunity to experiment with new and creative approaches to the situation while in the safety of the supervisory group. Action techniques are instrumental in developing an individual's ability to become more spontaneous (Kelly 1971).

5. Sharing: Group members are encouraged to share situations of similar experience. Sharing develops a means through which group members offer mutual support and encouragement (Hofrichter 1973). The initial sharing experience enables the supervisee to be more receptive to evaluative comments later in the session.

6. Group catharsis: During the psychodrama group members experience their own catharsis at times abreactive but most often integrative. They learn through being an emotionally involved observer to another's successes and failures.

7. Focus: The primary focus of the supervisory group was on the relationship between supervisee and client. Group members were not asked to "encounter" each other unless it was directed toward something that occurred in the action. At times a group member would work through relationships with his or her own significant others, but this action was precipitated from the initial examination of the relationship with the client. Because the model was not one of "group encounter," the group members were able to concentrate more on the therapy they were giving than on their relationships with each other. Moreno supported this intensive examination of the relationship (interaction) between therapist and client (Moreno 1978).

Three possible disadvantages are:

1. The psychodrama director is susceptible to placing countertransference demands upon the supervisee-protagonist (Blatner 1973).
2. The "here and now" quality of the action often raises initial anxiety in the trainees.
3. Sharing, although an expression of support, may raise concern about self-disclosure. Private issues become group knowledge, and members must be protected through mutual agreements about confidentiality (Moreno, 1964) and how much evaluation as opposed to identification is allowable. This increased anxiety may lead to a reduction of spontaneity and productivity (Moreno, 1978).

Specific training and certification requirements for a psychodrama director should follow the recommended guidelines of the American Board of Examiners in Psychodrama, Sociometry and Group Psychotherapy. A certified director should be used to supervise the psychodrama aspects of the training. The training supervisor may assist in the integration aspects of the learning. That supervisor may or may not be skilled in psychodrama directing; however, some auxiliary ego skills are desirable.

Students or supervisees will need some preparation about what is expected of them during the supervision. Confidentiality among group members must be discussed.

Afterthought

Psychodrama lends itself effectively to the seven important issues that Schmidt (1979) related about supervision. For beginning therapists (1) role definition and (2) early beliefs about therapy could be addressed directly or indirectly in psychodrama, but the technique has no unique advantage on those issues. For the ongoing issues in learning therapy, psychodrama vividly can portray (3) presentation of difficult or troublesome issues. (4) Theoretical discussion of hypothesized

meaning can take place in the sharing format of psychodrama or at some other time. The technique does not lend itself well to doing this during the acting phase. One of the main strengths of the technique is in promoting, viewing and developing an understanding of (5) the trainee's emotive response to the focal issue. Also the opportunity to try out (6) therapeutic approaches or techniques to the issue is another strength of psychodrama. The wrapping up phase promotes (7) a restatement of the issue.

Finally the psychodrama technique can be invaluable in identifying "problems in learning" and the subtle "parallel processes" which are the core of valuable supervision.

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Addresses: Jim VanderMay
Activity Therapy
Pine Rest Christian Hospital
Grand Rapids, Mich. 49508

Tom Peake
Psychology Intern Training
Pine Rest Christian Hospital
Grand Rapids, Mich. 49508

EVALUATION OF THE ALTERNATE LEADERLESS GROUP IN A MILITARY PSYCHIATRIC HOSPITAL [1]

Glenn R. Caddy and Robert S. Kretchmer

The development of a sense of dependency and helplessness which occurs in many psychiatric patients in response to the imposition of powerful institutional controls has been reported widely as one of the most adverse effects of institutionalization (Almond, 1974; Goffman, 1961; Jones, 1953; Stanton & Schwartz, 1964). This helplessness, which Seligman (1969, 1973) has described as a "psychological state which results when events are uncontrollable," occurs in many institutions, a number of which appear to have been concerned more with the management and control of their patients than with treatment process and treatment success. Perrow (1965) addressed this aspect of institutional care when he commented that:

> Hospitals are said to have "displaced" the treatment goal in favor of custody. It is more appropriate to say that the goal of "treatment" is of symbolic value only, and the real operative goal is custody and minimal care (p. 926).

Like prisons, psychiatric hospitals may be considered "total institutions." As Perrucci (1974) has noted, psychiatric hospital staffs determine who will enter the hospital as patients, who will be permitted to visit these patients, what the services provided to the patients shall be and which patients shall be viewed as "cured." It also has been pointed out (see Jones, 1953) that dependency and helplessness in psychiatric patients often is a consequence of institutional control and that the authoritarian total-care structure which exists within the traditional authority-bound psychiatric hospital reinforces the patient's sence of lack

1. Requests for reprints should be addressed to Dr. Glen R. Caddy, Department of Psychology, Old Dominion University, Norfolk, Virginia, 23508.

of control. Chemotherapy, psychosurgery, behavior modification, the employment of token economies and many other "treatments" all appear to be capable of fostering helplessness and dependency in hospitalized psychiatric patients.

While the group therapy process is perhaps more subtle than many of the other therapeutic procedures in contributing to the relative helplessness of many psychiatric patients, there is little reason to assume that group therapy is innocent of the charge of aiding and abetting the process of imposing institutional control on patients within the psychiatric hospital. The issue of control often occurs in the group as a result of the influence and power of the group leader who is by far the most important and influential member of virtually all types of therapeutic groups (Johnson, 1963; Yalom, 1970). Lieberman (1975) has described the power and influence of the group leader in the following terms:

> It is he who sets the learning experience, who makes the interpretation, or analyzes resistance, who sets the norms, who is the model (p. 365).

Yet, as Yalom (1970) has stated, in some instances the power of the group leader may be counterproductive to the decision making capabilities of the group. This counterproductivity may be manifested in feelings of dependency and helplessness in group members.

Approximately sixty percent of all psychiatric patients in the U.S. Navy and Marine Corps are diagnosed personality disordered. Many of these people, mainly young men, experience special authority and dependency conflicts (Strange, 1974). Strange has described this youthful population in the following terms:

> Personality disorder has a high incidence in the military service because of that segment of population which makes up defense organizations. This is a youthful group, many of which have adjustment problems prior to enlistment . . . Certain aspects of military life are predictably stressful for those with personality disorders. Military structure, social setting, roles and activities, all make life difficult for a young man who enters the military because he cannot tolerate the authority of home, school, and community and he will immediately find himself confronted by another authority system more direct and pervasive than that which he left (p. 268).

Given the problems with authority and dependency which characterize many of these people, it is reasonable to hypothesize that many patients in military psychiatric hospitals, in particular, have special problems that occur as a consequence of the sense of powerlessness which they experience in receiving treatment from an officer therapist who wears a uniform reflecting authority

and control. The group leader, as an officer, is part of the organization structure of the military, a structure which is marked by rigid and clearly defined authority patterns, direct assignment of responsibility and strict disciplinary standards.

There are several treatment approaches which have been developed which are designed to reduce the possible negative controlling effects of institutionally based treatment procedures. The leaderless group is one such technique. Kadis (1956, 1963), and Wold and Schwartz (1962) have reported that the leaderless group provides members with an increased sense of cohesiveness. Yalom (1970) reported that such a procedure fosters autonomy and responsibility. Everly (1973) has observed that the leaderless group facilitates the expression of critical feelings toward the therapist in his/her absence (Yalom, 1970) and that they contribute to the improvement of verbal behavior in "reserved" patients because such patients become more active and uninhibited in the group (Dworwin, 1969).

While some group therapists have experienced some difficulty within themselves and within the group in introducing the alternate leaderless sessions (see for example, Seligman & Sterne, Note 1), other therapists have openly opposed the entire procedure (see Bieber, 1957, Slavson, 1964). Bieber (1957) for example, criticizes the alternate leaderless group approach with the following assertions:

1. There is a blurring of the lines between "socializing" and therapy when the leader is absent which proves confusing and disruptive to the group participants.
2. Members' disclosures are not interpreted but merely serve as a carthartic purpose.
3. The therapist must retain the leadership position since he or she is the only skilled person in the group.
4. Sexual and other types of acting out are given license during leaderless sessions when the therapist is unable to provide protection against exaggerated manifestations of antisocial or masochistic impulses (p. 209).

Unfortunately, the studies which have examined the alternate leaderless group process, by and large, have employed methodologies and designs which leave much to be desired (see for example, Astrachan et al., 1967; Harrow, et al., 1967; Truax, 1966, 1969, and 1970). Further, the criteria for success in all these studies have been related to personality and/or group process variable measures. Measurement of these personality variables typically has involved the use of self-report psychological instruments which are widely recognized to suffer from serious limitations (see for example, Chronbach, 1969; Mischel, 1968), while the group process variables have been measured via indices of verbal behavior

in the absence of the group leader. Despite the considerable merit of also examining behaviorally based outcome measures of the consequences of group participation (see for example, Goldfried & Davision, 1976), to date there have been no published studies that have employed behavioral outcome measures to evaluate the effectiveness of the alternate leaderless group technique.

Treatment outcome evaluation procedures employing behavioral adjustment and social skills indices would appear especially useful in permitting an assessment of the likely subsequent adjustment of those individuals diagnosed "personality disordered" who find themselves in military psychiatric facilities. The direct observation and measurement of specific behaviors outside the treatment group interaction would permit an evaluation of the very target behaviors that brought many of these individuals into conflict with military supervisors and peers.

The study reported herein examined an extension of the comments of Desmond and Seligman (1975, 1977) regarding the need for research employing behavioral criteria to measure the treatment outcome of individuals involved in therapy using the alternate leaderless group approach. The present study used behavioral and other outcome measures to explore the possible special advantage of using the alternate leaderless group in the treatment of young personality disordered patients within a military psychiatric hospital.

Method

Subjects and Setting. The subjects were 30 male psychiatric patients underoing inpatient treatment at the Naval Regional Medical Center, Portsmouth, Virginia. Eighteen of these individuals were diagnosed as mixed personality disorder with passive aggressive and immature features; four were classified as schizoid personality; four were classified as passive dependent personality; two were classified as borderline personality. All subjects were in the age range 18-25 years (mean age 20.0 years) and all but one were caucasian. The subjects' mean educational level was 11.6 years and their mean time of service was 25.0 months. None of the subjects was taking any psychiatric medication at the time of the study.

The ward on which the study was conducted is a 20-bed psychiatric ward limited to male psychiatric patients diagnosed as personality disordered. The main form of treatment available on the ward was the standard group therapy. No individual therapy was provided. Other events on the ward included a daily community meeting and a recreation hour.

Design. A two factor mixed design with 15 subjects per treatment was used. The two treatments were either (1) the standard therapist-led group treatment procedure or (2) the alternate leaderless group treatment procedure. The design

called for repeated measurement using five dependent variable measuring instruments administed to all subjects.

Procedure

As each new patient entered the ward he was asked to participate in the study. Each subject was advised via an Informed and Voluntary Consent Document that group therapy was the primary mode of treatment on the ward and that a clinical investigation of the effectiveness of this treatment was under way. The patients were not advised that more than one form of group therapy was being employed on the ward.[2] Rather, they were asked to agree to be a party to the collection of self-rating and other outcome data and they were advised that they would be evaluated routinely during the course of their entire treatment program. No potential subject refused to participate in the study. Following the signing of the consent documents, subjects were assigned randomly to either the experimental (alternate leaderless) group or the comparison (standard leader-led) group. These groups comprised the primary therapeutic intervention available to subjects during the course of their hospitalization.

Subjects in both treatment conditions were treated in groups of between 6 and 7 subjects per group. The experimental group met once a week in leader-led sessions and three times a week in leaderless sessions of equal duration. The same therapist, who was a specialist in group therapy, provided treatment to both groups. All subjects in both groups remained in treatment for a total of 28 days.

A total of five instruments was used to capture any changes which may have occurred in the subjects during their hospitalization: (1) the MACC Behavioral Adjustment Scale (see Ellsworth, 1971); (2) the Rotter I-E Scale (see Rotter, 1972); (3) The Minnesota Multiphasic Personality Inventory (Hathaway & McKinley, 1943); (4) a Treatment Process Questionnaire;[3] and (5) a Treatment Outcome Questionnaire.[4] All subjects were rated on the MACC Scale on days 1, 14, and 28 by three psychiatric technicians who previously had been trained

2. *It also should be noted that subjects in both treatment conditions* were advised to maintain confidentiality in relation to both staff and other patients as far as what went on in the actual treatment session.

3. The Treatment Process Questionnaire was developed by the authors. The instrument involved 32 Likert Scale structured questions which measured various aspects of how the subject felt about the treatment he received and his level of functioning during treatment.

4. The Treatment Outcome Questionnaire also was developed by the authors. This instrument comprised 16 Likert Scale structured questions designed to measure behavioral functioning during and subsequent to treatment.

Both instruments are available from the senior author.

to conduct the ratings and who were blind to the conditions to which each subject was assigned. A modified self-rated version of the MACC Scale was completed by the subjects on days 1, 14, and 28 of the experiment and then again 30 days after discharge from the hospital. Except for the first Treatment Process Questionnaire which was administered on day 7, the remaining instruments were administered on days 1 and 28. The Treatment Outcome Questionnaire was again administered 30 days after discharge from the hospital.

Analyses of variance with repeated measures across time were performed on the data from all of the five instruments used in the study.

Results

The mean staff ratings on the total adjustment scale for subjects at each of the three administrations of the MACC Behavioral Adjustment Scale are presented in Figure 1. The analysis of variance conducted on the staff based MACC total adjustment ratings across the two treatment groups showed a significant difference between the groups (F [1,28] = 7.53, $p < .05$) with subjects in the alternate leaderless group showing the greater overall improvement. Subjects in both treatment groups also showed positive changes over time on this measure, these changes being statistically significant (F [2,56] = 133.22, $p < .001$). As may be expected from examining Figure 1, a significant group by administrations interaction also was established (F [2,56] = 11.45, $p < .001$). This interaction indicates an increasing difference over time between the two treatment groups.

Separate analyses of variance also were performed on the data from each of the staff rated MACC subscales. These analyses indicated significant differences on the *mood* subscale between the treatment groups (F[1,28] = 6.76, $p < .05$), for administrations (F [2,56] = 68.17, $p < .001$), and for the interaction of the two (F [2,56] = 11.47, $p < .001$). On the staff rated *cooperation* subscale, a nonsignificant trend toward differences between the two treatment groups was established. Significant differences on this subscale were noted, however, for administrations, (F [2,56] = 81.40, $p < .001$), and for the groups by administrations interaction (F [2,56] = 8.06, $p < .001$). On the staff rated *communication* subscale, significant differences were noted between groups (F [1,28] = 5.94, $p < .05$), between administrations (F [2,56] = 139.38, $p < .001$) and also for the interaction of the two (F [2,56] = 12.95, $p < .001$). Finally, on the *social contact* subscale the differences between treatment groups proved significant (F [1,28] = 9.58, $p < .05$), as did the differences between the administrations of the scale (F [2,56] = 98.55, $p < .001$) and the interaction between the two (F [2,56] = 7.06, $p < .001$). On all these subscales, the subjects in the alternate leaderless group proved to be functioning in a superior manner to those in the more traditional treatment group.

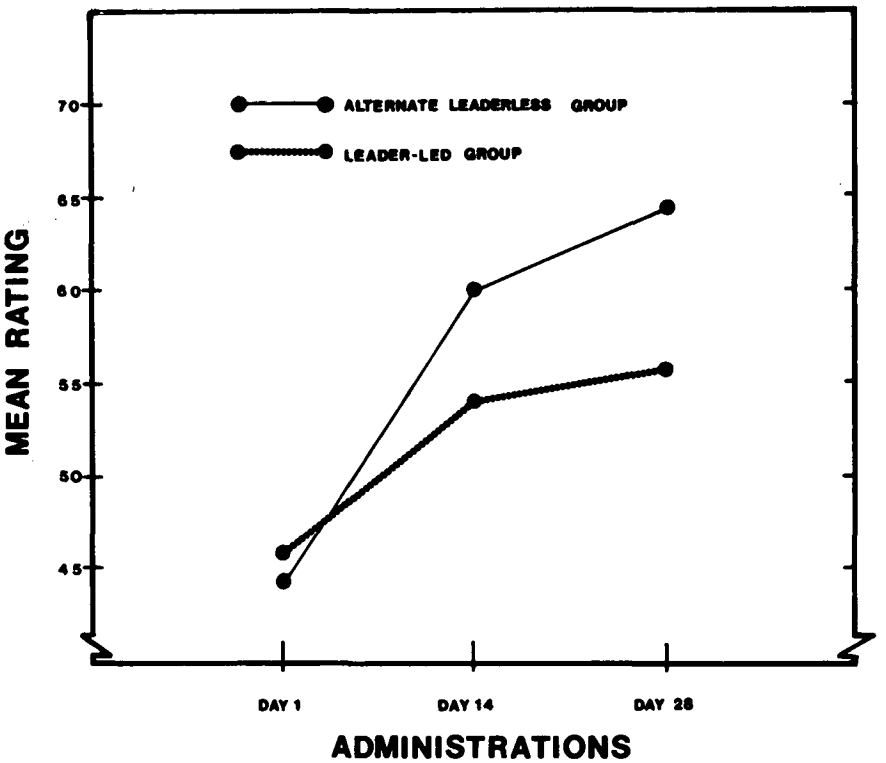

Figure 1. Mean staff ratings on the MACC total adjustment scale for subjects in the alternate leaderless and leader-led groups at each test administration.

The means of the subjects' self-ratings of overall adjustment by treatment conditions, as measured by the MACC are presented in Figure 2.

This figure suggests that subjects in the experimental group rated themselves overall to be more adjusted than did subjects in the comparison group. It also suggests, except for the small decrement noted within the leader-led group mean at the 30 day follow-up (day 58), that the self-ratings of subjects in both groups increased over time (i.e., subjects noted a small improvement in their overall adjustment).

The analyses of variance performed on the MACC based total adjustment self-rating data from days 1, 14, 28, and 58 indicated that the only significant effect was the repeated measures factor, administrations, (F [3,28] = 6.12, $p < .001$). The apparent differences between the two treatment groups noted in Figure 2, did not prove statistically significant (F [1,28] = 33.30, $p < .08$).

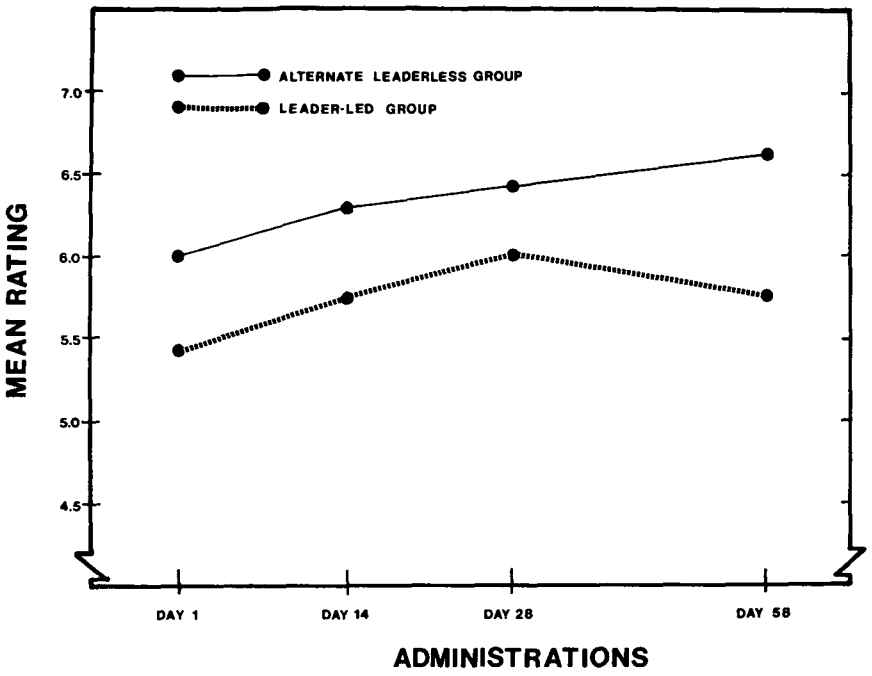

Figure 2. Mean patient (self) ratings on the MACC total adjustment scale for subjects in the alternate leaderless and leader-led groups at each test administration.

The analyses of variance performed on the scores of each of the self-rated MACC subscales showed a significant difference between subjects in the two groups on the *cooperation* subscale (F [1,28] = 4.93, $p < .05$). On the *mood* subscale a significant effect for administration was established (F [3,56] = 3.96, $p < .01$). Similarly, differences between the self-ratings obtained across the various administrations of the *communication* subscale proved significant (F [3,56] = 8.07, $p < .001$). Finally, the self-ratings on the *social contact* subscale show a trend towards differences between subjects in the two treatment groups (F [1,28] = 3.59, $p < .07$) while differences between administrations of this subscale proved significant (F [3,56] = 4.81, $p < .005$).

The analyses of variance performed comparing the 13 MMPI scales on days 1 and 28 showed significant between group differences on scale H_y (Hysteria) only with subjects in the alternate leaderless groups showing a greater reduction on the H_y scale over the course of their treatment than subjects in the leader-led

group (F [1,28] = 4.58, $p < .05$). Significant administration effects were established for 9 of the 13 scales. The following scales showed these differences over time: F, K, HsD, Hy, Pd, Pa, Pt, and Sc.

The analysis of variance conducted on the self-rated Rotter I-E Scale scores indicated that there were no significant differences due to group or time of administration, nor were there any significant interactions between the two. There was, however, a slight tendency for the mean I-E scores to decrease across both groups during the course of the study (F [1,28] = 2.97, $p < .10$).

The mean self-rated scores on the Treatment Process Questionnaire for subjects by treatment condition at the two rating points are presented in Figure 3.

The analysis of the data from this questionnaire indicated that the possible trend toward differences between the two treatment conditions noted in Figure

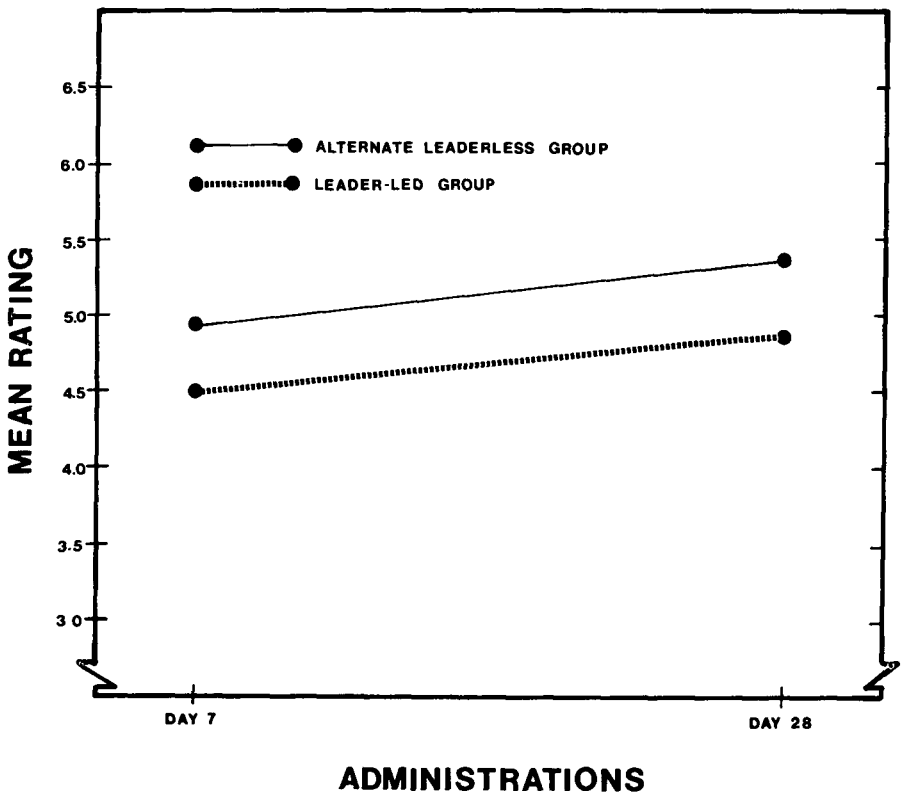

Figure 3. Mean treatment process scores for subjects in the alternate leaderless and leader-led groups at each test administration.

3 did not prove significant (F [1,28] = 3.68, $p < .07$). Ratings from subjects in both groups, however, did show significant increases from the first to second ratings, as shown by the effect for administration (F [1,28] = 10.78, $p < .05$).

The mean self-ratings of subjects on the Treatment Outcome Questionnaire, by treatment conditions, are presented in Figure 4. Analysis of variance conducted on the data from this questionnaire indicated the existence of a strong trend toward differences between subjects in the two treatment conditions (F [1,28] = 3.96, $p < .06$). A significant increase in the self-ratings of subjects in both groups across the three administrations of the questionnaire also was established (F [2,56] = 10.18, $p < .05$).

Discussion

The results of the staff ratings on the four MACC total adjustment scales and on the four MACC subscales taken on days 1, 14, and 28, indicated that subjects in the alternate leaderless groups produced behavioral adjustment on the ward

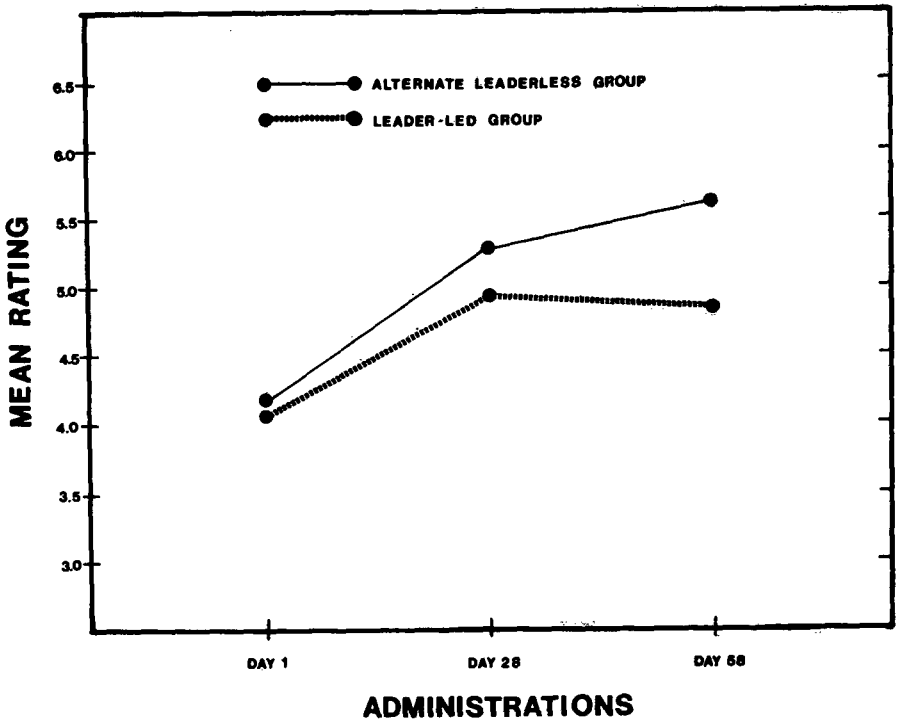

Figure 4. Mean treatment outcome scores for subjects in the alternate leaderless and leader-led groups at each test administration.

which was seen as superior to that of the subjects in the leader-led groups. The analysis of variance performed on the MACC total adjustment self-rating data taken from the same time period, and on day 58 as well, indicated that subjects in both groups rated themselves about equally behaviorally adjusted at each of the rating periods. However, the subjects in both groups reported that they noted significant improvements in their behavioral adjustment over time. One of the self-rated MACC subscales, *cooperation,* showed a significant improvement for the subjects in the alternate leaderless group over the subjects in the leader-led condition. A strong trend reflective of possible differential improvement of subjects in the alternate leaderless condition over subjects in the traditional group program on the self-rated measures tapped by the *social contact* scale also was observed. This finding indicated that subjects in the alternate leaderless group may have perceived themselves as more social, less withdrawn and more successful in completing more assigned tasks than subjects in the leader-led group.

The effects of administrations proved statistically significant for 9 of the 13 MMPI scales. The general tendency for the MMPI scores of subjects in both groups to decrease from day 1 to day 28 provides further substantiation of the overall improvement of subjects in both groups as an outcome of hospitalization and their involvement in group therapy. Similarly, the Rotter I-E mean scores showed a tendency to decrease across both groups during the study. This decrease reflects a movement toward greater internal locus of control suggesting that subjects in both groups perceived themselves more in control of some aspects of the environment subsequent to the therapeutic intervention.

No differences were noted by the subjects in either treatment group as far as their perception of their level of functioning and their satisfaction with treatment was concerned (as measured by the Treatment Process Questionnaire). The results of the Treatment Outcome Questionnaire, however, indicated that subjects in both conditions rated themselves as having improved in behavioral adjustment during their 28 days of hospitalization and that this perceived improvement was maintained generally over the 30 day follow-up period.

Several of these findings may have practical implications for the military service and perhaps also for treatment programs in a number of other settings as well. For the military service, these findings would seem to have potentially important implications for the manner in which psychiatric patients diagnosed as personality disordered receive psychiatric treatment in military psychiatric facilities. Since the main focus of treatment for these individuals in such settings at the present time involves efforts to improve their behavioral adjustment, rather than on long term dynamic change, the data from this study suggest that the alternate leaderless group therapy approach may offer considerable advantage over the standard leader-led approach in accomplishing this

goal. Also, the alternate leaderless group may save a significant number of hours of treatment time in an already understaffed psychiatric service.

The findings of this study would appear to have important implications especially for the management of some of the large numbers of military and other personnel who experience authority conflicts in correctional centers. Since most of the counseling which is conducted in these settings is provided in the group, use of the alternate learderless group technique in such settings may contribute to an alleviation of some of the problems with authority and with the sense of lack of control which appear inherent in such setting. Such an approach might contribute to the therapists in such settings being perceived to be less powerful or less a part of the organizational structure of the establishment.

The alternate leaderless group technique also would appear to have value in contributing to a reduction in some patients of their dependency upon the group therapist. By reducing the active role of the group leader, it may be possible for some patients to improve their decision making capabilities by facilitating an increase in self confidence and confidence in other members of the group. Finally, it would seem reasonable to expect that the alternate leaderless group technique may have a particular advantage over the more traditional group therapy approaches in contributing to the improved social behavior and overall adjustment of many individuals who join aftercare groups following their discharge from psychiatric hospitals. Clearly, in order to evaluate fully the alternate leaderless group technique and its possible contribution to the treatment consequences of people exposed to it, well designed research, hopefully much of it behaviorally oriented, involving the introduction of the technique in a variety of settings to a variety of treatment seeking individuals will be needed.

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Addresses: Glenn R. Caddy
Department of Psychology
Old Dominion University
Norfolk, Va. 23508

Robert S. Kretchmer
Naval Regional Medical Center
Portsmouth, Va. 23708

THE CENTRAL CONCERN MODEL, A FRAMEWORK FOR STRUCTURING PSYCHODRAMATIC PRODUCTION

Dale Richard Buchanan

The "central concern model" is a conceptual framework for structuring psychodramatic production based on interactions that have emerged spontaneously from the group. It was developed at the Psychodrama Section at Saint Elizabeths Hospital, and has been used there for a quarter of a century. The chief architect of the model was James Mills Enneis. Throughout the past 25 years, staff and trainees have modified the model.

The model defines and focuses an "area of concern" that the group will explore during the action phase of the session. This "central concern" is a synthesis of the contractual relationships (individual goals and group goals), thematic feeling, and topical concern for the therapy session.

The major focus of this article is to describe the essential components of the central concern model as it is applied to clinical practice. It draws heavily on the training and clinical experience of the author. There is not previous published literature on the model, although another model is described in Whitaker and Lieberman (1964).

Historical Development

J. L. Moreno (1964) provided the theoretical foundation from which the central concern model was developed. He stated that the protagonist must serve as the the vehicle for the group. He further stated that when the psychodrama is group centered, it is important that the theme be a truly experienced problem of the participants (real or symbolic).

While Moreno provided the theoretical impetus for the development of the model, it was Enneis who designed the model that provided a framework for the selection of the protagonist as well as a crystalization of the warm-up processes which lead to the establishment of a common theme and shared concerns of the group. Enneis (1951) in discussing the analysis of the warm-up stated: "By the merging of varied interests, it [the warm-up] centers on a problem area with which

it [the group] is willing to be concerned during a particular session. There is an exclusion of peripheral concerns, and a crystalization of the more basic areas with which the group will deal."

Don Clarkson has been instrumental in the teaching of the model. He has also made important contributions to our understanding of the thematic feeling and the topical concern. Cole, Hearn and Zinger have also made important contributions to our understanding of the model and how it works.

Central Concern and Director-Directed Models

For the purpose of this article, it is the author's contention that either a director directed or protagonist centered psychodrama is essentially a pre-structured session, and the model for direction of the session would be similar for both warm-ups. In both cases, the topic or content is pre-selected before a group has an opportunity to freely discuss its concerns. Thus, the structure is provided prior to the warm-up phase of the session.

These pre-selected sessions are relatively easy for the director to direct during the warm-up phase of the group. It becomes the responsibility of the director to establish communication networks and sociometric links between the chosen protagonist and the rest of the group members.

This model also provides a fallback position for directors who primarily utilize the protagonist-centered model. Psychodrama directors who are employed in institutions or working with low-motivated clients, know the difficulties inherent in trying to elicit a volunteer protagonist from a resistant group.

It has been the infrequent experience of this author that hospitalized patients will readily state "I want to work." Therefore, rather than waiting and feeling impotent because of the lack of a protagonist, the director can begin to structure group interactions so a protagonist can emerge from the group.

In contrast to the protagonist-centered session, a free flowing or spontaneous warm-up is much more difficult to direct since there are few pre-established concerns. The Central Concern Model provides a framework for structuring psychodramatic production from interactions which emerge spontaneously from the group. This article may provide directors with some theoretical anchors and clinical perimeters to guide them in their search for a topic, theme and protagonist.

Steps for Implementation of Central Concern Model

There are several basic steps for the use of the central concern model. In the preparation phase, before the group assembles, the director should explore his own warm-up and the contractual relationships of the group. During the group

the director focuses on establishing the theme and the topical concern. The topical concern is composed of two sub-factors: (1) Manifest Content and (2) Matrix of Identity. Then, through the integration of the contract, theme and topical concern, the director is ready to state the central concern, and use this topic as the criterion for selection of a protagonist who will most accurately reflect the concerns of the group.

Director's Warm-Up

The director's warm-up refers to the director's own personal concerns and feelings as they relate to his personal and professional life. The director must also begin warming up to the role of group therapist. This warm-up procedure will culminate in a process in which the central concern model clarifies and reflects the concerns and feelings of the group and not the projections to the director.

In order to achieve accurate listening skills, the director must be sensitive to his own feelings and concerns so as not to misinterpret the concerns of the group. It is important to remember that the director does not have to submerge his feelings and concerns, but rather he must be aware of them prior to entering the group, and thus give primacy to the concerns and feelings of the group members.

The negative consequences of the director's ability to bracket are more extensively discussed in another section of this paper, However, this author cannot overemphasize the importance, albeit necessity, for the director to bracket his own values and feelings. All psychodrama directors should have completed intensive personal psychotherapy and should continue to receive on-going clinical supervision. This continuing monitoring process of the director's personality is necessary in order to maintain the sanctity of the protagonist's psychodrama from infringement by the director's psychopathology.

The director will also have to begin his warm-up to the task of directing the group. Moreno (1953) stated that the most spontaneous member of the group should be the director. Thus, the director must begin to warm-up to his own spontaneity state before entering the group. Some useful preparatory exercises used by the author include reviewing the group's most recent themes and concerns, and spending time in quiet contemplation.

Contractual Relationship

After checking his own personal and professional warm-ups and the group history, the director needs to review the group contractual relationships. The contractual relationships refer to the specific goals and purposes for which the group was formed. They are the broad boundaries that will focus the group to

specific areas of content. The contractual agreement should attempt to answer the questions of who, what, when, where and why. Behaviorally defined objectives and specific affective goals should be documented and recorded for the group and each group member.

Although the focus of this paper is the application of the central concern model to clinical psychodrama practice, the model also has numerous other applications for use in psychotherapy and training. This model has been successfully adapted for utilization in verbal psychotherapy groups. This model can also be adapted by practitioners of other psychotherapies such as Reality Therapy, Adlerian, Rational-Emotive, etc.

This model has proven to be a tremendous asset in the conduct of training sessions directed by staff and trainees of the Saint Elizabeths Hospital Psychodrama Section. While goals and objectives are usually predetermined for training groups, the individual members of a training group often have a variety of issues and concerns which may or may not be addressed in a typical structured training session.

The central concern model provides a framework for warming up members of the group and structuring action training demonstrations around issues of importance to the group. Channels of communication can be established and an issue of general concern uncovered which can then be focused upon in the demonstration of the psychodrama theory and techniques.

Frequently, when a psychodramatist conducts a demonstration session for other professionals there is a good deal of resistance to the methodology. These resistances can be overcome through directly confronting the issues and concerns of the training group. Usually first time resistances focus around areas of performance anxiety and how much of personal and professional roles should be revealed to colleagues. It is quite easy to structure a psychodrama demonstration around these issues without becoming immersed with the pathology of the group and any of the group members.

The model can also provide for development of the criterion for sociometric selection of a protagonist who most clearly reflects the concerns and issues of the group. The sociometric selection of a training protagonist will also ensure that a support system exists for the protagonist after the training demonstration has been completed.

This model is in contrast to the infrequent but unfortunate circumstances which arise when a director chooses to work with a sociometrically isolated hysterical protagonist who volunteers to work. While a hysterical protagonist can result in an excellent demonstration of psychodrama theory and techniques, there may be little closure and/or sharing, and the sociometric position many not ensure an on-going support system.

Typical broad group goals for clinical groups center around areas such as employment, sexual relations, couples therapy, chemical abuse and re-entry into

the community groups for psychiatric patients. Ambiguous titles such as growth groups, potential groups or encounter groups do not provide concrete broad goals. Consequently, in these groups more attention must be given to developing specific behavioral and affective goals for each group member.

Enneis, who has repeatedly emphasized the need for clearly defined goals for groups and individuals, postulated that undefined goals are likely to produce a scattering effect among group members and their areas of conflict. This scattering effect is likely to be contra-therapeutic in increasing the individual's anxiety about themselves and the world in which they live.

For Example: A Chemical Substance Abusers group has been formed with the immediate goal of maintaining sobriety. During the group's history several crises have occurred—an individual's father died, another individual lost his job and a third individual was raped. If these concerns are not tied into the goal of maintaining sobriety, the director could successfully intervene in all these crises but fail to maintain the overriding goal of focusing on sobriety. If this happens, the current crises could all be resolved, but many of the group members could have returned to patterns of chemical abuse.

Since individuals enter a group with residual warm-ups from a variety of sources, the director can use the primary goal to help the group members focus on their reason for being in the group. After the initial focusing on the broad goals of the group, the director can help the participants warm-up to their own individual goals as they relate to the concern being discussed.

As a final note, it should be added that the goals for the group and group members are established through on-going mutual negotiation sessions among the group members.

After completing these preparatory steps the director is now prepared to focus his attention on locating the group's theme and developing the topical concern for the group.

Theme

The theme is usually the most easily perceived emerging factor of the central concern model. The theme, as referred to in this article, is the affective dimensions of the group as expressed by the group members.

Plutchick (1980) has written an exhaustive book on the language of the emotions that has resulted in a typology of eight primary emotions (fear, surprise, sadness, disgust, anger, anticipation, joy and acceptance [receptivity]). A more detailed exploration of his work will further expand the perceptions of the reader as they relate to the emotions expressed by group members.

Clarkson states that there are usually only five themes that emerge in groups. These themes are dependency, independency, potency, impotency, and abandonment.

In regard to these five themes Clarkson hypothesized that the theme is the most important factor of the central concern model to change in terms of the group members' response. He stated that the primary task of the director is to restructure the group's thematic responses to those of greater potency and creativity in coping with life.

Hearn conversely stated that the director should pay little attention to the affective theme. Articulating a more behavioristic viewpoint, he believes it is of primary importance to focus on the behavior of individuals and groups and the theme should be used only as a catalyst for developing new behavioral patterns.

In locating the theme of the group members, it is useful to remember that confusion is not a theme, but rather a smokescreen that prevents either an individual or the group from uncovering feelings. Of course, this confusion can often be a manifestation of ambivalence in feelings and, in practice, people seldom focus entirely upon one affective dimension. Usually there is a range of feelings in any individual or group depending upon which perception is being focused upon.

Thus, it seems more useful to this author to think of a dominant affective theme and emerging affective subthemes.

> For Example: A particular group may overtly express feelings of abandonment and isolation, but some emerging subthemes might include anger toward the abandoning figure and guilt towards themselves for not meeting some unspecified contract that caused them to be abandoned. An additional affective subtheme might be affection and trust towards their fellow group members for sticking it out with them.

Before the director becomes entangled in a massive amount of intellectual gyrations concerning the theme, he should remember that it is useful to keep it simple. Ask the group members how they feel and they will usually respond with short and direct statements.

Topical Concern

The topical concern is the concrete area of concern in which the group manifests interest for a particular therapy session. It will be a rather broad area of concern that has emerged spontaneously from the group members' interactions with one another. The topical concern can be uncovered by careful attention to its two subfactors of manifest content and matrix of identity.

Manifest Content

Manifest content refers to the actual words spoken and actions of the group members as observed by the director. The director makes no analytical interpretations and provides no answers but rather attempts to facilitate interactions between group members and to establish the channels of communication around a specific topic.

Many times directors are so preoccupied with a search for underlying motivations that they ignore the concerns of the group. If a director is unsupportive of a patient's statements, the usual result will be a withdrawal from the interactive process by the group members, rather than an increase in communication with others.

For Example: If a group member says, "The food in the cafeteria is really bad," the director might say, "John, we are not here to discuss the food in the cafeteria. What are you doing about leaving the hospital?" This will probably result in a "termination" of interaction between the two, as the patient will feel unsupported by the director. If instead, the director would say, "Yes, I have heard from others that the food isn't very good here. Where in the community do you like to eat?" The director will have supported the original communication but channeled the conversation into an area that will be productive for learning about the patient's interactions with the community.

The director and auxiliaries can also help to establish the manifest content during the warm-up phase of the session through the use of doubling (both individual and group), by assuming reciprocal roles to individual group members, and by supporting the weaker polarities of the group. Further information on these techniques can be found in literature written by Engram (1974), Seabourne (1968) and Zinger (1975).

The technique of doubling is self-explanatory to most psychodramatists, but the other two techniques may cause some confusion because of their lack of documentation in the published psychodrama literature.

Assumption of a reciprocal role is the process by which a stable auxiliary or director takes the role with which an individual seems to be interacting during the warm-up phase of the session.

For Example: Group member: "My mama says I'm too lazy." Director or auxiliary who briefly assumes the reciprocal role: "You are lazy! You never help me with anything."

Through the assumption of the reciprocal role, the individual and group become more focused on the persons and issues that are foremost in their minds in today's session. The assumption of reciprocal roles generally leads to increased interaction and clarification of an individual's concerns.

Supporting a weaker pole is the technique wherein the director of auxiliary plays the devil's advocate. Often groups will cluster around unipolar issues and neglect to discuss the issues on the opposite side. Cole has stressed the necessity of the director remaining relatively value free and objective during the session, so he does not join the group and exclude an unpopular position or value. Likewise,

if one individual is expressing the opposite pole, the director needs to be supportive of that individual in order to maintain their conative pattern within the sociometric network of the group.

If a majority of the group agrees that being hospitalized is much better than living in the community, the weaker pole will be supported by expressing the needs that are not met by institutionalization. The director or auxiliaries must be careful to bracket their value systems, so they can support weaker poles that are contrary to their value systems or taboo in our culture. Through the expression of the weaker polarities the issues or concerns of the group are expanded to more accurately reflect a total spectrum of feelings and concerns around a particular issue. Supporting the weaker pole also helps the action phase of the session since an antagonist is usually essential to produce maximum expression of affect and allow for a full discussion of the concern.

Cole has repeatedly stated that it is essential for the director to assist in producing an open climate in which all group members may express their thoughts, fears and dreams without fear of ostracization from the group as a whole. Often, in fact, two or three articulate members may dominate the group as a whole even though their ideas are representative. Should the director support only the dominant issues of the group, the weaker subgroup will likely experience difficulty in expressing their values. This can result in an incomplete warm-up, one that is so narrow that it will sociometrically isolate individuals from the group. An incomplete warm-up may also have the effect of producing issues where there is little conflict, so that "sugar-coated" endings predominate, instead of more realistic alternatives to life where there are no "simple" solutions.

Therefore, to facilitate development of complete warm-ups, and to establish a sociometric network where all individuals of the group have their own position, the director must maintain his position as facilitator of the group and not the arbiter of social values.

If there still remains uncertainty and confusion in the director's mind concerning the topical concern of the group, it is useful to forget about the words spoken and focus upon the symbolic interaction. Hearn has stated that the director should focus his attention upon the symbolic manifestations of the group and enact those symbols or "pictures."

Members of the group often provide important clues to the group's topical concern through their use of imagery and imagination. Common examples of such symbolic imagery might include statements such as "This seems like a zoo in here today," "I feel at the end of my rope," "Everyone is in Outer Space today," or "I'm in a fog, and I don't know what's going on." Rather than persisting in trying to make sense out of nonsense, the director should begin an action warm-up that incorporates the group's pictures.

For Example: Using the statement, "I'm at the end of my rope," the director should provide an actual rope. An individual or the group may begin to tug on the rope until they reach the end of the rope. What happens next? What does the rope symbolize? Who or what is at the end of the rope? How do group members interact with the rope? These and other questions can be explored in action to bring more focus to the topical concern of the group for a particular session.

Matrix of Identity

The second subfactor of the topical concern to consider during the warm-up phase of the group session is developing individual identification through the matrix of identity. Moreno (1953) referred to the matrix of identity of the infant as being the social placenta or roots of an individual. An adult's matrix of identity refers to all the roles, interactions and situations in which an individual has found himself in the past, is currently experiencing, or anticipates that he will encounter in the future. These matrix figures can be interpreted in terms of Model Group (Knoblock, 1964), Social Atom (Moreno, 1953), Significant Others (Sullivan, 1947) or any other theoretical framework of relationships and interactions.

As Bion (1961) stated, all the issues and concerns addressed by an individual are directly related to the here and now concerns of the group. This can easily be illustrated by two different persons looking at the weather: One says, "It is raining, and I always feel down when it rains;" the other says, "It's raining. Great, this will cool down the temperature." The goal of the director is to make connections between the events and the statements occurring in the group with each individual's matrix of identity.

For Example: In a group that is broadly discussing impotency in dealing with society in general, the director facilitates the individual's warm-up to specific individuals in society with whom they have experienced, are currently experiencing, or anticipate experiencing these problems of impotency, e.g. the unaccomodating landlord, the surly waitress, the domineering parent, overbearing spouse, etc., and relates them to specific situations.

Broadly stated, the director focuses the warm-up of the individual group member to his own matrix of identity as well as to the here and now of the group situation. Again, this is accomplished by helping the individual focus on issues of group concern as applied to his or her own personal experiences and facilitating imagery development of those situations.

Clarkson repeatedly emphasized the importance of developing imagery among group members. If facilitated adequately, the warm-up should develop so that each individual has a clear mental set or "scene" concerning the times in his own life where he has, is or will be encountering the broad concerns as

stated by the group. Establishment of the imagery allows the protagonist to be a mirror for the group and reduces the likelihood of members passively watching scenes with which they are unable to identify.

Statement of Central Concern

After completing the basic steps for structuring spontaneous warm-ups, the director can begin to formulate the statement of central concern through the merging and integration of the four major factors of the central concern model. (1) The *Director's Warm-Up* will focus the director upon his or her personal and professional concerns and allow for development of more accurate listening skills. (2) The *Contractual Agreement* will focus on the group's current affective range and provide direction for exploration of other affective levels. (4) The *Topical Concern,* which is composed of the manifest content and matrix of identity, will delineate the broad boundaries of the group members' concerns as well as allowing each individual to warm-up to specific situations and interactions of his or her own life that relate to the group's concern.

Now that all the factors of the central concern model have been uncovered, the "central concern statement" is a simple positive statement that focuses the attention and resources of the group on the issues of the day. The central concern statement, as all psychodrama sessions should provide, is a positive goal towards which the individual and group wishes to move, e.g., when an individual expresses the desire to work on the issue of obtaining a divorce, that can be viewed either through the focus of dysfunction or function. Moreno has consistently maintained that psychodrama represents a theory of mental health and repeatedly emphasized the focus upon mental health and not mental illness. Thus, the goal would be a more satisfying relationship with an individual. A divorce may be one of the alternatives explored in the individual's quest for a more powerful effect upon the protagonist of the session. What individual would want to undergo the intensity and anguish of a psychodrama concerning the death of a parent, if the goal was to "deal with their death," rather than the more positive focus, such as to "remember the good parts of the relationship." In actuality, the therapeutic goal we are working toward with the client is probably to learn to be more self-reliant, or to mourn the loss of some roles, but hopefully allow for replacement and reestablishment of some of the major roles that have been lost due to death. But before an individual can begin to enter into new relationships, the person needs to mourn the loss of the old relationship.

Thus, as a director, the author has often said to the protagonist: "I know it is painful or difficult to encounter in a 'scene,' but I thought you said it was preventing you from obtaining your dreams and future goals. Let's explore this together with an eye to obtaining your dreams and wishes."

As Moreno (1964) stated, "Our goal is not to analyze the patient, but to help him dream again."

Enneis remarked that the central concern statement should be broad enough to encompass all the group members, but specific enough to relate to each individual and his or her matrix of identity.

There has been considerable debate among the staff members of Saint Elizabeths Hospital concerning whether the statement of concern should be announced to the group. Hearn felt that the concern should not always be stated because it often causes additional resistance in the group towards working on that concern. However, Clarkson stated that the concern should always be expressed to the group, so the group members will focus on an area of concern for which they feel they have enough resources to adequately confront.

The central concern can usually be formulated within the first ten minutes of the group's interaction. Clarkson stated that all interactions after the first ten minutes are usually repetitious, with the group continuing to cycle and repeat the same concerns and themes couched in different semantic terms.

Although theoretically the statement of central concern can be formulated in the first ten minutes, it usually takes most directors more time to formulate the concern. However, as a director has more practice in using the model, he or she should be able to reduce the amount of time necessary for formulation of the concern.

There are two instances in which the formulation of the central concern can take considerably longer than the optimal ten minutes. In newly formed groups or chronic regressed groups, there may be a sufficient lack of development of sociometric links and group cohesiveness to uncover the central concern in ten minutes. When these channels of communication are not established or severely disturbed by some crisis, the statement of the central concern can be greatly delayed. In fact, Moreno (1964) has reported that entire sessions may be devoted to the warm-up action for the next session.

Zinger stated that the more common reason for lack of development of a central concern statement is due to the director's blocking of the process. This most frequently occurs when the group's concerns closely approximate the director's own personal or professional concerns. We have all been privy to examples of this when a group is attempting to deal with an issue which the director finds overwhelming. If a director has not appropriately worked through his own feelings relating to death, intimacy, competency, and other basic key issues, he will likely be stymied in his attempt to help the group work through these feelings and issues.

At other times Zinger suggests that the inability to formulate a central concern statement or move into action stems from the director's feelings of impotence. If the director focuses upon arriving at "solutions" then it may be difficult for the director to conceptualize a scenario for dealing with the concern

of the group. When this occurs it is useful for the director to remember that he or she is not totally responsible for the content of the session or for providing a solution or a happy ending to a conflict. Zerka Toeman Moreno (McCrie, 1975) has used the analogy of the psychodrama director as a midwife. She states that it is the responsibility of the director to assist in the birth of the group's concerns and issues. She further states that the genetic characteristics of the birth are not the director's responsibility, but the director is responsible for structuring a framework which allows for group decision making regarding the concerns.

Thus, using Zerka Moreno's analogy we find that it is the director's responsibility to assist in the birth of the issues of the group through the use of psychodrama theory and techniques and the director's role styles.

Since the central concern will continue to cycle in the group until and unless these issues are explored, the director will have an opportunity to formulate the concern throughout the warm-up phase of the session. Enneis provided another cue to the uncovering of the central concern in his advice that the director look towards the most bizarre person in the group as a manifestation and crystallization of the group concern and thematic response.

If the above processes do not lead to a statement of the central concern, it might be useful to explore some structured warm-up exercises. Any number of warm-ups employed by Weiner and Sacks (1969) could be utilized to aid in further exploration of the group's concerns.

The author usually seeks help in the formulation of the central concern statement from other group members. In general, after the first ten minutes, he polls the group as to their beliefs concerning the affective range and topical concern of the group. In order to focus the group in on the salient issues of the day, he uses a broad range of questions, anything from "What do you think the group is concerned with today?" to "If this was a movie or television show what would we call it?" This also has the added advantage of enlisting the group members as cotherapists and, thus, increases the group member's awareness of their own potency.

Action

During the action phase of the session, it is imperative that the director maintain the warm-up of the other group members through his interactions with members of the audience. Moreno (1953) emphasized this when he stated that the director should sit with group members at some points of the action phase of the session to question them and stimulate their active involvement in the drama unfolding upon the psychodrama stage. This also has the added advantage of enlisting the other group members into the therapy process by placing them in a cotherapist role.

Sharing

Generally speaking, sharing will be a more substantial and self-revealing experience by usilizing the central concern model than by the protagonist-centered drama. Whereas, in a protagonist-centered drama, it is usually left up to the individual group members to become warmed up to the protagonists's concerns; in the central concern model, the director takes the responsibility for facilitating the group members' warm-up to the protagonist. This creates an incentive for sharing.

Relevance of the Central Concern Model

The employment of the central concern model provides a framework that allows for focusing, crystallization and clarification around specific areas of concern. The model itself will lead to an increase in creativity and spontaneity among group members primarily through their active participation in the treatment process and through the establishment of concrete and definable situations that may prove more manageable than global anxieties.

Psychodramatic Production

Through the distillation of the four major factors of the central concern model, the director with the assistance of the group has formulated a central concern statement for the group. The statement can also be viewed as the beginning of the action phase of the session. The statement of the central concern can be used as the criteria for an action sociogram. Once the statement has been articulated, the group can then focus on the individual who most accurately mirrors that concern for the group.

For Example: The director may state, "It seems to me that the group is concerned most today with the wish to leave the hospital and the fear that they may have to stay hospitalized forever. It also seems that most people are rather depressed and sad and don't feel they have a chance to leave the hospital, while Mr. Jones says it's easy to leave the hospital." Then as the director you can check the sociometry in your own head or refer it to the group, to see who the most appropriate protagonist would be to explore the issue of leaving the hospital.

The director should continue to focus on the concerns of the group as expressed in the warm-up while focusing on the issues of the protagonist. If the director strays away from the central concern during the action phase of the session, he may begin to observe the cohesiveness of the group dissipate. Members may move from active participation to positions of more passive observation. Other members of the group may become restless and leave the room for frequent trips to restrooms, to make telephone calls or to take care of other "more important" business. This is antithetical to the model which requires

that group members actively participate and focus rapt attention upon a protagonist who really represents the concerns of the group.

Moreno (1964) stated that it is essential to enlist the group members as therapeutic agents for themselves. In fact, he often encouraged group members to call themselves "Doctor," in the belief that group members should be elevated to their highest level rather than reduced to the lowest common denominator. In the central concern model, group members have the opportunity to diagnose their own group affective levels and concerns. They are encouraged to maintain their active participation in the action phase of the session and impart to the director their ideas for structuring the action.

Enneis (1951) stated that through the exploration of the group concerns the group's fantasies become crystalized into concrete specific situations. These fantasies often pose unrealistic and distorted images of reality. Thus, as the group members begin to enact alternative interactive styles in coping with their concerns, they begin to replace their feelings of impotency and anxiety with more realistic fears or reservations.

Evaluation of the Model

Zinger reports that accurate diagnosis, and action structured around that diagnosis, should lead to a change in the group by the time of closure. Zinger has reported that this change can be measured by:

1. Change in the central concern as stated during sharing;
2. Change in the group's sociometry; and
3. Change in the affective theme.

As Enneis has stated: If the central concern model is properly utilized the affective level, sociometry and manifest content will all shift positions by the close of the session and in general will shift to perceptions of greater potency concerning the control that clients can exert over their life situations and relationships.

Clarkson suggested another additional element of evaluation of the central concern model through the logging of the central concern over the life span of the group. This could also serve as an evaluator for checking the effectiveness of the director's ability to restructure the group towards greater levels of potency. He also stated that repetitive central concerns are usually a function of the unfulfilled act hungers of the director.

Summary

The central concern model, while perhaps one of the most difficult conceptual models of group process, provides a concrete structure for working

through the concerns of the group. It also provides for an evaluative method for measuring the effectiveness of the director's directorial skills.

In summation the model is valuable because:

1. It provides a theoretical framework to focus the warm-up phase of a psychodrama session;
2. It provides a structure within which creativity, spontaneity, and potency can be increased in the group members;
3. It provides a criterion for selection of a protagonist who serves as the vehicle, mirror or model for the group;
4. It allows for negotiation and a statement of specific therapeutic goals for the individuals, group and the particular psychodrama session; and
5. It provides a framework for evaluating the effectiveness of the session.

Much of the material contained in this article came from supervisory sessions the author experienced as a trainee through his supervision with James Enneis, Eugene Cole, Don Hearn and Norman Zinger who were the primary teaching staff at the Psychodrama Section of Saint Elizabeths Hospital in 1971-72. Additional material was derived from teaching sessions conducted by Don Clarkson.

Much appreciation is also due to the numerous past and present trainees and staff of Saint Elizabeths Hospital through the arduous five (5) year task in revising this material.

(The views expressed in this article are the opinions of the author and not necessarily those of Saint Elizabeths Hospital.)

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Address: Dale Richard Buchanan
Psychodrama Section
Saint Elizabeths Hospital
Washington, D.C. 20032

AN OUTLINE OF BASIC POSTULATES OF SOCIOMETRY

Joe W. Hart

Personal Note: When I was at Memphis State University during the late 50's and early 60's between 75 and 125 students were enrolled in my sociometry classes each semester. These students are now entering one of the more productive ages of life–they are in the 35-45 year old group. Occasionally our paths cross. They still know how to please the professor–"talk about his interests." Therefore, the subject of our conversation is sociometry. I am often amazed at the type of detail they remember after 15-20 years. Most report that they seldom used sociometric techniques as measuring tools. Yet they often report that the course had proven through time to be one of the more beneficial experiences of their college career. Why? Because they saw sociometry not so much a set of tools, but as the BASIS FOR DEVELOPING A PERSONAL PHILOSOPHY; not so much a research method, but A WAY OF VIEWING THE UNIVERSE: not so much a field of study as a WAY OF LIFE. In summary, they report experiencing Sociometry as something that is to be lived.

These conversations led me to examine the philosophical basis of what I was trying to teach at that time. Of course there are many factors involved (most of which I am probably blind to because of my subjectiveness). However, I found one document that seems to summarize this philosophical-operational base. It was an outline of my lecture on the "Basic Postulates of Sociometry." I would like to share it with you here. Hope you find it useful in your examination, study and use of sociometry.

Basic Postulates of Sociometry

I. People are Affiliative

A. Affiliation is an attempt at situational adjustment.
1. If man is a social animal, man is in some way affiliative
2. Affiliativeness can be approached
a. Either from the standpoint of interaction
b. or from the standpoint of selectivity.
3. Interaction is a by-product of situational adjustment (Carr 1930).

4. The basic materials of social science are "those affiliative needs that draw men together" (Schachter 1959).
5. Affiliative need is the desire to associate with some aspect of human organization.
6. The study of affiliation points the way to a more meaningful measurement of social organization.

B. Social science by definition must concern itself with man's social activity.

C. Sorokin (1954) attempted to describe how friendly and unfriendly relations develop and to isolate the factors in learning to be altruistic.

1. Factors in the development of friendship:
   a. kindness
   b. altruistic help
   c. cooperation
   d. mutual daily service
   e. similarity of interest and background.
2. Factors in the development of unfriendliness:
   a. aggressiveness
   b. hostility
   c. domination
   d. competitiveness
   e. opportunism
   f. insincerity
   g. lack of mutual understanding and interest
   h. authoritarian attitudes.
3. Factors in learning to be altruistic:
   a. attitude of humility and responsibility
   b. well-balanced attitude of "true authority" and "true freedom"
   c. working together as groups
   d. free discussion in search for truth
   e. true family life
   f. free association of young people
   g. absolute confidence in youth
   h. helping attitude toward antisocials.

II. Affiliation is a Selective Process

A. There must be a differentiation of roles
   1. for a group to have a structure
   2. for an organization to have a structure.

B. This differentiation makes possible observation of the structure of a group or organization.

1. Society is the structural component
   a. of man's social nature
   b. of man's tendency to identify with that which is exclusively human.
2. We do not see ourselves as complete persons and tend to depend completely on others for completion.
3. As a man strives to affiliate, he selects those who can best help him in this identification process.

C. Evidence that people select those who can best help them identify with some aspect of social organization is provided by two community studies.
   1. Lundberg, Lundberg, and Steele (1937, 1935), Vermont village studies, asked 199 housewives to name their best friend and found that women had a tendency to choose someone of a higher socio-economic status.
   2. Longmore (1948) studied visitation patterns in a Peruvian village and found that 60% of the visits were from persons of relatively lower income to those of relatively higher income.

D. Northway and Weld (1952) made a study of common elements found in sociometric studies. They concluded:
   1. Preferences are universal
   2. People differ in social preferences
   3. No one is preferred by everyone
   4. Nearly everyone is preferred by someone
   5. A few individuals are not preferred by anyone.

E. Humans attempt to identify with some aspect of human organization by relating to others.
   1. Moreno (1960) calls this process the encounter.
   2. As one human comes in contact with others, he/she has to classify them in some way so they can be remembered.
      a. we do one of these:
         (1) either compares the "other" to someone he has known (emphasis on Difference)
         (2) or contrasts the "other" to someone previously known (emphasis on difference).
      b. In order to comprehend or recognize the existence of that individual, one must make either a positive or a negative judgment of another individual.
   3. It is necessary that one realizes he/she makes this selection.
      a. One cannot love each "other" equally.
      b. Trying to love all equally leads to either
         (1) "pseudo-socialization" or
         (2) failure and guilt feelings (Northway 1952).

F. The process of relating oneself to selected aspects of human organization seems rationalistic.
   1. Individuals become conscious of their preferences, even without knowing why
   2. Individuals give reasons to justify their associations
   3. The conscious awareness of selectivity as a conception of human behavior is contrary to the emphasis of psychoanalysis (Northway 1952).

III. Affiliative selection is made according to different criteria.

A. One likes some people because their company is enjoyed.
B. A mature individual learns to accept people who play important roles, even if they are not likeable (Northway, 1952).
C. Learning how to select or reject people as associates according to different criteria is basic to democratic life and individual maturity (Taba 1952).

IV. Each group has a formal and an informal structure.

A. One affiliates in terms of criteria that pertain to:
   1. informal activities (personal likeability)
   2. formal activities (ability to play assigned roles).

B. Sociometrists, organization theorists, and industrial sociologists accept the fact that the following organizations of a group are distinctive:
   1. official–external or formal
   2. Sociometric–internal or informal (Moreno, 1960; Dewey, 1951).

C. The degree to which a group is characterized by formality or informality is an important characteristic in group description.

V. Democracy is accepted as a value.

A. Choosing people according to objective criteria is the ultimate in democratic and mature group life.
   1. Differential psychology and common sense tell one that people differ in many respects–capacities, abilities, and attitudes
   2. To choose people on the basis of artificial status–maintaining criteria is undemocratic.

B. The effective functioning of social organization and the effective development of the human personality depends upon the spontaneity with which group members accept other group members as associates according to clearly defined, specified, objective criteria.
   1. Man is capable through spontaneity training to govern himself
   2. When a person is chosen by his peers to fulfill certain obligations and to play certain roles, his potentialities are developed because:

a. He is more creative when working with associates who have selected him (Zeleny, 1956)
b. The prestige of the position tends to make men do their best (Young, 1956).

C. Democracy aims at the maximum development of an individual's peculiar assets that allow him to best contribute to the functioning of the organization.
1. By allowing everyone to participate, democratic organization
a. increases self-esteem
b. encourages feelings of mutual respect
c. encourages feelings of responsibility toward others
d. encourages recognition of a group member's uniqueness.
2. The strength of a democratic group may be measured by the number number of independent sub-groups it is able to tolerate (Moreno, 1960).

VI. Mature freedom involves responsibility

A. The important thing about democracy is not just the freedom it gives the individual, but that it is an effective process of organization.

B. Freedom and responsibility cannot be separated.
1. Although an organization may begin as a formal organization, it tends to become modified if the organization lasts for any period of time
2. Most people do not have a mature conception of freedom
a. They think of freedom in terms of individual rights
b. They refer to freedom "from"
c. When they think of freedom, they think of escaping from
(1) authority
(2) regulation
(3) restriction
(4) responsibility.
3. To the mature person, freedom
a. indicates a relationship based on service and interest
b. is an opportunity to accept responsibility as he/she becomes capable of fulfilling it
c. depends upon the person's capability of accepting responsibility.
4. The mature person can be counted on to contribute to the maintenance of the social structure. (This is essential to complex organization (Dewey, 1951).

VII. Social phenomena are viewed "holistically."

A. Sociometry is the study of social organizations as totalities (Timasheff, 1952).
   1. Parts are studied in relation to the whole
   2. Sociometry has respect for complexity, which gives the organization structure and permanence.

B. If one attempts to study social phenomena atomistically, allowances must be made for the problem of uncontrolled factors affecting his experiments.

C. Human groups are combinations of social roles, not biological entities (Znaniecki, 1939).
   1. The holistic nature of social organizations makes possible democracy
   2. Because of the interchangeability of parts, one person is "equal" to another.
      a. One person may hold a higher position because of his superior ability to play the particular roles that the position required, but not because of an accident of birth
      b. If something happens to a leader, another can be trained, or has been trained, to play the roles that the position demands.
   3. Democracy is an effective organizational process in that extreme differentiation of parts is possible because so many different persons can conceivably play any particular role or perform any particular function.

VIII. Sociometry has a future orientation.

A. Sociometry assumes that social relations have a time dimension (Northway, 1956).

B. All sociometric questions have to be stated in the future tense because the chooser is selecting someone who will be able to help him become a part of an organization (Northway, 1956).

C. Sociometry is particularly well fitted to American social science because Americans are future looking people (Hart, 1960).

D. Because sociometry is future oriented,
   1. it involves itself in changing social organization
   2. the choice is seen as a decision for action, not an attitude. (Moreno, 1960).

E. Sociometry represents a breakthrough in the study of human behavior and human organization.

F. Sociometry focuses on:
   1. human organization
   2. what man is striving to be.

IX. Summary–The following "basic postulates" are needed to present a frame of reference and to establish points for departure:

A. People are affiliative.
B. Affiliation is a selective process.
C. Affiliative selection is made according to different criteria.
D. Each group has a formal and an informal structure.
E. Democracy is accepted as a value.
F. Mature freedom involves responsibility.
G. Social phenomena are viewed holistically.
H. Sociometry has a future orientation.

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Address: Joe W. Hart
Graduate School of Social Work
University of Arkansas at Little Rock
Little Rock, AR 72204

PSYCHODRAMA IN REHEARSALS OF MOLIERE'S TARTUFFE

Herb Propper

I. Introduction and Background

It is common knowledge among those familiar with psychodrama and sociometry that the theater was one of Moreno's earliest areas of passionate interest. While his concern with it continued throughout his career, for long-range strategic reasons he shifted his major energies to the therapeutic arena, where his ideas and methods have found ample soil for growth. Although he continued to do some work within the context of theater into the 1930s, the development of group psychotherapy and the evolution of psychodrama, sociodrama and sociometry occupied an increasingly central place in his efforts. The net result of that strategic choice has been to produce the present situation, in which psychodrama has become very largely the province of persons working in the field of mental health, while the great majority of theater artists, students and scholars are either unaware of the existence of psychodrama or, at least, ignorant of its workings.

Such a situation is especially unfortunate in light of Moreno's early intention to attempt the creation of a new cultural order, based on a more harmonious integration of the needs and desires of everyone in society.

> My vision of the theatre was modelled after the idea of the spontaneously creative self. But the idea of a spontaneous and creative self was deeply discredited and thrown into oblivion at the time when the *idee fixe* urged me to fight its adversaries and bring the self back to the consciousness of mankind.[1]

On the other hand, various people's visions of theater have been undergoing many changes in recent decades, giving rise on occasion to work modeled more or less loosely after Moreno's ideal of a drama that is immediate, intensely personal and deeply tied to the collective psychic roots of the community in which it emerges. The blossoming of the Human Potential Movement, the various radical experiments in revolutionary theater and active audience participation since the early 1960s, and the continuing growth in uses of theater as an educational and/or

therapeutic tool are all symptoms of this movement toward such a vision. Gradually, more teachers and workers in contemporary theater are becoming aware of and receptive to the potentials of psychodrama, either as a fertile source of principles and methods or as a fully developed form of spontaneous theater.[2]

The relationship between the conventional actor and the actor in spontaneous theater is clearly delineated by Moreno in *The Theatre of Spontaneity.*[3] The core of this relationship is described in the hypothetical example of an audience drama, "The Godhead as a Comedian (viz., *Actor*)" in which an actor trying to portray the role of Zarathustra is confronted by a spectator who demands a deeper expression of human reality than one person pretending to be another. In the ensuing confrontation, the actor realizes that he has given up his creative birthright to explore and express the most significant parts of his own self, and become instead slave and servant to the imagination of the playwright. From this viewpoint, the aim of the conventional actor, and, therefore, his "original sin" is to attempt to present as a living human being the character conceived by the playwright, in a performance that has been rehearsed and pre-determined in all but the smallest details. Whatever spontaneity the actor has managed to bring to the creation of his character's life is left behind in the rehearsals, just as the painter or musician discards early sketches, however strongly inspired they may have been, for the sake of some intellectual idea of structural or thematic "unity." Moreover, the actor faces an additional dilemma since the character he is creating did not even originate from himself, but from the playwright. Thus it often happens that some of the deepest, most meaningful parts of the actor's psyche must remain buried in his private world, if the framework of the character structure cannot be made to accommodate them. This leads ultimately to what Moreno called a "histrionic neurosis," in which a major portion of the actor's legitimate creative self is *ipso facto* excluded from the artistic process.

> Instead of himself, the actor personifies something which has already been personified as a role, by the dramatists. There are three possible relations between the actor and his role. In the first, he works himself into the role, step by step, as if it were a different individuality. *The more he extinguishes his private self, the more he becomes able to "live" the role.* [it. added] In this case, the role is like the personality of someone he might wish to be instead of himself. His attitude is one of identity. In the second, he finds the mean between his conception of the role and that of the author; his attitude, in this case, is one of synthetic integration. In the third, in disgust, he forces the specific role into his own individuality and distorts the written words of the dramatist into a *personal* style of his own. In this case, his attitude is one of disfiguration.[4]

The solution proposed by Moreno is to liberate the actor by allowing him to bring his own dramas onto the stage as the primary creative material.

> The step toward complete spontaneity of the actor brought about the next step, the intermittent de-conserving of the actor from cliches which might have accumulated in the course of his production or of his living, and then finally the third step, conscious and systematic spontaneity training. It was this methodology of training which prepared the way for psychodrama. Once we had permitted the actor a full spontaneity of his own, his full private world, his personal problem, his own conflicts, his own defeats and dreams came to the fore.[5]

The potential field of relationships between the actor and the scripted character formed the basis of psychodramatic experiments which I recently conducted *in situ*, in the course of rehearsing a production of Moliere's *Tartuffe*, produced at Emerson College in October, 1979. My basic goal was to help the cast of student actors find as many personal connections as possible between themselves and the characters, and to integrate these connections into their performance. My hope was that the use of psychodramatic techniques would make more accessible to the actors the world of a play some 320 years away from them, from a culture and written in a dramatic style not immediately and intuitively familiar to them.

Before proceeding with a description of this work, it might be helpful to include a plot summary of *Tartuffe* for those readers not immediately familiar with the play. The action takes place in the house of Orgon, a rich, well-meaning *bourgeois* with a generous heart but little judgment of human character. Indulging in a show of religious zeal common to his social class at the time (1664), he has taken into his home an indigent zealot named Tartuffe, an apparently strict, ascetic and puritanical moralist. To the dismay and frustration of his family, Orgon allows Tartuffe increasing influence over life in his household. Overwhelmed by his devotion to Tartuffe, Orgon breaks off the engagement of his daughter Marianne to her beloved Valère, a young gentleman-about-town, and betrothes her instead to Tartuffe. When his daughter, son, trusted maid and young second wife, Elmire, all try to convince him that Tartuffe is merely a masquerading confidence man, he only becomes more stubbornly entrenched in his attachment, finally disinheriting his son in favor of Tartuffe and drawing up a deed giving the latter full title to all his wealth and property. Meanwhile, Tartuffe has been driven by his sensual passions to attempt to seduce Elmire. She finally contrives to unmask his hypocrisy, in one of the most famous scenes of the classical comic theater, by pretending to yield to his advances while her husband is hidden nearby under a table. Convinced at last of his folly, Orgon tries to throw Tartuffe out of his house, but the latter instead asserts his legal rights to have Orgon and his entire family evicted. The crisis is resolved by the king (Louis XIV, Moliere's patron), who recognizes Tartuffe as a true criminal, invalidates Orgon's deed and sends the hypocritical villain off to prison to receive his just deserts. The play is a sharply satirical

treatment of affected religious fanaticism, moral laxity and half-concealed sensual desire.

Three types of psychodramatic techniques were employed:

1) scene-setting, to help actors warm up to rehearse particular scenes in the early phases of rehearsal, 2) psychodrama vignettes, in which a given character explored his or her sexual feelings and attitudes towards another character, and 3) encounters between two characters. The theme of sexual feelings was not pre-determined. Rather, it emerged during the rehearsal process as an area of major interest and knowledge about the characters which both actors and myself felt were important in creating the world of the play.

II. Use of Scene-Setting As A Warm-Up

The method of psychodramatic scene-setting was used several times in early stages of rehearsal to help the actors warm up. A good example is the first time we approached Act I, Scene 1 at this stage. The scene involves all of the members of the family except Orgon, the father. Included are Elmire, the wife, her stepchildren Damis, the brother, and Marianne, the sister; Elmire's brother, Cleante; Dorine, the maid; Madame Pernelle, Orgon's mother who has come to visit; and Flipote, Mme. Pernelle's maid. I wanted the actors to have a vivid image not only of the room where the scene was taking place, but also of the whole house. I felt this was important in order to give them a solid grounding in the imaginary world of the play, and because the concrete reality of the house would help establish a strong sense of social class. To allow each actor to develop his or her personal image of the house and room would have led to an underlying dissonance among them and strengthened the isolation of each actor/character within his or her own role. On the other hand, a group discussion in which each actor would try to present his/her personal image and then try to negotiate some sort of joint compromise image would more than likely have taken a considerable amount of time in talk rather than action. It also might very well have created some disappointments or resentments in those actors who would have to give up certain emotionally charged parts of their personal image in the interests of creating a "majority" image. I therefore decided to begin with the image of one actor, but to present it in the action form of a psychodramatic scene-setting that could quickly involve the other actors.

I began by asking if anyone had a really strong image of the room in which the scene was going to take place, and of the house in general. The actor playing Damis responded very quickly. Since he seemed the most warmed up, I decided to go with his version. Before we proceeded, however, I made clear to the rest of the actors that we were dealing with Damis' *subjective* image of the place and

that their own image might very well differ from his, in order to avoid any reactions of favoritism or rejection among them. I then asked Damis to begin describing his vision of the room for the scene, which he felt was a main drawing room, with French windows giving out onto a terrace that overlooked the formal gardens at the rear of the house. In the role of a questioning interviewer, I encouraged him to establish the room in concrete space and to move about inside it as he described various parts of the room and furniture. I tried to help him by asking about his feelings about various details, such as the colors of the walls, the decor of the columns, and his father's favorite chair. I also encouraged him to talk about the kinds of activities that usually went on in his room, and of his feelings towards them. Through further questions about connecting areas adjoining this room, I encouraged him to build up a concrete image of the whole house and its immediate surroundings.

When he came to the windows and was asked to describe the view through them, he evoked the garden outside. I then asked him to take me on a tour of the garden, inviting him to see me in the role of a visitor who very much enjoyed and appreciated elegant upper-middle-class French houses and especially formal gardens. When I asked him if I might meet other members of his family, we were quickly joined on the tour by Marianne and Dorine. I felt that this was extremely helpful in making a bridge between Damis and the other actors, allowing them to enter his subjective space and transforming it subtly into a common vision. In the course of touring the garden, we came upon a statue, which turned out to be the most emotionally significant object for both Damis and Marianne. Since Marianne was by now also clearly warmed up to the space, I had her reverse roles with the statue and describe some of the activities and feelings of both Damis and Marianne in that portion of the garden, as seen through the eyes of the statue. By the time that interview ended, I felt that all of the actors had been sufficiently warmed up to the imaginary space of the scene to begin work.

This approach to warming up the actors to work on a scene from the script was used several times again in early rehearsals. It seemed to work well at that stage in helping all of the cast warm up together to the imaginary space of the play. In addition, it helped to stimulate the imaginations of those actors who tended to skip over details about the concrete sensory reality of the scene-space, by giving them more input from their colleagues with more active sensory imaginations. Finally, it helped to create an initial level of rapport among everyone which was useful in the deeper sort of emotional exploration that followed.

III. The Imaginary Partner: Conjuring Up the Character

The main exercise used to warm up the actors to their respective characters, which can also be used in various ways as an independent exercise is called The

Imaginary Partner, and is a means for literally conjuring up an imaginative representation of an Absent Other from either the world of concrete reality or of the imagination.

The Imaginary Partner exercise begins with a warm-up phase. In early stages of using this exercise, this particular warm-up is important even during sessions in which the participants have already been working for some time. After the exercise has been used several times and the participants are familiar with the process, this warm-up may be omitted unless the participants feel a need for it. The warm-up, done in pairs, consists quite simply of one partner taking hold of the arm of the other with one hand. Each partner then tries to pull the other off balance. If one or the other succeeds, they take hold again and continue the struggle. Participants should be instructed to work seriously at the struggle and also try as much as possible to remember their physical sensations, particularly the concrete details of tension, effort and balance. These memories are especially important in the next phase, which consists in creating a similar struggle with an imaginary person. In order for this latter attempt to succeed in stimulating the imagination, the struggle must feel as real as possible.

After the participants seem to be well warmed up, they are ready to proceed to the encounter with the imaginary partner. In general use, conditions about the person to be encountered can be set in various ways, depending upon the goal or need of the exercises. The participants, for example, can be directed to encounter a person who is known to them, a person who is unknown to them, or a person whom they want or need to meet. In the case of this production, the actors were told that the person they were going to encounter was their character in the play.

The encounter begins by each participant taking a balanced and firm but relaxed stance, and holding one hand out in space to the side. He/she is told deliberately *not* to look at that hand. He/she is then instructed to feel that hand being grasped by an imaginary hand, which then begins to tug or pull. The participant/actor reacts to this pull with a counter-pull of his/her own. The pulling back and forth continues for a time, with the participant still avoiding looking at the imaginary person. The quality of the pull (i.e., strong, gentle, slow, fast, straight on in space, oblique) should be developed spontaneously by the participant and imaginary partner as it progresses. Finally, when the interaction of pulling is well developed and is clearly felt by the participant, he/she is instructed to look at the hand of the imaginary partner, while the pulling continues. After establishing full visual reality of the imaginary hand, the participant is told to allow his/her eyes to travel from the hand along the arm and up to the shoulder, taking care to establish full visual reality all along. Finally, the participant turns to see the full body of the imaginary partner.

At this point the encounter may continue with the physical pulling, if the participant feels that is what needs to happen. Otherwise, he/she is directed to

continue the encounter in whatever form feels most appropriate. This could be something like walking around the imaginary partner, "sizing up" him/her, carrying on a verbal conversation either silently or aloud, or communicating through direct contact, "mind-to-mind" as it were. The participant is directed to try to discover what he/she wants from the imaginary partner, and vice versa, what purpose their encounter has at this time. Role reversals are then used, several times at least, in order to establish fullness in the encounter from both sides. In the role of the imaginary partner, the participant is directed to see him/herself fully through the eyes of the imaginary partner, and to get a sense of what is going on inside the partner. Finally, the participant is directed to bring the encounter to some resolution, at least for the time being, and to say mutual goodbyes through final role reversal.

Use of the Imaginary Partner developed into a regular way of helping the actors warm up to their characters and to discover new elements of the character both externally and internally. The actors were encouraged not to develop a fixed image of the character, but rather to allow the latter to appear to them in different forms and to try to accept even those images of the character which initially seemed very strange to them. If experimenting with "being inside" an unusual form of the character during Imaginary Partner work gave the actor new insights which could be integrated, so much the better. If not, he/she was free to discard whatever information or experience did not seem useable.

For instance, in one rehearsal Tartuffe appeared to his actor in the form of a little old woman dressed in black. The actor stayed in the role of this image of the character for a fairly long time during the rehearsal and discovered some personality qualities which he incorporated into his performance, even though the physical elements of this particular image had to be discarded.

An equally unusual case occurred with Mme. Pernelle, who first appeared to her actress having the head of a bird, much like a toucan, with bold, varied colors and an enormous beak. At first, the actress was frightened by this image and could not allow herself to step inside it. The image seemed repulsive and inhuman to her, an expression of alienation and self-loathing. During interviewing, she stated that the character was taking on this shape as a defensive against strong rejection by some of the other characters in the family, notably Damis, Marianne and Dorine. However, the actress felt that she could empathize with those feelings of rejection and alienation. In this initial encounter, with support from the director and cast, she was at least able to state this to the character-image. In subsequent meetings through Imaginary Partner work, the character's head became progressively more human, the beak shrank, the feathers grew shorter, until finally the character began to appear in totally human form. It was not necessary to analyze or interpret the "meaning" of the original character image, nor to "psychoanalyze" the actress in order to explain the image as some projection of her own fears or insecurities. Rather, she was encouraged to

allow herself to spend time with the character image through successive Imaginary Partner encounters, using her empathic connections and role reversal to create a stronger bond between herself and the character.

IV. Enactment of Character Fantasies

For the psychodramatic enactment of character fantasies, one basic format was used. We began with the Imaginary Partner exercise to allow each actor to conjure up an image of his or her character as it appeared at that given rehearsal, to engage in an encounter either verbally or nonverbally with the character through several role-reversals, and to end that phase of the warming-up process by ending the encounter in the role of the character. This stage was followed by ensemble "free" improvisation, in the role of character as it had appeared to the actor. Afterwards came a period of sharing by the actors as themselves, focusing mainly on their feelings in the encounter or on unusual aspects of the character.

Then a Protagonist-character was selected by asking which of the actors felt warmed up to explore some fantasies of his/her character. The actor was asked to step inside the role of the character once again, using primarily that version of the role to which he/she had previously warmed up during the Imaginary Partner encounter. In role, the actor was further warmed up to the character's fantasy scene through interview and scene-setting to establish a concrete place, usually a room in the house, and through soliloquizing about his/her internal thoughts and feelings just prior to the encounter. The other actor or actors then entered, in character, as auxiliary egos for the Protagonist-character. The fantasy was enacted, using frequent role-reversal to help establish the qualities of the auxiliary ego-characters through the perceptions of the Protagonist-character and also to allow the Protagonist-character opportunity to experience some of thoughts/feelings of the auxiliary-character in his/her character fantasy. After eliciting feelings and perceptions in the enactment, the Protagonist-character was allowed to close the scene with whatever resolution he/she desired.

Finally, the other actors would share their feelings and reactions with the Protagonist-actor as themselves, not in role as their characters. In order to avoid confusion or role contamination with their own developing characters, the actors who played auxiliaries were carefully and repeatedly reminded that they were *not* playing their character as they conceived him/her but rather playing the Protagonist-character's fantasy. Thus, they were free to play attitudes or behavior which sometimes contradicted their own conception of their character without feeling obliged to try to incorporate such material into their evolving performance. This was especially important for Tartuffe, since the bulk of these explorations was concerned with the sexual fantasies of the female

characters about him. It was important that the actor playing Tartuffe feel completely free to accept or reject for his own portrayal any of the various qualities which other characters fantasized about him.

Doubling through the usual use of a separate auxiliary ego was not used. There was not sufficient rehearsal time to allow for a thorough introduction of this element of psychodramatic method. I was concerned that using an actor to double someone who was both actor and character, and who was concentrating on expanding his/her role as that character, might tend to confuse both persons. The actor playing the double might question whether he/she was picking up cues from the actor-level or the character-level, while the Protagonist might also focus on appropriateness of both the double's input and his/her own reactions and impulses for his/her conception of the character. The additional degrees of doubt in such cases could prove a deterrant to spontaneity. I do not believe that doubling ought to be ruled out, however, as a general approach. Indeed, the success of those techniques which were used, and especially the ease with which the actors were able to enter into the exercises seems to indicate that doubling could be introduced, given sufficient preparation to minimize these and other potential sources of confusion. In the absence of an auxiliary double, however, doubling was provided frequently from the director's role, and on one occasion described below, the Protagonist served briefly as her own double.

The first of these explorations took place during the second week of rehearsals, when I asked the cast in general if anyone had fantasies about his/her character's life outside of the script which he/she wished to explore. At that moment, I simply wanted to give the actors an opportunity to explore together through action methods some facets of the life-experience of their characters. The actor playing Damis came forward, saying that he had been thinking about the love-relationship between himself and Valère's sister. The latter character does not appear in the play, but is mentioned as the fiancee of Damis.

I had the actor begin to put himself into the role of Damis and started an interview, focusing on his relationship with the feelings about Valère's sister. As the interview proceeded, Damis began to indicate that his interest in Valère's sister was not terribly passionate, that he respected and admired her, and considered her an appropriate match who would be acceptable to his father. When asked where his attractions and romantic passion really lay, however, he mentioned another young woman, named Belisse, who was his ideal. Further questioning revealed that he loved her intensely, but had been afraid to approach her because he felt too young, awkward and unpolished to dare to become her lover. He was certain she would reject him out of hand, and he did not want to risk suffering such humiliation. This provided the starting point for an action scene.

I asked Damis if he ever allowed himself to have fantasies about becoming Belisse's lover. When he answered positively, I wondered if he would like to share some of those fantasies with the cast by acting them. By this time, he was warmed up enough to them to agree with just a little encouragement. Under further questioning he indicated that his most wonderful fantasy about Belisse was to spend a night with her as her lover, so this became the focus for enactment.

The enactment itself was straightforward. First came the scene-setting, which Damis imagined to be the bedroom of Belisse. After creating it spatially and filling in some detail—especially establishing the luxurious bed which was naturally to be the central focus—he chose an auxiliary. This turned out to be one of the assistant stage managers, an attractive young woman who was also an acting student and had already established rapport with the cast by participating in some of the general ensemble warm-ups. Through role reversal, Damis produced an initial perception of the role and the auxiliary was able to work easily from this.

The enactment evolved in two parts. First came a scene early in the evening shortly after Damis' arrival in which Belisse, acting according to his fantasy, convinced him to spend the night. Here Damis allowed himself to confess his feelings and sharing of her own attraction for him. The underlying message of the scene was "Why didn't you tell me! I've been secretly loving you for months and wishing I had a chance to show you." He also had her play out his fantasy of being coaxed into spending the night, in spite of the objections of his conscience. After this, rather than continue the fantasy into the night of lovemaking, Damis chose to move to the next morning and play a tender scene of parting, with reassurances from Belisse about his powers of lovemaking and promises of further meetings. This brought his fantasy to a close. The other actors were then asked to share with Damis their feelings, reactions and associations produced by his enactment, but strictly from the viewpoint of themselves as actors. I particularly wanted them to avoid reacting and sharing in their respective roles as characters in the play, since this perspective would tend to make them more judgmental and defensive, due to their focus on defining the differences and conflicts among the characters. (This suspicion was borne out whenever the actors spontaneously fell into role during times of sharing.)

The reactions were very positive and enthusiastic. Damis felt that the work had given him a much more solid and more complete grasp of his character. Other actors were caught up in and moved by his enactment, and were inspired to explore fantasies of their own characters. At this point both the majority of actors and myself realized how fruitful an area of exploration the character sexusal fantasies might be for us. We agreed to make it a significant part of our work during the middle stages of rehearsal.

Because of time limitations, however, it was not possible to accomplish this for all the characters. Taking the actors who were most warmed up for the event at the times devoted to this, we managed to enact fantasies for three of the

women; Marianne, the daughter of the house; Dorine, the servant; and Flipote, the maid of the grandmother, Mme. Pernelle, and a character who has no words in the script. The object of all of their fantasies was Tartuffe, either as character or actor. This was hardly a surprise. Not only is Tartuffe the chief antagonist of the plot and the embodiment of the dichotomy between a strict Puritan asceticism and secret licentiousness, but I had deliberately cast an actor in the role who was tall, well-built and handsome, with strong qualities of gentleness and receptivity as well. I had wanted to maximize the conflict both for the characters in the household and audience by presenting a Tartuffe full of contradictory extremes. I especially wanted someone who would be attractive to the women on one level while repelling them on another, of whom the young male characters could be jealous.

The enactment of Flipote's fantasy involved a scene in the attic of the barn, on the farm where she imagined herself to have lived before coming to be the maid of Mme. Pernelle. She imagined she had been married to a peasant farmer much older than herself, who treated her sometimes indifferently, sometimes abused her physically, but was never tender or affectionate with her. Quite naturally, she had no love for him, although she professed to understand his own rather bleak situation enough to avoid being directly angry with him. The scene she chose to enact was a tender, comforting encounter with a young hired worker, in which she could receive everything she would have liked to get from her husband but couldn't possibly obtain from him. The auxiliary she chose to play the role was the actor who was playing Tartuffe. This choice allowed her to expand significantly the tele between them.

The actress was later able to transfer this role-image as created in the enactment from the actor to his role as Tartuffe. The transference became evident when we began to rehearse the final tableau of the play which ends with Tartuffe being exposed as a villain and a hypocrite, being sent off to prison on orders of the King. As Tartuffe was being scorned and rejected by the members of the household, Flipote spontaneously moved to him, to give him support and comfort. Since this interaction came from the live emotional currents being produced by the actors in role and also increased the richness of the play's ending by avoiding a one-dimensional total rejection of Tartuffe by everyone, I readily accepted it as a legitimate part of the production. It provides an excellent example of how feelings and relationships which are created spontaneously in the psychodramatic enactments can be allowed to find their way into the actual performance, if sufficient psychological space and flexibility are provided in rehearsals.

The enactments of Dorine and Marianne were both concerned with character feelings and attitudes towards Tartuffe. The former's fantasy was an encounter with him in the top floor hallway just outside her room.

The actress had already imagined this scene several times by herself in the process of individual exploration of the world of her character outside of rehearsals. She perceived the scene subjectively as a rape, in which Tartuffe, lurking in the dark upstairs hallway after the family is safely in bed, surprises her on her way to bed and, after a heated struggle, drags her into her room, forcibly removes her clothes and "has his way with her" sexually. This conception was not presented fully in the beginning but emerged later. The enactment itself, however, proceeded somewhat differently.

It began subtly, very much in the style of a cliché, "Excuse me, m'am, have you got a match for my candle?" routine. The Tartuffe-image she produced, however, is full of menacing overtones. He quickly becomes more and more direct and physical, the tempo and tone of the action being guided by Dorine through frequent role reversals. The climax is a physical wrestling match in which Dorine matches her will and effort successfully against his to avoid an actual rape. She ends the encounter by having her Tartuffe-image give up and withdraw rather than risk awakening the rest of the household. In order to maintain her power advantage, Dorine threatens to use this incident to expose him if he refuses to give up his emotional hold over Orgon, the father. As a further expression of the delicate balance of power her ending for Tartuffe is to have him dare her to challenge his position with Orgon and to express confidence that her story about his behavior would not be believed. She finishes on this note of equilibrium.

The enactment helped Dorine achieve two ends. First, she allowed herself to experience and express a good deal of her character anger and frustration with Tartuffe, ultimately using the physical struggle to externalize her emotions. Secondly, through the resistance of the actual struggle and the ending which evolved from it, she moved psychologically from a position of inferiority to Tartuffe to one in which she felt equal with him. This latter point was important for her overall performance in the play, because it allowed her to play various specific scenes more from a position of strength. For example, it helped her feel that her efforts to encourage Marianne to stand up to her father during Acts II and III had a reasonable chance of success, since she perceived Tartuffe as her primary antagonist in this matter. Moreover, the enactment allowed her to experience a direct confrontation with Tartuffe which opportunity was not given her in the actual script and to gain a sense that she could at least hold her own with him. In order to avoid actor/character confusion, I emphatically reminded Tartuffe both during and after the enactment that he was here portraying Dorine's perception of Tartuffe, that he was free to reject any feelings or attitudes he experienced here for his own perception of the role. For example, if he needed to feel superior to her, rather than equal, he could work towards that, and if he felt that *his* Tartuffe would not withdraw from the encounter quite so easily, he should maintain that.

As a corrective for Tartuffe, it would have been valuable to repeat the enactment later from his viewpoint to insure a good balance for both characters. The time limitations did not allow this, although it was suggested as possibility, in order to make clear to the actor that he was in some sense "getting equal time," and that the viewpoints and experience of every character had essentially the same weight and relevance in the work. The fact that the encounter had originated as Dorine's fantasy, moreover, made it easy for him to separate out any elements he wanted to exclude from his own performance.

Marianne's fantasy encounter with Tartuffe began with a warm-up scene in her own room in the house. She and Dorine are getting ready to go out shopping. As usual, she is late in getting ready and Dorine is impatiently trying to hurry her up. There is good-natured banter between them, with Dorine teasing her about her shyness, her love for Valère (her intended financé before Tartuffe's intrusion into the household), and her slowness. Dorine, as her auxiliary ego, was played by the actress actually performing that role, but again with the proviso that here she was to portray Marianne's image of her. Finally, Dorine, bursting with impatience to get on, hurries down to the street outside to wait for her. Finished dressing at last, Marianne is on her way to rejoin Dorine when she passes by the first-floor library. The doors are open, Tartuffe is sitting clearly in view, comfortably reading a book. The auxiliary is again the actor cast as Tartuffe.

As Marianne passes by the library, Tartuffe calls softly to her. She stops in the doorway suspiciously. He tries to persuade her to come closer, saying that he has been waiting for an opportunity to talk with her alone and that he has something important to tell her. She resists moving closer, and tries to get him to reveal his message. He continues to try to draw her in, in soft, gentle, insinuating tones. Finally, as she continues to hold her position, he tells her that he is attracted to her; he believes she is also attracted to him. She tries to deny this, but he continues his attempt to seduce her verbally. She moves a few steps closer, slowly, but refuses to come within reach.

At this point, having built up the scene with several role reversals, I ask Marianne if she does feel attracted to him. She replies that a part of her does, is mysteriously drawn to him by some force she doesn't understand, but that another part of her is trying to resist, knowing that he stands for values which she abhors; that, in her eyes, he is an evil, immoral person; she cannot allow herself to give in to the attraction. In order to allow her to experience this conflict more fully, I ask her to double herself. She takes one step to her right and becomes that part of her that feels attracted to Tartuffe. In her original position she is that part of herself which is repulsed by Tartuffe's rigid, ascetic puritanism and which abhors his seductive attraction.

In the role of her self who feels the attraction, she continues the dialogue, confessing her feelings to him and apologizing for being held back by her other

self. In her role as the moral, censorious self, she berates him for hypocrisy and licentiousness. Staying with each role for a length of time, she has an opportunity to experience each side of the character's inner conflict more fully, and to express some of the significant attitudes and feelings of each side through the encounter with her Tartuffe-image. When I feel that the inspiration of her spontaneity in this situation is beginning to run out, I ask her how she would like to bring the two parts of herself together and finish the encounter with Tartuffe. The moral (Superego) side acknowledges the existence of the emotional, attracted side, but will not allow her total self to act out of this role. The emotional side is also strongly affected by fears of the outcome if she should allow herself to approach Tartuffe, even possibly let him touch her. So, the moral side takes the emotional side back within. She pulls herself away from the seductive attraction and leaves.

Marianne did not allow herself the opportunity here to explore in action some of the fantasies and fears generated by her emotional side. It was useful to her to be able to acknowledge the existence of that side of her character, however, and at least to experience that side as a role in itself during her self-doubling. It would have been interesting for her to examine the nature of those fantasies more concretely in a later enactment, in order to enrich that portion of her characterization further. This might easily have led to exploration of her feelings and fantasies about Valère, her fiancé and acknowledged object of affection. Such work might have revealed the operation of a similar underlying conflict in her relationship with him, which would have added more dimension to their lovers' quarrel in the Second Act. As it was, the encounter did furnish her with additional strength to resist her father's attempt to marry her to Tartuffe, by giving her a greater appreciation of her inner struggle.

V. An Instance of Character-to-Character Encounter[6]

The third element of psychodrama was The Encounter. In this case, the need arose spontaneously one evening after the fantasy enactments had been already introduced. After leading the actors into their characters through the Imaginary Partner work, I asked them while still in role if anyone had fantasies he/she wished to explore. Damis came forward, explaining that he did not have a particular fantasy in mind, but that he wanted very much to communicate some feelings to his father, Orgon, while also being afraid that Orgon would not really listen to him. Taking this cue, I brought forward the actor playing Orgon, in role, and directed them through a here-and-how encounter. I made it clear to Orgon that, in this situation, we were no longer dealing strictly with Damis' perceptions of him, as in the fantasy enactments. In this case, the actor was to use his own conceptions and feelings about the character of Orgon, not those of Damis.

Damis' concern in the encounter was to get his father, Orgon, to listen to his opinions on religion and conduct rather than those of Tartuffe. He also wanted his father to understand and appreciate his feelings of rejection, of being supplanted in his father's affections by an outsider. He began by expressing these things in an aggressive and somewhat strudent tone, however, which in turn sparked defensiveness in Orgon. The latter accused Damis of being stubborn and disrespectful, of neglecting his duties as a son to his father.

Through directions to focus their statements on concise expressions of feelings, to clarify what each specifically wanted from the other, they began to uncover deeper layers of disappointment and hurt in the relationship. They were asked to reverse roles at several points, to check their character's perceptions of what the other was thinking and feeling about their issues. Gradually they began to arrive at a fuller appreciation of the other character's feelings and needs. In this encounter, neither felt able to give up his emotional investment in his own position, however, so the basic conflict between them was allowed to stand, and, in fact, to continue as a major factor in their relationship within the play. They were both able to acknowledge and to appreciate the other's attitudes and feelings. At the end, they were also able to affirm a significant amount of caring for one another in spite of their differences. This was expressed concretely through a final embrace.

Thus, the encounter served to create a deeper level of rapport between the actors and to strengthen the connection between them as characters in the play in two ways. First, it enabled them to clarify and focus their own character attitudes and feelings, and to understand more clearly the attitudes and feelings of the other character towards themselves. This was helpful in performance in giving more clarity to the emotional dynamics of the relationship between the characters, allowing the actor to formulate more specific character actions and objectives to play towards the other. Secondly, it helped them create a more meaningful bond by acknowledging the underlying affection of the characters for one another, which gave a richer dimension to the relationship. Damis, for example, was able to make this affection the basis for his attitudes towards his father when he returns home in the final act after his father's banishment. It also helped him greatly in feeling sympathetic towards his father when the latter's blind devotion for Tartuffe is betrayed and destroyed at the play's end. Similarly, this bond allowed Orgon to accept the sympathy and support of his son during these same episodes. Without the benefit of the encounter, it would have been more difficult for the actors to go beyond the obvious conflict and opposition of their characters.

VI. Summary and Actor Feedback

In summary, it seems very clear that the psychodramatic work done in rehearsals proved to be a very rewarding and enriching experience for the actors. It

gave them a deeper conception of their own characters, and because of the group nature of the work also provided them with a more complete appreciation of the other characters with whom they were interacting. In addition, the sharing of spontaneous fantasy experiences also created stronger bonds among them on the personal, actor-to-actor level, which ultimately led to a stronger sense of closeness and harmony as a cast. Evidence for this comes from the testimony of the actors themselves, included in the following samples.

> The psychodramatic techniques enriched my understanding of Flipote. . . . I realized as the work went on that Flipote was an extension of a lot of my fears, and her defenses were things I have used in real life at times when I felt intimidated . . . It's a big risk to open up to the pain that's inside you, but you have to if you want to act, I think. I felt very *alive* and strong once I let loose and through this work *felt* things more deeply.[7]
>
> At first I felt too inhibited to participate. . . . Other members of the cast were involving themselves in the psychodrama exercises and were often experiencing something that seemed positive for both themselves and their characters . . . /in the psychodramatic fantasy/ I used all of the feelings that I had felt were right for my character; but, in the process, I discovered how much these feelings were my own . . . . As the drama continued, more of my personal feelings were exposed through the character. . . . I discovered new and honest feelings that were my own as well as the character's. It was an important discovery for myself, and I understood more how much acting is exposing parts of myself with just a different name and life.[8]
>
> Up until the exercise /Damis' encounter with Orgon/, I was not making the correct connections to make my hostility for him believable. By being able to play the role of my father, I discovered all the things he lacked: patience, understanding and temperament. Through this discovery I found the actual reasons to be hostile toward him within the world of the play, which made our stage relationship richer, stronger and more believable.[9]
>
> As Dorine, I had a fantasy about Tartuffe raping me. Because we were allowed to act this out in the rehearsal period, I developed a strong hatred of Tartuffe that rose above the obvious one in the text . . . this worked wonders backstage, because we were able to tease and fight with each other, and that animosity carried over to the stage.[10]

These and other similar responses helped to make it abundantly clear that psychodrama can be of great value in prepared theater productions for those choosing to work within this form. It seems particularly valuable in helping student actors find richer, more personal connections to the characters they perform. Most importantly, it begins to establish a context for a greater understanding and acceptance of totally spontaneous theater. It is at least a step on the road toward Moreno's vision of liberating every actor from his/her imposed Zarathustra role.

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Address: Herb Propper
Emerson College
130 Beacon Street
Boston, Mass. 02116

TRANSACTIONAL ANALYSIS AND ROLE TRAINING IN THE CLASSROOM: A PILOT STUDY

Ron Fischer and Chris Garrison

Introduction

The present study had its inception as a response to the question "can concepts and techniques commonly used in clinical practice be modified and integrated into a preventative approach for small groups of persons"? The plan was to develop and initiate a program that was community based. Not only could the services of the mental health center be expanded and done so in an economical manner by working with groups of persons, but also the focus would be with the preventative aspects of mental health care.

One important and often easily accessible natural environment of children is the public school classroom. The classroom is extremely important since not only is it a place where intellectual skills are developed but also an environment in which a substantial amount of social and emotional learning takes place.

The content of the pilot project focused on the study of individual personality and interpersonal interactions within the classroom. The course of study consisted of one hour sessions that spanned a twelve week period. The material presented for each session was derived as the result of the researchers integrating elements of Transactional Analysis and Role Training. The aim of the experiences was to enhance and expand social relationships by directing students in the study of their own personal make-up and the nature and quality of the interpersonal transactions in which they engaged.

Method

Students from the third (N = 14) and sixth (N = 17) grades in one elementary school were chosen as subjects. One classroom of each grade participated in the pilot program. The other classroom at each grade level was not involved in the project and therefore functioned as a control group.

The program consisted of 12 group sessions conducted once a week in the classroom for a total of 45 minutes per meeting. The basic format for each session consisted of a ten minute lecturette on a particular topic. A brief list of the topics covered included the following:

a. P.A.C.
b. transactions
c. strokes
d. existential positions
e. contracts
f. games
g. recurrent conflict situations.

The lecturettes were followed by group discussion, role playing and role training exercises. The role performance exercises were designed for two purposes: reinforcement of the learning of concepts through concrete experiences, and providing students with a chance to learn alternate techniques for coping with problem situations. The exercises then either further illustrated material presented in the lecturette or facilitated students working on personal issues generated by the lecture or group discussion.

Initially, the program was developed for the sixth grade. It was then modified and adapted for use with the third grade. Each session was oriented toward the older elementary school child. The same session was then adjusted in an attempt to make it relevant for younger students.

Measurement

Prior to the initiation of and at the end of the program all students were administered a sociometric test. The particular test given was a modified version of Haskell's (1972, p. 31) test with the three criteria questions reading as follows:

1. The persons I would choose to be my closest friends are:
2. The persons I would choose to do classroom work with are:
3. The persons I would choose to play with are:

The total score on each criterion was computed by tallying the number of times a student's choice was actually reciprocated. For example, if on question number one a student selected five persons and actually only three of them reciprocated (chose him) the student received a score of three. Therefore, scores represented the number of mutual choices.

Essentially, the researchers sought to improve the sociometric status of the pupils. Sociometric status was defined by the person's scores on each of the three criteria. A high score meant that an individual had many of his choices reciprocated and thus was interpreted as indicative of high sociometric status. A low score was interpreted as low sociometric status.

It was postulated that students participating in the pilot program would have a significant increase in the number of mutual choices between test administrations while the control group would not show significant gains. Therefore, it was hypothesized that the experimental groups would yield significant increases in sociometric status as compared to the control groups.

The sociometric test results were statistically analyzed with a multivariate test, the Hotelling's T^2. It was assumed that the three criteria items were logically interrelated and a statistical test was needed that would account for interactions or correlations (covariance) between items.

Results and Discussion

The results of the T^2 for the sixth grade confirmed the hypothesis at the .10 level. The experimental group did in fact yield a significant increase in reciprocal choices across the three criteria. As a group, the sixth grade children exposed to the program did significantly increase in sociometric status as compared to the control group.

There was an absence of significant results with the third grade. The lack of significant findings appeared in part to be due to difficulties in adapting and modifying a program that was originally constructed for older children. The program was not adequately geared to fit the cognitive development, emotional maturity and behavioral control level of third graders. A time factor may also account for the lack of significant findings. Perhaps conducting the sessions twice a week would increase learning. Certainly future work would be needed to further refine and develop a program that is relevant to the third grade.

Many qualitative changes that were not directly measured were observed by the the group leaders and reported by teachers (and some parents). The children became more direct in their communications rather than being dishonest and circuitous in making their needs and feelings known. The number of negative strokes decreased while the frequency of positive strokes increased. Students began to make formal contracts with each other. Classmates began to accept isolates and rejectees and include them in various activities. And, finally, there seemed to be a definite increase in respect for individual differences.

Conclusions

The results of this project demonstrated that clinical concepts and techniques can be adapted for use with non-problematic children. The group methods used in this study did aid in the improvement and expansion of social relationships. Group techniques such as these can be a part of a preventative approach to community mental health. Teachers could very easily be trained in the use of techniques similar to those developed for this pilot project and integrate them into

the regular program. Not only may such an approach help prevent future disorders with children but also may help them enrich their relationships. Teachers may also become more aware of their own impact in their classrooms.

Educators are beginning to become aware that the classroom is not only a place where cognitive abilities are developed but also an environment in which significant social and emotional learning occurs. Hopefully this study will provide some inroads into and impetus for the development of other group approaches oriented toward preventative mental health.

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Address: Ron Fischer Chris Garrison
Mental Health Center
El Dorado, Kansas 67042

A DRAMATURGICAL ANALYSIS OF STREET DEMONSTRATIONS: WASHINGTON, D.C., 1971 AND CAPE TOWN, 1976*

A. Paul Hare

People who demonstrate in the street can be for or against the establishment. When they are *pro* officials appear on balconies to wave at members of the crowd or pass among them to shake hands and kiss babies. When they are *con* officials are likely to send the police into the streets to restore "law and order." Two cities that experienced a considerable number and variety of protests were Washington, D.C. in April and May, 1971 at the height of protest against the Viet Nam war and Cape Town in June through October, 1976 when Blacks were protesting the South African system. In both cases many of the incidents of protest were intended by the protestors to be non-violent; however violence was present to varying degrees both in action and in reaction. Two of these incidents, one from Washington and one from Cape Town are used to illustrate the application of a dramaturgical perspective based on the work of J. L. Moreno in the analysis of street demonstrations.

Research on street demonstrations

For the most part the subject of street demonstrations, protests, or riots was covered in the research literature in the United States under the general heading of "collective behavior" until the 1960's when mass anti-war protests and ghetto riots became the focus of national attention. The review of research and theory by Lang and Lang (1968) on collective behavior is representative.

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They include a discussion of disaster, disorderly street mobs, radical social upheaval, and fads and fashions. They note that the early literature treated these situations as ones in which the participants lacked adequate guides of conduct (1968:556); more recently demonstrations and riots have been seen as originating within some established group or expressing "cleavages and divisions existing within the society at large" (1968:561).

Research on riots in the 1970's illustrates the importance of social structure, ritual behavior, police response, and the availability of targets for looting, arson, and rock-throwing in understanding riot behavior. Although the accounts provide some case material they do not give an analysis of riot behavior in an act-by-act sequence.

Since we will be using a dramaturgical analysis to understand how action develops scene by scene throughout an entire "act" or "play" the literature that provides criteria for identifying stages in the development of a demonstration, protest, or riot is especially relevant. The most comprehensive analysis of phases is provided by Smelser in his *Theory of Collective Behavior* (1962). Collective behavior is conceptualized as a "value-added" process where there is a necessary condition at each stage for the appropriate and effective addition of value at the next stage. He goes to some lengths to explain that there may be no empirical uniformities in the sequence of the stages since an event or situation may be in existance before it is actually activated. However, the order in which he lists the determinants of collective behavior does suggest an order that might be expected most of the time. The determinants are:

1. Structural conduciveness
2. Structural strain
3. Growth and spread of a generalized belief
4. Precipitating factors
5. Mobilization of participants for action
6. The operation of social control

Perhaps the clearest picture of the stages in development are given in Smelser's diagram of the value-added process for a panic (1962:134, Figure 6). Along an arrow pointing from left to right he gives the stages as:

Structural Conduciveness	Strain	Anxiety	Precipitating factor	Hysteria	Mobilization
(L)	(L)	(A)	(I)	(I)	(G)

Below each state I have added a code in terms of the AGIL functional categories. Smelser's stages appear to follow an order which is apparent in various types of learning groups (Hare, 1976b, Chapter 4). For learning groups, first

the basic purpose of the activity is defined (L), second resources are gathered and new skills acquired (A), third, the group is reorganized and roles are differentiated (I), and fourth, the members work at the task (G). Finally, there is a terminal stage in which the group returns to "L" to redefine the relationships between the members and the group as the group is disbanded.

In coding Smelser's concepts in terms of AGIL both "structural conduciveness" and "strain" are "L" since they determine the general type of collective behavior. The next stage involves anxiety which Smelser has identified as a concern about resources (A). The precipitating factor and the emotion which follows (in the case of panic the emotion is hysteria) seem to determine the size of the group or groups which will be involved and the nature of the leadership required and thus form the "I" stage. Finally the stage of mobilization is the enactment of the event (G). Within the mobilization stage, and each of the other stages, we can identify the four substages of L-A-I-G as the event unfolds over time.

Sequences of stages similar to those of Smelser have been proposed specifically for the analysis of riots and protests (for example, Firestone, 1972). An analysis that I have found especially helpful is not by a social scientist but by a newspaper reporter, Tom Wicker, who summarized several recurring themes (*New Yorker,* 1971, 2 October: 29-30). He noted that the same stages seemed to occur in several American tragedies: the Chicago convention, Jackson State, Kent State, My Lai, and the Newark and Detroit riots. In the first stage some form of disorder breaks out. In the second stage authorities receive and believe exaggerated reports. The event is given symbolic importance as perhaps the fatal crack in the structure of constituted authority. Outside agitators are blamed. Authorities use overwhelming force to restore "order" usually killing or injuring persons other than the ones they meant to kill or injure. In the third stage authorities publish accounts of the event from which the brutality and lawlessness of their own people have been expurgated. Others–the press, victims, investigating committees–may publish accurate accounts but the public goes on believing the official version.

Dramaturgical analysis

Observers of collective behavior and especially protest have called attention to its dramatic quality. Lang and Lang (1968:556) report that

> what initially attracted much interest to collective behavior was the element of drama almost invariably present in certain "mass" phenomena, whether in the form of novelty, bizzare behavior, exaggerated emotionality, violence, extremist ideology, or kind of oddity.

Nieburg (1969:27) records that

> the media, particularly television, create a stage upon which demonstrators and rioters carry out a new art from which might be called "street theater." The protestors play to the cameras, quickly learning how to do this with great effect, provoking and entrapping city authorities, university administrators, and police into playing exactly the roles and speaking the lines called for by the dissidents' script.

However, a dramaturgical analysis has not been applied in any detail to the analysis of specific actions.

Relatively few social scientists have chosen to use a dramaturgical approach in the analysis of any form of social behavior. Goffman (1959) is the best known. But even he applies his insights to the analysis of the structure of the action with little attention to the process of the drama as it flows from one scene to the next. MacCannell's (1973) work has the most direct relevance for the analysis of protests since he has developed Guttman scales for twelve aspects of demonstrations including civil disobedience, milling, guerilla theatre, police presence, publicity, and violence.[1]

The category system for dramaturgical analysis used here was first applied in the analysis of a psychodrama (Hare, 1976a). The system is based on the work of J. L. Moreno and his followers who developed psychodrama as a from of group therapy. In a psychodrama a protagonist (patient) under the guidance of a director plays out scenes from his own life with the help of auxiliaries who take the parts of other persons, animals, objects, or ideas that are important in the situation. For Moreno the basic elements in the psychodrama are the protagonist, director, auxiliary egos, audience, and stage or action area (Rabson, 1979).

As a psychodrama develops it moves through a series of stages which have been identified as: (1) director's warm up, (2) building group cohesion, (3) developing a group theme, (4) finding the protagonist, (5) moving the protagonist onto the stage, (6) action, (7) working through, and (8) closing. In terms of AGIL stages 1-4 are part of the initial "L" as the theme and theme carrier are identified. Stage 5, moving the protagonist on stage, involves both "A" and "I" as information about the problem is given by the protagonist through an interview with the director and through "role reversal" as she/he

1. Ten of these scales were adapted for use in South Africa in 1976. Since we were only able to obtain ratings from newspaper reporters or other persons who were witnesses for six events there is nothing statistical to report. The Guttman scales seemed to be working with the usual observer variance. However one would not need a Guttman scale to prove that the police reaction in South Africa was more violent that that in the States. A simple body count for demonstrators would be enough. Wanderer (1971) also developed a scale for riot severity.

takes the part of auxiliary egos to indicate how they should act. Through this method the roles that will be played in the psychodrama are established. Stages 6 and 7 are the "G" stages as the actual work is done. Stage 8 represents the final "L" stage as the protagonist is de-roled and returns to the group as group members share similar experiences which help to define "the meaning of all this" in terms of the larger society.

The various techniques that a director may use in the course of a psychodrama are taken from "real life" so may be used for the analysis of ordinary behavior as well as that which is consciously staged. These techniques include the following (Rabson, 1979):

1. Role reversal—An individual exchanges parts and physical positions with another.
2. Soliloquy—Verbalizing thoughts and feelings, often while turning the head to one side.
3. Double—An auxiliary ego standing behind the protagonist to help express inner feelings.
4. Mirror—An auxiliary ego presents the behavior of the protagonist who steps out of the scene to observe.
5. Auxiliary chair—An empty chair is used to represent a person, part of the self, value, or abstract symbol.
6. Concretising—A visual depiction of feelings and relationships.
7. Maximising—Increasing or exaggerating the emotional content of a communication or attitude.
8. Physicalizing—The non-verbal dramatization of words and gestures to aid clarification and expression of feelings.

Although the present system of analysis is based on psychodrama it also applies to its derivative "sociodrama." For Moreno sociodrama dealt with a person as a role-player rather than as an individual personality. Whereas the psychodrama aimed at individual emotional catharsis and insight, the sociodrama "deals with social problems and aims at social catharsis" (Moreno, 1953:88). Thus street demonstrations are essentially sociodramas. However the mode of analysis and the techniques involved are the same.

By combining various category systems the present system includes five categories for task behavior and four dimensions for social-emotional behavior. Since Moreno emphasized the spontaneous and creative aspect of work, the five task behavior categories represent five degrees of involvement:

1 – Self oriented (not in role)
2 – Stereotyped
3 – Real
4 – Involved
5 – Spontaneous/creative

The categories of social-emotional behavior are (Hare, 1976b:80):

D – Dominant vs. submissive
P – Positive vs. negative
S – Serious vs. expressive
C – Conforming vs. nonconforming

Ratings of 1 through 7 are given within each of these categories of social-emotional behavior where 7 is the highest rating for the trait given first and 1 is the highest for the trait given second. The two traits are assumed to form one dimension. A 4 is the neutral point. For example, the ratings on dominant-submission are:

7 – extremely dominant
6 – dominant
5 – slightly dominant
4 – neutral
3 – slightly submissive
2 – submissive
1 – very submissive

For the analysis of a street demonstration it is best to have one or more sound movie films and TV tapes of the whole event. These visual and aural records can help reconstruct the sequence and mood of events. However the camera is sometimes not as selective as one needs to be to follow the interaction between a particular protestor and someone in authority or a counter demonstrator. Further it may not be appropriate, possible, or permissible to use cameras in some situations. Thus it is better if one or more observers can code interaction on the spot. In 1971 as part of the Nonviolent Action Research Project at Haverford College we used teams of observers for demonstrations such as those in Washington, D.C. in 1971.[2] One person used a hand movie camera and tape recorder and four persons observed from four theoretical perspectives: functional (AGIL), interaction process, exchange, and dramaturgical. However at that time the dramaturgical categories for an act-by-act analysis had not yet been derived. The analysis presented here was actually carried out in 1979 based on verbatim and other accounts recorded at the time of the events.

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2. Papers from the project in the form of monographs, reports, staff reports, and field notes are available in the library at Haverford College, the Peace Collection at the Swarthmore College library, and in a few other libraries in the U.S. and U.K. Copies of all reports were sent to the National Institute of Mental Health in Washington, D.C. who supplied the research grant for the three-year project, R01 MH17421–01 to 03 SP.

At the beginning of the analysis of a demonstration the transcript of the action can be divided into natural time periods, representing the "acts" in the "play." The end of an act usually involves a major change in personnel, location, or theme. "Scenes" within an "act" are marked by minor variations of the same type. The interaction in each scene is then coded, line by line if a transcript is available, or by summary ratings if there is only a general indication of the nature of the interaction. In either event an attempt is made to score the behavior for each role being played, i.e. protagonist, director, auxiliary ego, or audience. Within a play one person may take many roles and the same role may be played by many persons. The uses of the various dramatic techniques of role reversal, soliloquy, double, etc. are also noted.

A major advantage of this type of dramaturgical analysis is the same as that for any comprehensive theory in that all aspects of interaction can be and must be coded. As part of the record the observer must decide the role being played by each person at the time of each interaction and the major aspects of task and social-emotional activity must be noted. In any one play there may be several protagonists, each representing a different theme. If one role is primarily to counter the protagonist it can be designated the "antagonist." There may be different types of supporting members (auxiliary egos) that can be given separate designations. As with so many theories using the concept "role" it is left to the observer to make it clear how the concept is being applied in any particular instance.

The codes used here for a minimum set of roles are:

D – Director
P – Protagonist
N – Antagonist
S – Supporting member
A – Audience

When a person is doubling a role the subscript of "2" is added to the symbol. Once this dramaturgical system has been used with a greater variety of situations other conventions will undoubtedly develop.

Washington, D.C., 1971: An incident at Selective Service[3]

Nonviolent protest in the United States set a new record for militant action in Washington, D.C., in April and May 1971 with a series of marches, sit-ins, and other forms of confrontation including "mobile" tactics. The government

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3. This same incident was used as a basis for analysis in a paper by A. P. Hare and Amelia Kritzer presented at the meetings of the Peace Research Society (International) Western Region, Vancouver, Canada, February 1972.

responded by arresting over 12,000 demonstrators. One of the more "classic" types of nonviolent confrontation was held at the Selective Service Headquarters from Arpil 27 through 29. Part of that action included a conversation between Steve Stalonas and Inspector M. of the Washington police force as Steve sought to cross a police line behind the headquarters building. This incident provides an opportunity to examine in detail the interaction between a nonviolent protester and a typical counter-player, a member of a policing force.

Several hundred demonstrators gathered in front of the national headquarters for the Selective Service System late in the morning on Tuesday, April 27. Some of them had spent the previous day talking with Curtis Tarr, director, and other Selective Service officials and had secured permission to come into the building and discuss their position with employees there. The officials, however, had withdrawn this permission after hearing rumours that some individuals were planning to disrupt and destroy things once they got inside the building. Demonstration leaders responded by re-emphasizing their pacifist orientation and pledging to keep nonviolent. They also asked the rest of the demonstrators to wait until mid-morning before coming to Selective Service headquarters, hoping that the continuing negotiations would have resulted in an open building by that time.

The decision of Selective Service officials on the morning of April 27 was to let some demonstrators enter the building to talk with employees, but only four at a time. The demonstrators agreed to send people in on this limited basis, but with the number gathered it was obvious that few of them would get inside the building that day. A restless feeling prevailed: the demonstrators seemed impatient to do something more. Using the portable sound system, some spoke of what they considered the proper action to take in the situation.

After several of these statements, Steve Stalonas took the microphone and declared, "We didn't come here to make speeches or to stand around listening to speeches. We came here to talk to Selective Service employees." He suggested that they circle around the building and call to employees to come out, and led a group that immediately began walking around the side of the building toward the back chanting, "Come out, come out, wherever you are! Come out, come out, wherever you are!"

Reaching the back of the building, they were met by police who warned them not to come any further. The demonstrators asked why they were not being allowed to go around the building, but the officers gave no answer, simply reiterating the fact that they had established a police line. Some members of the group initiated a discussion with a police inspector regarding the arbitrariness of closing off the area when they had been acting peaceably; their conversation went on for about twenty minutes.

Eventually, Steve, who had led the group around, indicated that he would commit civil disobedience by breaking the line. There was no barricade—a

police officer was bodily blocking the way—and Steve was reluctant to make a move that might be interpreted as assault upon the officer. Nevertheless, after more discussion, he did break the line by pressing against the officer's arm. He and three others who went into the off-limits area were arrested and charged with crossing a police line.

A conversation between Steve Stalonas and Inspector M.

A detailed transcription of the conversation between Steve Stalonas and Inspector M. was prepared by Amelia Kritzer who had recorded the interaction on tape while Paul Hare photographed the scene with colour movie film. A sample of the transcript is given in Figure 1. The combination of a film and tape record has made it possible to code the interaction from a dramaturgical point of view with some confidence that the spirit of the original encounter has been maintained. Further, as a check of the accuracy of the typed transcript, a copy was sent to Inspector M. in Washington. He was asked if there was anything about the transcript which would create difficulties for him should it appear in print without identifying him. There was no response.

With Steve Stalonas at the back of the Selective Service building were several other protesters who tended to act in chorus, calling out to the police from time to time. However the principal interaction was between Steve and the Inspector, with Ron Young of the Fellowship of Reconciliation acting as an intermediary at several points. As the scene develops Steve establishes a relationship with the Inspector which includes the use of first names. Steve argues that the police line is not justified and that the proposed activity of discussing the war with the occupants of the building is legitimate. He concludes that if the police remain firm, he will have to cross the police line as an act of civil disobedience. At this point the Inspector calls up a younger policeman to block Steve's way. Steve makes it clear to the policeman what he is about to do and that he does not want to be charged with a felony for pushing past an officer. Eventually Steve pushes past, along with three others. They are arrested, booked, and taken to jail.

In the analysis of the sample of the transcript (Figure 1) the unit to be scored is usually a simple sentence. However the unit may be only a single word or a bit of behavior if it represents a thought or action that seems complete in itself and would give enough information for another actor to respond. For example, the first statement in the transcript is by Stalonas who says: "I still don't know your first name." Using the four dimensional scheme for coding social-emotional behavior this sentence is coded at the end as 5 for dominance (D5) since Stalonas is taking some initiative but is not insisting that the Inspector give his name. Nor does Stalonas seem to be so assertive in other ways that he should be rated as 6 or 7 on dominance. Part of this judgment is based

P5	–	Stalonas:	I still don.t know your first name. D5, P6, S5, C4
	–	Inspector M.:	George. D3, P6, S4, C4
P3	–	Stalonas:	George. D4, P6, S4, C4
P4	–		I respect what you have to say, D5, P5, S6, C4 but it sounds a lot to me like what they said about 2,000 years ago. D5, P2, S5, C4
P4	–		I have to do it (stay behind the police line) because that's what I've been told I have to do, D5, P2, S5, C4
P4	–		Not because I've thought it out for myself. D5, P2, S5, C4
P5	–		I think the easiest way to make you think it out is by my crossing the line. D6, P3, S6, C2
N4	–	Inspector M.:	What do you gain by this, Steve? D5, P6, S6, C6
P4	–	Stalonas:	What I gain by it is that you are going to have to arrest me. D5, P5, S6, C2
N4	–	Inspector M.:	What do you do about . . . (inaudible) D4, P5, S5, C4
P4	–	Stalonas:	It's a simple act of sacrifice. D4, P4, S6, C1
P4	–		I'm telling you that I don't believe in governments that say arbitrarily that you can't be behind a building when you are not threatening anything. D6, P2, S5, C1
N4	–	Inspector M.:	Well, it's not an arbitrary decision. D6, P3, S5, C7
N3	–		When we have these things going on, we sit down and we plan. D6, P4, S5, C6
P3	–	Stalonas:	I understand, D2, P5, S5, C5
P3	–		but the reason is to keep the peace, D5, P3, S5, C4
P3	–		and there is nothing unpeaceful about what I am about to do, D6, P2, S5, C2
P3	–		and I am going through. D6, P2, S5, C1
P4	–		And if you arrest me, then you'll have to arrest me. D6, P2, S6, C2
N5	–	(Inspector M. bars the way) D7, P4, S5, C7	
P4	–	Stalonas:	I don't want to get into assaulting an officer. D5, P4, S6, C6
N4	–	Inspector M.:	Well, I don't want you to, either. D4, P5, S5, C6
P4	–	Stalonas:	Okay, then I'm going to step through D6, P5, S7, C1
P3	–		and it's a simple matter. D5, P4, S6, C2
N4	–	Inspector M.	(over his shoulder): Bring me up some more men here. D6, P4, S7, C7
S2	–	(Officer comes forward)	

Figure 1

AN INCIDENT AT SELECTIVE SERVICE (APRIL 27, 1971)

(A portion of the transcript of the confrontation between Steve Stalonas and Inspector M.)

on the tone of voice which was recorded on the tape recorder but does not appear in the transcript.

The same act is rated as 6 on the Positive vs negative dimension (P6). Stalonas is showing "overt signs of friendliness." The rating of 5 for Serious vs expressive (S5) is an indication that Stalonas is involved in the task. He is not treating it as a joke. However we also note that he is not dealing with a very serious issue at the moment. A rating of 4 is given on the Conforming vs nonconforming scale. The act does not clearly support conformity or nonconformity to the norms governing the interaction between Stalonas and the Inspector in that situation. If we are allowed a second thought we could code this act as a 5 on conformity or even a 6, depending upon the tone of voice, if we judged that the principal reason for the remark was to put pressure on the Inspector to give his first name. This would have the effect of urging the Inspector to conform to a norm introduced by Stalonas that the interaction should be on a "first name basis." As it was, the tone of voice suggested that the principal component of the act was on the Positive vs negative dimension rather than on the Conforming vs nonconforming dimension.

Thus we see that a great deal of information can be compressed into a single statement in a way that is similar to a dream which compresses many feelings into a single image. The response of the Inspector in giving his first name (which we have fictionalized in the account) indicates that he is slightly submissive (D3), quite positive (P6), and neutral on the Serious vs expressive (S4) and Conforming vs nonconforming (C4).

After coding each act we find that in sum Stalonas has taken a stance which is Dominant without being overbearing, Positive, Serious, and Nonconforming. This matches the "ideal type" of nonviolent protester described by Gregg (1935). The Inspector has been positive in response to Stalonas's positive behavior but has not, in this instance, been won over to Steve's position on the issue.

The codes for role and degree of involvement are given before the name of the actor and at the beginning of each act. In the sample interaction between Stalonas and Inspector M. there are only two main roles, Stalonas is the theme carrier for the group or protagonist (P) and Inspector M. represents an opposing theme, the antagonist (N). At the end of the transcript an officer comes forward as a supporting member (S). Most of the time both Stalonas and Inspector M. are involved in what they are doing (level 4). There is some spontaneity as an actor introduces a new idea or a new direction for action. The officer who came forward was responding to a routine command (level 2).

Two types of psychodramatic techniques were used: concretizing when Inspector M. uses his body to bar the way and maximizing when he calls for more men.

This short transcript only illustrates how the category system is used. We will now go back over the entire incident to provide an analysis in dramaturgical terms.

The entire incident behind the Selective Service building can be divided into five scenes. The first scene which begins at the 2 and 3 level of spontaneity and creativity includes the establishment of the police line by Inspector M. and the response of the chorus of demonstrators (auxiliaries) who question the necessity of the police line. In scene two Stalonas takes over as protagonist, questioning Inspector M. with a counterpoint of comments by other demonstrators. Spontaneity reaches level four as the actors become more "warmed up" to the event. In scene three the height of personal involvement is reached as Steve and George move to a first name basis. The peak is reached as Steve says he will cross the police line but then falls off a bit as he goes over the point several times for the benefit of the young policeman who has been brought forward to block his way. Scene four includes the crossing of the police line and the arrests. It is quite short but provides the emotional catharsis and moment of insight for the demonstrators. As the arrests are made one of the demonstrators (auxiliaries) plays "Yankee Doodle" on a harmonica, thus indicating the "revolutionary" nature of the action. Just as MacCannell has observed about "sit-ins", that each "occupation" is a working model of a revolution (1973:64), so it is apparent that the demonstrators define this encounter as part of a model of a revolution. In the fifth scene the four demonstrators who went through the police line are booked and taken away in a police van. The other demonstrators disperse.

The role of director during the event was shared by two persons. Initially Inspector M. set the stage by arranging the police line and defining the action area. In the second scene, Ron Young, then secretary of the Fellowship of Reconciliation, takes a "third party" role as he tries to interpret Stalonas's remarks to Inspector M. and points out to Stalonas that Inspector M. is asking "fair" questions. This is similar to the behavior of a psychodrama director who may call for a particular line of action.

Throughout this action the additional auxiliary roles of demonstrators and police were played in a relatively undifferentiated way. The whole action contained only one major theme with two sub-groups, demonstrators and police. Some events can be much more complex with several themes competing with each other.

Cape Town 1976

Protest is not a new phenomenon in Africa, especially in South Africa. Gluckman (1952) has noted that traditionally the inhabitants of Zululand, Swaziland, and Mozambique would hold "rituals of rebellion" each year at harvest time when they would openly state their rebellion against authority. In the Zulu ceremony the warriors would chant:

> King, alas for your fate
> King, they reject thee
> King, they hate thee.

After this dramatic display of hostility, life was supposed to return to normal.

In more recent times various peoples in South Africa have protested in the hope that the "normal" state of affairs would be altered to provide a more equitable distribution of resources and justice. The best organized nonviolent actions were those of Gandhi in the early 1900's (Huttenback, 1971). Michael Scott's "Campaign for Right and Justice" and the protests by members of the Indian community in Durban in the mid-1940's were in the same spirit (Hare and Blumberg, 1980). However, before 1976, the occasion of protest recalled most frequently by South Africans was at Sharpeville on March 21, 1960, when at 1:40 pm 75 members of the South African police fired about 700 shots into a crowd resulting in the death of 68 Blacks and wounding 180 others (Republic of South Africa, 1960; Reeves, 1960). From that time until 1976 many informed persons in South Africa would tell you that "nonviolence was dead" and that mass protests by Blacks was a thing of the past. This turned out not to be true.

June 16th now marks the day when in 1976 school students in Soweto, the Black township that provides workers for Johannesburg, demonstrated their resistance to their inferior education system. The police reacted with guns, gas, clubs, and dogs and the students fought back. By the time the wave of protest was over, some months later, tens of thousands of Blacks, young and old, had actively participated in the uprising in some 200 Black communities throughout the country and some 500 had been killed (*Cape Times,* 31/1/80, p 6). The most detailed account to date of the course of events, the background factors, and the organizations involved has been published by Kane-Berman (1978). A review of this book and an evaluation of the other works that had appeared up to June 1979 is provided by Molteno (1979).

The similarity and possible connection with the protests in the United States and elsewhere in the 1960's was noted in the press. In the initial protest in Soweto on June 16th a Black 13 year old student, Hector Peterson, had been shot and killed. On June 17th the *Rand Daily Mail* carried a front page editorial with the comment:

> There is a peculiar horror about policement opening fire on school pupils, no matter what the provocation, as America discovered at Kent State.

On August 18th the *Cape Times* reprinted a *Die Burger* editorial which said that South African youth "have seen and studied youth protests of the 60's."

By November 1976 the Government's "Commission of Inquiry into the riots at Soweto and other places in the Republic during June 1976" arrived in Cape Town for hearings. Judge P. M. Cillie as the chairman and sole member

of the Commission published a call for persons to come forward with evidence about the nature of the protest and the police reaction. As in many communities in South Africa, Blacks in Cape Town were reluctant to testify since they feared reprisals either from the police or from persons in their own communities. On the assumption that it was better if some good data could be made available to the Commission, some members of the University of Cape Town staff provided verbal and written evidence. My own report centered on a typology for the analysis of the themes and staging of protests in the hope of reducing the amount of violence in the reactions of the police. The data for 153 incidents of protest in Cape Town over the period July 31st through October 16th, 1976, given in this paper were part of the material presented to the Commission at that time.

A question continually faced by the Cillie Commission was whether or not the police had reacted appropriately in their response to a protest or riot or whether they had "over-reacted" by causing more injuries and deaths than would be expected if they had followed the rule of "minimum force." To justify the use of force the police would stress the incidents of looting and arson by drunken "tsotsies" or "skollies."[4] To support the claim of over-reaction members of the community would stress incidents in which police appeared to have burst into a school yard of building without provocation.

For the purpose of analysis by the Cillie Commission a classification of the intention of four types of protest were suggested. The problems faced by the police in each type of case are different and their response is likely to be different. A four-fold table was derived by crosscutting two dichotomies: first whether the objective of the protest was "specific" of "diffuse," and second, whether the predominant character of the protest was "nonviolent" or "violent." Subsequent to the presentation to the Cillie Commission a third dichotomy was added, whether the protest was "organized" or "unorganized" and more spontaneous.[5] These types represent modes of dramatic enactment.

An example of a protest that was *nonviolent, specific,* and *organized* was a vigil in the form of persons holding posters standing in four lines forming a hollow square on a Cape Town plaza during the lunch hour. Arrangements had been made beforehand with the police for permission for the demonstration.

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4. "Tsotsies" is a name given to youth who are members of African gangs or individual petty-criminals and "skollies" Coloured youth of the same type.

5. Two typologies reveal some similar aspects of crowd or riot behaviour. Marx (1970) used two dimensions: (1) the present or absence of a generalized belief and (2) whether or not the riot is instrumental in solving the groups' problems. Turner and Killian (1972: 84) propose three dimensions for the study of crowds: (1) individual or solidaristic (2) focused or volatile, and (3) active or expressive.

Police were on hand, but kept their distance as observers. The demonstrators provided their own "marshals" to direct the group and deal with counter-demonstrators.

A protest that was *nonviolent, specific,* and *unorganized* occurred when students in the Black township of Langa marched from their school to the police station to ask for the release of a fellow-student after he had been arrested. Protests which are both *nonviolent* and *specific* are likely to remain nonviolent. This is especially true if they are organized and the police or other persons in authority are able to recognize the legitimacy of some of the complaints, and where possible, act to remedy the situation. Since in most cases in South Africa, and elsewhere, the police are not related to the basic causes of the complaint, other persons with proper authority need to play a major part. In South Africa the role of the police is usually limited to controlling or dispersing riotous or potentially riotous assemblies.

Examples of protests that were initially *nonviolent* and *diffuse* were those in which students called for a change in the system or showed a general rejection of apartheid and those in which they said they were praying, in mourning, or marching in sympathy with Soweto. In an *organized* version of this type of protest about 80 students from the University of Cape Town marched down the mountain side from their campus carrying a banner proclaiming "solidarity with suffering." They had no particular target and the direction of the march changed several times before the police finally surrounded the main group and arrested the students.

Examples of *nonviolent, diffuse,* and *unorganized* protests were the gatherings of young Blacks on the Grand Parade in Cape Town on several occasions. In this type of diffuse protest the arrival of riot police in full gear or the presence of photographers can have the effect of providing a focus for the protest and arousing the crowd to violent acts such as throwing stones or hitting police vans. During the gatherings in downtown Cape Town from September 1st through 8th the objective of the crowd was easily turned from their original complaint to one of baiting the police as if the tear gas cannisters and the shotguns were all part of some children's game. The diffuse protest is difficult for police to handle since the number of protesters is often quite large and protesters may not be easily distinguished from ordinary curious citizens.

Although the diffuse outburst may provide some emotional catharsis for some of the demonstrators by giving vent to hostile feelings or for some police who, on behalf of society, punish them with their batons, this release of tension does not lead anywhere unless it is followed by some insight into the problem and some plan for constructive action so that the outburst is not simply repeated over and over again.

Students at the University of the Western Cape (the Coloured university) who stoned their administration buildings and White motorists on the highway

adjacent to the campus provide an example of a protest that was *violent, diffuse,* and *organized.* The burning of tires, constructing road blocks, and stoning of cars on two major highways that pass through African and Coloured areas of Cape Town (Settlers Way and De la Rey Road) represent protests that were *violent, diffuse,* and *unorganized. The unorganized protests* are difficult for a small riot squad to control since the violence may spread over a large area and the stones, tires, and petrol are readily available. Although some stoning occurred in and around school grounds, as in the case of the protest at the University of the Western Cape, most of the violent-diffuse protest took place in areas of the African and Coloured communities where there was no source of authority, such as a school principal, whom the police could ask for cooperation in controlling the violence. In addition, some of the most violent protests occurred at night. Thus the police operated under difficult conditons with little chance of support from other community agencies. On some occasions the police did not seem to want community support, as when they appeared in camouflaged uniforms without any identification and beat or shot protesters as if the police were the only source of "law and order" using the only means available.

The last two categories include protests and riots that are *violent* and *specific.* The *organized* form is often carried out by politically motivated provocateurs or terrorists, in Cape Town, by burning a bank or a school. The *unorganized* form is represented by tsotsies or skollies who use the occasion of political unrest to loot stores for large amounts of liquor or other goods. The looting and the drunkenness which often accompanies it may provide a momentary catharsis for the participants or observers but leaves a poor community even poorer than when the protest began.

Since South African law provides for the police to use weapons to control violence to persons and property there was less likelihood that the community would respond with charges that the police were "over-reacting" when persons were killed or injured during riots that included looting and arson. Some objections were raised when the violence by the protesters took the form of throwing stones; as the police did not wear helmets or carry shields it was possible that some policemen might be aroused to shoot at an earlier point in time than if they had adequate protection. More objections were raised about police behavior when the protests were nonviolent and diffuse, especially when apparently innocent bystanders were the victims. The strongest protest about police reaction occurred when police entered school buildings, such as Alexander Sinton High School (Coloured), without calling for the support of the principal and teachers and with minimal provocation.

Although the riotous assemblies act requires the police to take action to prevent or quell any disturbance, especially if it is violent, there were examples of three of the four main types of protests when the police kept a "low profile"

and violence either did not occur or remained contained. An example of an occasion that was *nonviolent* and *specific* was the September 12th meeting of parents and students at Alexander Sinton High School. Although police had previously invaded the school on several occasions, in this case the police were notified in advance of the meeting, there was no violence, and the police did not appear. An example of a *nonviolent-diffuse* protest that went off without incident was the Black students' march through Cape Town and the railroad station on September 1st. The riot police did not disturb them and the railway police helped them board their trains. An example of a *violent-specific* protest that the police allowed to run on for some time, thus giving it a kind of legitimation, was the protest against the shebeens (illegal liquor outlets) by African youths that began on October 11th. I am not aware of an example of a *violent-diffuse* protest or riot in the Cape Town area that the riot police did not attempt to control. However the so-called "faction fights" in the mines in the Johannesburg area may be an instance of this type of event. In some cases the police do not immediately intervene.

To give some indication of the frequency of each of the four major types of protest in Cape Town over the period July 31st through October 16th, descriptions of 153 instances of unrest were categorized by Jonathan File from descriptions appearing in the newspapers. Since police action often seems to be a prerequisite for newspaper coverage the nonviolent actions may be under-reported (see Table 1). The other three types of protest were reported with about equal frequency.

When the frequencies of the four types of protest were graphed week by week over an eleven week period we find that over 80 per cent of the diffuse protests occurred within a four week period (August 28th through September 19th) with the peak of the nonviolent-diffuse protests occuring a week before the peak of the violent-diffuse protests. There are probably several factors

Table 1

Incidents of Unrest in Cape Town
from July 31 through October 16, 1976

	Specific	Diffuse	Total
Nonviolent	10	40	50
Violent	46	57	103
	56	97	153

that account for this one week lag: (a) once specific nonviolent protests had been organized by students the protest spread to other members of the community who were not concerned about nonviolent discipline, (b) students who received no response to their nonviolent protests turned to more violent methods, and (c) the violent police reactions to some of the early nonviolent protests served to "radicalize" some students, parents, and others who had not thought of violent protest before. Since so few students or others involved directly in the protests were willing to make information available to the Cillie Commission, or anyone else, either directly or indirectly it has been difficult to determine the relative weighting of the various causal factors. On a few occasions Black youth either individually or in groups did agree to speak out on the causes of the "unrest" but the police were soon after them either for questioning or to take them to jail. At that time few Black persons would risk being identified as "leaders" and it was a disservice to them to single them out for attention. In any event the feelings that led to the protests and were generated by them have not gone away. They are still present, although less visible, in the Black communities.

Stages in the development of protests and riots

Several suggestions for the division of protests and riots into natural units or stages have been noted earlier. The sequence of stages that seems to describe the major events in the South African protests is similar to that seen in the United States although they place more emphasis on the reaction of police and others in authority both at the time of the actual protest and afterwards as they seek to find the protesters, punish them, and through court action and commission reports attempt to establish their own "definition of the situation" and the "meaning" of the events for the larger context.

The eight stages are as follows:

1. *Planning:* The period of time prior to the actual event during which the theme is selected and organization takes place. In the case of an unorganized event the group may respond to a theme in a matter of minutes. In functional terms the planning stage includes the L, A, I stages, that is the theme is identified and accepted (L), the resources necessary for the event are procured (A), and the necessary roles agreed upon and rehearsed (I). For some unorganized events such as stone throwing the equipment may already be at hand and no role differentiation may be necessary.

2. *Initial Action:* The initial action of the protesters is the most important since it can set the stage and mood for all the actions that follow. In some cases the initial action that is planned never takes place since the protesters are intercepted on their way to the staging area. In that case the initial action is actually a response to police action and is less likely to have the

symbolic significance that the protesters had hoped for. In dramaturgical terms this is the "opening number" or "curtain raiser." In functional terms it is the beginning of the action stage (G) in which the guiding principle of the action is revealed or the first substage of "L." This can be coded as "G_L."

3. *Police or authorities arrive and demonstrators react:* The mere arrival of police or authorities on the scene may be enough to set off a reaction by the demonstrators, especially if the police are in full riot gear with rifles or other lethal weapons. At this stage each side may be aware of the other's equipment (G_A) and numbers and formation (G_I). Some or all of the protesters may disperse at this point if they think that protest is no longer possible.

4. *Interplay of police action and demonstrator response:* The police do not usually simply stand as observers, they act in some way. They may warn the protesters not to go further, or order the crowd to disperse within three minutes, or attempt to disperse the crowd with baton charges and tear gas. This stage can go on for some time if demonstrators disperse and re-group or move from place to place. In one instance in 1976 at the Langa High School (African) police and demonstrators faced each other in two lines on different sides of a school playing field. As the police charged the students ran through their lines and assembled in back of them. The police then turned around and charged again. This went on for several passes until the police finally gave up and left the area.

5. *Dispersal and arrests:* Eventually the police may disperse the crowd. At this point the police may divide into small groups or individually pursue suspected demonstrators down side streets and into homes. This is the point at which a "police riot" is most likely to take place since the individual policemen are no longer within sight of their officers. This is the time when innocent bystanders are most likely to be beaten or shot. At this point the drama is in the hands of the police; their theme of punishment or retaliation dominates the action. The response of the protesters is to attempt to disappear into the anonymity of the Black community.

6. *Sweeps and interrogation:* Some time after the event hundreds of riot police or other police may surround a Black area, letting no one in or out. This is likely to be very early in the morning when they move from house to house, demanding entry, to see if any youthful protesters are inside. This is one time when police act without discrimination. All residents of the Black area are awakened, regardless of their status in the community.

7. *Trials:* Some months after the event a few demonstrators may be brought to trial. Some are acquitted and some are convicted. In each case it is quite likely that the judge will conclude that on the basis of the evidence

the police were not at fault for any injury incurred. For example, in one case the judge accepted evidence that the demonstrator had been shot in the stomach but also ruled that he was "fleeing arrest," presumably while running backwards.

8. *Private or public reports:* As Tom Wicker has noted for the United States, a private or public report may eventually be issued which tries to give a balanced picture to set the record straight. In the case of South Africa in 1976, books began to appear a year later and are still appearing which try to define the meaning of this historical event. Three years after the event the government's Cillie Commission had yet to report. The stages from 5 through 8 in functional terms are all part of the final "L" stage. Police try to round up demonstrators and gather other evidence so that the government can make its case that "law and order" has been maintained. Those sympathetic to the demonstrations try to gather evidence that the riots were justified and that the police response was unwarranted or a symptom of the state of repression. However defined the event becomes a model to be emulated or avoided in future action.

Some evidence that youth in Cape Town had learned that throwing stones is a way to support an action of a Black man who stands up to a White man is found in the reactions to the boxing victory of Black American John Tate over White South African Gerrie Coetzee in South Africa in October 1979. The *Cape Times* reported that in Johannesburg "the spirit of New Year's eve was relived in Soweto on Saturday night . . . cars hooted, women ululated, crackers were let off and children banged tins and electric poles" (22 October 1979). However in Cape Town an extra dimension was added. The *Cape Times* reported:

> Hundreds of shouting, stone-throwing young Guguletu (African) residents ran out into the streets of the township last night after the Coetzee-Tate fight was screened on television. For about two hours stones were thrown at cars and busses, and traffic was disrupted as crowds milled about in the streets (23 October 1979).

Police arrived and tear gas was used. Thus three years after 1976 the same actions of youth and the same reactions of police were evident around a similar theme, the conflict between Black and White.

Alexander Sinton High School

As one example of the way incidents of protest developed in Cape Town through the eight stages Jonathan File pieced together an account of the events at Alexander Sinton High School (Coloured) on Friday, September 3, 1976 from evidence presented to the Cillie Commission, newspaper accounts, and essays written by students at the school.

Background: The students at Alexander Sinton High School (ASH) wished to express solidarity with their Black brothers in their fight for liberation. Permission to hold a prayer meeting was refused and students decided to hold demonstrations and boycott classes as of Monday, August 16th. This boycott fizzled out by Wednesday, 18th. After a week of planning, boycotting started again on Monday, August 30th. Students from ASH were involved in police-student confrontations at Rylands Estate (Monday 30th), Athlone (Tuesday 31st), and Cape Town (Thursday, 2nd September). The boycott was to continue indefinitely.

Stage One: Planning and Intent

It is very difficult to assess the extent to which events at Alexander Sinton were planned. Students are very loathe to give information about such matters. The following points can however be made:

i The boycotting of classes was planned in advance. There was a definite intention to hold peaceful protests.

ii There appears to have been considerable inter-school planning and coordination. Several students speak of "a student from such and such a school came and told us to . . ." In this respect it is important to note that:

   a. the march on down-town Cape Town (Thursday, September 2nd) was definitely planned. The number of schools represented that day bear testimony to this.

   b. Alexander Sinton appeared to be a focus point for students to converge. On the day in question, according to ASH students there were students from Belgravia, Oaklands, Athlone, Cathkin, and Bridgetown high schools present at ASH.

To this extent planning occurred. The intention was to hold peaceful non-violent protests in solidarity with Black people throughout the country in their struggle for liberation. By intent then the protests at ASH were non-violent and diffuse.

Stage two: Initial Action

On Friday, September 3rd, 1976 at about 8:15 am there was a general feeling to boycott classes. The teachers had given up any idea of being able to persuade the students to come into the classes. Mr. Desai, the acting-principal, asked teachers to stay in their classes and to teach any students who wanted to attend. The students were divided into two main groups. One group was outside the school building but inside the school grounds. Some of these students played soccer and cricket while others marched around singing freedom songs and carrying placards reading: "We detest police brutality" and "We want rights not riots." A second group containing most of the students from other

schools and many ASH students held a silent, peaceful protest in the school hall. The majority of the students in the hall sat meditating while others explained things to those who were ignorant of the situation and asked for information to the happenings. The teachers at this stage were in the staffroom and the principal in his office.

Stage three: Police Arrive, Demonstrators React

The ordinary South African Police drove past. The students waved the black power sign at them and they waved their fists at the students. At approximately 10:00 am there were several riot squad vans driving past at intervals. The gates were locked to prevent any unauthorized entry. The riot squad provoked a group of students sitting on the school wall by pointing their FN rifles (high velocity, semi-automatic) at them and laughing. The demonstrators' reaction to the police presence was in general to sing louder, give the black power salute and in some cases to boo and jeer at the police. Mr. Desai, seeing this asked the students to get back into the school. This had little effect. The silent demonstration in the hall continued, apparently unaffected by the police presence.

Stage four: Police Actions and Demonstrators' Response

At about 10:30 am three riot vans stopped near the corner of Thornton and Camberwell Roads at one corner of the school grounds. A single riot policeman jumped over the fence on the Thornton Road side. He was followed by the rest of his group–probably about 8 men. The police are reported to have told Mr. Desai, that they entered the school grounds because "a boulder had been hurled at their vehicle." The riot police chased the students who scattered in all directions. The riot police then charged into the quad in the centre of the school. They hit anybody who got in their way but fired no teargas. At this stage the group in the hall were warned that the riot squad was in the school grounds. The students panicked and stormed out of the hall into the arms of the riot squad where they met a hail of blows. The pupils fled into the classrooms and the toilets to escape the riot police. There is evidence that a small group of students retaliated in an attempt to protect some girls from being beaten. Amongst those assaulted were two teachers, Miss Adela Crombie, Mr. Smith, and a polio victim Nazla Matthews. Students allege that the police beat girls on the breasts with up to three policemen beating one girl. After about twenty minutes the police moved back to Camberwell Road. Mr. Desai pleaded with them to give him an hour to disperse the students. They would only give him half an hour. At this stage the riot squad withdrew, some to another school in the area and some across the open field to Hewat Training College where students were demonstrating in the grounds.

By this time a large crowd of people had gathered in Thornton Road on all sides. The situation at Alexander Sinton was very tense, the students were singing freedom songs. All the students were now in the school grounds. Stones

were thrown at passing White motorists and company trucks containing edibles were stopped and raided. After about 40 minutes the riot police arrived again with reinforcements and pulled onto the Camberwell Road open field across the street from the high school. Mr. Desai went over to the police and talked to them. The police allege that Mr. Desai asked them to help him keep order at the school. This had not been confirmed. At this stage a young man who apparently had a brother at ASH walked out of the side entrance onto the open field. The riot police grabbed the young man and put him into a truck. The young man was then transferred from one truck to another and during this process he ran away pursued by the riot police. There was dead silence as everybody watched with a great deal of tension. The riot police caught this man and threw him to the ground. This infuriated the crowd and stones were thrown. The students at ASH surged toward the fence and were greeted with cannisters of teargas, birdshot, and vomitgas. At about 11:50 am the riot squad charged into the school for the second time that day. The students retreated back into the school building pursued by baton-wielding policemen. The police fired more birdshot in the quad. The school children locked themselves into classrooms to escape the police and barricaded the doors with desks. The police broke classroom windows and hurled teargas inside the classrooms. The pupils were forced to come out and were met with a hail of blows. Some students jumped out of the first floor windows to escape the teargas, injuring themselves on the tarmac below. The teachers were very angry—almost hysterical with rage and attempted to guard the sick bay that was full of students injured by birdshot or frothing at the mouth from the teargas. Two teachers were arrested and a student from one of the other schools present was seen being put into the back of a police van with an Alsatian dog. Eventually Mr. Desai requested the riot police to allow the students to disperse in small groups. They agreed.

A newspaper reporter who witnessed the events maintains that the police entered the school the second time to punish the students for the stoning of cars. There is a lot of bitterness among the parents who feel that the police had no way of knowing if the students from ASH were responsible. The reporter agrees with their sentiments.

Stage five: After Dispersal, Round up of Demonstrators

The police allowed the students to disperse in one direction only down Thornton Road in the direction of Lansdowne. However they did not keep to their word. Police arrested many of the students on their way home. Students were attacked in the streets. Many fled into people's houses and backyards. Teargas was thrown into many houses and the police pursued students into private homes. Children in these homes were beaten by the police (Jansen Home, 140 Thornton Road). The police shot Paul Meyer, 14, in Camberwell Road. He fled with blood pouring from his stomach. In their search for him the police entered the houses of Mrs. Roux, Mrs. Trim (smashed front door) and Mrs.

May, all of Sheldon Road, two streets away from the high school. Thornton and Belgravia Roads were also patrolled and many students went home via people's backyards.

Stage six: Sweeps and Interrogations to Find Demonstrators

Students from the ASH maintained that fellow students were picked up by the security police after the events of Friday, September 3rd, 1976. There were, however, great problems in confirming these claims. Major Mouton of the South African Police would only disclose those arrested at the actual time of the incident. As this does not include students arrested on their way home this figure (2 teachers, 2 students) does not give a true reflection of the whole incident. In addition, arrests are carried out by many different branches of the police, i.e., SAP, riot squad, CID, and the security police, often by different units within these branches and are often taken to different police stations. A comprehensive figure appears impossible to obtain.

Stage Seven: Trials with Acquitals or Convictions

As of December 3rd, 1976 only one teacher, Mr. R. Evans of Alexander Sinton had appeared in court, charged with public violence; he was acquitted. In his evidence in court he testified to being beaten, kicked and assaulted by the police. Major Mouton said that he was not at liberty to disclose:

a. whether any other ASH students or staff had appeared in court and whether they were found guilty
b. when the remaining teacher, Mr. Swart and any other arrested pupils would appear in court.

As the court cases took place in various magistrates courts some information could be obtained from the press. However, the press did not have the staff to attend all cases.

An incident in the school yard

Since we do not have a transcript of this confrontation at Alexander Sinton High School, or of any other event in Cape Town, it is not possible to provide a detailed line-by-line analysis using the dramaturgical categories for comparison with the incident involving Steve Stalonas and Inspector M. However we can use the categories in a more general way to illuminate an aspect of crowd behavior. Recalling the many authors who have referred to crowds as volatile and crowd members easily open to persuasion, it is of interest to see how this works in one instance.

We focus on an incident in Stage Four involving the police action and demonstrators' response. After the riot police had assembled in the field across Camberwell Road from the high school a young man walked out of the side entrance of the school and onto the open field. We know from the

account of the school ballet teacher that he was not a student at the school, was older than most students, and apparently had a younger brother at the school whom he had come to look for. Earlier he had been standing outside the side entrance with the ballet teacher watching the activity. Several times policemen had ordered him to move indoors but he had not done so. It is possible that the police had already classified him as a trouble maker although there is no evidence that he was known to the school students or was providing any leadership for them. He is caught by the police and while being transferred to another vehicle, escapes momentarily. The members of the crowd watch tensely and then throw stones and surge toward the police. The police respond with teargas, birdshot, and vomitgas.

For a brief period this unknown youth seems to have become the protagonist for the group of demonstrators. He carried the theme of resistance to the system. As when David went out to meet Goliath, the fate of one person was seen as symbolic for the fate of the whole group. Once the youth was captured for the second time the crowd members changed from audience to auxiliaries as they threw stones in a supportive action. This provided an occasion for the riot police to charge into the school for the second time that day. Thus a "stranger" may well become the protagonist for a group if he or she is outside the system and does not feel bound by the same norms and is thus free to act. A more significant example would be the case of Gandhi in South Africa who became the theme carrier for the South African Indian community even though he had clearly only come to work in the country for a little while.

Sharpeville, 1960

Compared with other Commission reports on disturbances in South Africa at Durban, 1949, Langa, 1960, Paarl, 1962, and Port Elizabeth, 1971, the report on Sharpeville gives considerable detail (Republic of South Africa, 1960). It consists of 204 legal sized pages in the English version which focus mainly on events between 8:00 am and 1:40 pm on Monday, March 21st, 1960. Thus it is possible to gain some idea of the various groups and subgroups involved in the confrontation, to note how they "warmed up" to their themes, and who the protagonists and antagonists were.

The stage consisted of the streets in front of and on the sides of the police station at Sharpeville, a Black township that provides workers for Johannesburg. As part of a protest against the carrying of Pass Books a group of Blacks had presented themselves at the police station at 8:00 am asking to be locked up since they were not carrying pass books. Prior to this they had warmed themselves up through a series of meetings to commit civil disobedience. Sergeant Nkosi, then in charge, told them he could not lock them up. The leader of the protest, Mr. Tsolo, told the group to wait. Sometime later the gathering crowd

gained the impression that they were to wait until 2:00 pm when an important official would come to speak to them. They settled down to wait for several hours. "Entertainment" was provided by the police who drove through the crowd in their vehicles to reach the front gate of the police station, thus providing an opportunity to bang on the sides of the vehicles. Airplanes dived at the crowd to disperse them, only succeeding in attracting more onlookers.

Several active sub-groups could be identified within the crowd while most persons remained in the role of audience. A group of especially curious persons stood at the fence surrounding the police station and pressed against it to see whenever something was going on inside. Another group of hostile youths had positioned themselves near the front gate.

The protagonist for the first group of protestors was a Mr. Tsolo who played the leadership role along with two or three others. When asked to do so by the police, they would help keep the crowd back from the fence. However one officer from the Security Branch of the SAP, Lt. Col. Spengler, had his own scenario for the action. He apparently thought that it was better if all of the leaders were taken inside the police station, so one by one he picked them off from the crowd. This left no one to whom the police could have appealed for crowd control, if they had wanted to. It was actually the action of Lt. Col. Spengler as he opened the gate at 1:40 pm to bring in the last of the "leaders" that caused members of the crowd to press forward to see, leading the police to believe that they were being attacked.

Prior to that the officer in command of the police at the station had been changed four times as officers of higher rank arrived at the station. At 8 o'clock the person in charge was Sgt. Nkosi; by 9:30 he was replaced by Head Constable Heyl, who in turn was replaced at 10:30 by Lt. Visser, replaced at 11:45 by Capt. Theron, and finally between 1:10 and 1:20 by Lt. Col. Pienaar. None of the officers who took the part of antagonists to the demonstrators had any personal sense of the warm-up of the crowd throughout the day. Minimal briefings were given as one officer would take over from the next.

When Lt. Col. Pienaar arrived on the scene he had already been warmed-up by previous encounters in other areas. He had been erroneously briefed by Maj. van Zyl about events that happened at another police station where there had been shooting earliet in the day. There was no shooting at the Sharpeville police station up to that time. However the phone lines had been cut early in the day so that police coming in from the outside had little accurate information. When the Lt. Coll arrived he had to drive through a crowd that he estimated to be between 20,000 and 25,000 persons. Some of them beat his car with sticks so he ordered his driver to speed through the gate. His emotional state is evident in the testimony he gave to commission (Paragraph 204):

> When I landed inside that yard that morning, from all I had seen and been told and what I had personally experienced, I was satisfied that the mob was ready for anything. The mob was in a frenzied state and I feared an attack on the police at any moment.

His own prior experience with crowds had led him to expect the worst. He testified (Paragraph 229):

> I have had 36 years of service and I have dealt with many mobs. I know what the psychology of a mob is. They have no conscience, are capable of any rash act. . . .

At that point Lt. Col. Pienaar had apparently assumed the role of a protagonist-director who was about to save the police and South Africa from the ultimate blood bath. When he asked Capt. Theron for a briefing on the situation he was told, "Colonel, you can see for yourself" (Reeves, 1960:61). Judging the crowd to be on the point of attack Lt. Col. Pienaar ordered 70 policemen to form a line facing the fence and to load with five rounds of ammunition. Although no one recalls an order to fire the police began to shoot as part of the crowd surged forward when Lt. Col. Spengler opened the gate and struggled with one of the leaders in an attempt to detain him. In less than 30 seconds about 75 of the 150 White police fired more than 700 rounds. Eleven police with sten guns were responsible for more than half the number. Sixty-nine Blacks were dead and another 180 wounded. Nearly 70% of the entry wounds were in the back (Paragraph 293).

Once it was evident that the crowd was dispersing Lt. Col. Pienaar and Capt. Theron jumped amongst the policemen, waving their hands, and shouting "stop." Within seconds the shooting stopped. The policemen who reported to the commission that they felt that their lives were in danger had had their catharsis and the main part of the drama was over. It took about an hour to remove the injured. The last substantive paragraph of Judge Wessels' report (Paragraph 311) consists of one sentence: "Nothing of note happened later in the day." Surely it would have been a hard act to follow.

Conclusion

The outline of a dramaturgical approach to the analysis of social interaction has been presented together with some examples of its application for the study of street demonstrations. One of the criticisms of Moreno's version of psychodrama, from which this approach is derived, is that during the course of a psychodrama "you see what you see." Although the "theory" does point in the direction of some concepts such as "role" and "warm-up", the actual meaning of the roles played or the reasons for a particular warm-up are left open to be explained by whatever theory comes to hand. In my own case I find the

AGIL functional theory helpful in understanding the content of the scenes and acts as the play develops.

The main advantage of this system is that it encourages the observer to be aware of the themes and the theme carriers that play a central role in determining the action in any situation, especially in emotional and volatile street demonstrations. So much of the observation in the past has been made from the point of view of the establishment who were out to invoke the "operation of social control" that the attention was focused on the crowd rather than on the agents of the establishment who were responding or even initiating the action which was the focus of the protest. From his point of view, Lt. Col. Pienaar was not wrong to conclude that the mob was "capable of any rash act." What he apparently did not consider was the possibility that a"rash act" could be in response to provocation by police. In a court of law before a judge, one is admonished to tell "the whole truth and nothing but the truth." This is difficult if one is aware of only part of the truth.

For my own part I look forward to the day when we will understand enough about the themes of protest to be able to respond creatively, by avoiding the spiral of violence, and recognizing the legitimacy of changes that sometimes need to be made in social systems to stay abreast of new technologies and new forms of consciousness.

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Address: A. Paul Hare
Department of Sociology
University of Cape Town
Cape Town, South Africa

PSYCHODRAMATIC TREATMENT OF THE SCHIZOID PERSONALITY

R. Evan Leepson

The Warm Up

The psychodrama director can bring to the stage a variety of conceptual frameworks to help him deal with and understand the dynamics of the protagonist. The director might employ sociometric theory, psychoanalytic theory, Sullivan theory, gestalt or Reichian analysis. The experienced and spontaneous director may wish to select those theories which he deems appropriate within the psychodramatic context. The purpose of this paper is to dramatize how to treat the schizoid protagonist utilizing the classic psychodrama method and integrating theoretical material from other schools of thought. It is not my intention to construct a psychodramatic model of the schizoid but rather to present a framework by which the director can effectively treat this type of individual. Theoretical considerations as well as some how-to-do-it methods will be presented. These methods have been developed by the author in his work with psychodrama.

The Enactment

Lowen (1975) characterizes the schizoid individual as a person with diminished sense of self, weak ego, and greatly reduced feelings. The person tends to be dissociated from feeling and inwardly withdraws, thereby losing contact with others and the environment. He suggests (Lowen, 1974) that the schizoid holds together against a fear of fragmentation (falling apart). The inner conflict is between protecting his existence and meeting his needs through interactions with others. The American Psychiatric Association (1968) defines the schizoid personality as manifesting seclusiveness, shyness, avoidance of close interpersonal relationships . . . tends to react to disturbing stress situations with apparent detachment.

This person will seek therapeutic treatment because of one or more of the following concerns:

"My life is boring, I have no direction"
"I feel kinda lousy, but I can't put my finger on it"
"I feel alone, a loss but I don't know why"
"I want to improve my relationships with people"

It is very difficult for a therapist to suggest that a schizoid person enter a psychodrama group, unless the therapist has completely dealt with the client's trust issues. The client might feel that the therapist is rejecting him. Trust is the most central concern to the schizoid person when he enters treatment. Since the schizoid operates at such a primitive level of psychic development, it is no wonder that trust is so important to him. Erikson (1968) describes the first stage of development in an individual as trust versus basic mistrust. Trust, Erikson says, forms the basis for a sense of identity, of feeling allright, of being one's self. Trust derives from the maternal care in terms of the quality of the caring relationship. The schizoid client will respond to the lack of trust (which is in part a lack of contact with the therapist or the environment) by talking in vague, fragmented or non-specific ways.

Polster (1973) describes contact as the lifeblood of growth, the means for changing one's self and one's experience of the world. The schizoid manages to resist contact for fear of annihilation. Latner (1973) says that "contact refers literally to the nature and quality of the way we are in touch with ourselves, our environment and the processes that relate them. Contact is seeing another's face . . . noting the texture of handwoven cloth or the queasiness when we eat too much" (Latner, 1973, p. 55). In a psychodrama session the schizoid will tend to withdraw from the group and/or report that he has no issue to deal with. If the group is large enough to hide in, then he is safe. However, in an on-going outpatient psychodrama therapy group composed of 7-9 people, the schizoid cannot hide for very long without confrontation from more active members. In order for the schizoid client to benefit fully from a psychodrama group, he must be willing to work at his own *time* and *speed.* These two concepts are vitally important if treatment is to be successful. Within the psychodramatic context of working at an individual's own time is the process of warming-up. "To warm-up any activity," according to Blatner (1973, p. 36), "requires the gradual increase of physical movement, the inclusion of spontaneous behavior and the direction of attention toward some specific task or idea." According to Moreno (1973), Blatner (1973) and Bischoff (1970) the warming-up process involves the creation of spontaneity. The conditions necessary for the development of spontaneity are: 1. a sense of trust and safety, 2. norms which allow for the inclusion of non-rational dimensions, 3. a feeling of tentative distance, 4. a movement toward risk-taking

(Blatner, 1973, p. 36). Bischoff (1970) refers to Moreno's explanation of three ways warming-up can be expressed; 1. somatic, 2. psychological, 3. social. The director must be sensitive to the fragile ego of the schizoid group member. It is unwise for the director to suggest that the schizoid 'work now'. It will terrify the person and increase the distruct. It is advisable to wait, months if necessary, for the schizoid to warm-up. It is important to remember that the schizoid spends most of his time in his head, thinking about what he should do, thinking about what he fears the most, trying to second guess the director and analyzing the behavior of the other group members. These internal processes are both assets and liabilities. His ideas, fantasies and introjections can be used as grist for the psychodramatic mill. They are liabilities in terms of preventing the individual from making contact with his feelings and with the environment. One non-threatening way to include the schizoid group member in a psychodrama is to ask him, from his place in the group, to be the audience analyst (the collective conscience). Here he is allowed to express his observations without fear of retaliation.

The schizoid cannot tolerate interaction and emotional intensity. He might try to stop the emotionality of another person's session or participate by sharing cognitive thoughts rather than sincere expression of feelings. It is possible the schizoid can share tender feelings but it can only be for a very short period of time. It is important to note that the schizoid is himself feeling emotionally fragmented while a protagonist is on the stage. At the point of emotional intensity in the group, the person with schizoid tendencies will begin to drown himself in insight, vagueness and the internal processing of information. He skids off into a safe place. This can be manifested by withdrawal or pleasing behavior. If the schizoid pleases a significant other, he then feels that he will not be rejected.

Another problem is one of articulation of feeling and the expression of internal emotions. One observes terror in the eyes of the schizoid person. Although the schizoid will talk forever to the group about his problem, there is an obvious absence of affect. The eyes will mirror the inner terror and fragmentation of the individual.

If the schizoid volunteers to have a psychodrama session, the director must be sensitive to several process concerns: duration of the session and the purpose of the session (specificity). In terms of the duration of the session, it is not possible for the schizoid to maintain contact for any period of time. The director must remember that a schizoid individual might benefit from a five minute vignette. The goals of the session must be drastically limited.

Some psychodrama directors are 'act hungry' for action. Blatner (1973, p. 68) defines act hunger as the drive toward fulfillment of the desires and impulses at the core of the self. The director must be careful not to push the schizoid

into action. Act hunger in this case refers to the director getting his needs met at the expense of the protagonist. An effective session can be conducted from the audience or from the place where the protagonist is sitting, if he is reluctant to come to the stage.

Another method to help the schizoid protagonist is the replacement vignette. Here the director, auxiliary ego or group member tries to dramatize the inner experience of the reluctant schizoid. The schizoid can either double the replacement protagonist or make directorial comments.

Another problem the schizoid has is in focusing. Many times the person feels pain or knows that something is wrong. However, he is unable to express this. The schizoid does not use specific or concrete words to describe himself. The task of the director is to help the protagonist specify what he wants to work on during the session. Since the schizoid's reality is mostly internal, it is foreign for him to concretize things. Therefore, the psychodrama must be anchored in time and space. The director must painstakingly set-up a concrete situation so the schizoid does not skid off into inner space. Such anchoring questions as: where did this occur, when did this occur, who was with you, what did the room look like, what did he/she say, etc., should be asked. These concretizing questions help anchor the protagonist and allow the director and the auxilliaries to enter his psychodramatic world. It is also wise to make a brief contract with the schizoid protagonist before the session starts.

It is unadvisable to use any fantasy work with this type of protagonist. Fantasy material, by nature, permits an individual to wallow in his inner experience. This is what you do not want with a schizoid person, since he is internal most of the time. How many times have you conducted a fantasy trip in a group (training, therapy or educational) and then asked members to share experience. The normal reaction is most likely silence and passive, pensive contemplation. A schizoid must learn to contact his environment and not escape into fantasy. He is a pro at fantasy work. It is this ability to deal with the world through fantasy that makes many schizoid individuals excel in the fine arts; avant garde music, poetry and visual arts.

Another don't in working with this type of protagonist is not to confront, challenge or push him during the session. It is recommended that the director or double (auxiliary ego) track him very matter-of-factly. The schizoid will fragment very easily if confronted on a feeling level, especially if he is a heavy introjector. He will sense that he is not doing the session right and that he is being rejected for his behavior. The matter-of-fact tracking permits the best combination of non-directive support plus the concretization of the person's experience.

The tactical use of the group members is suggested as a way to support the schizoid. Several group members can supportively double the protagonist. These

doubles will confirm the subjective experience of the protagonist during the drama.

The director should ask periodically how the schizoid is doing in the session. By continually re-evaluating the drama, the director has a check on the protagonist's propensity to fall apart. This also allows the protagonist to dis-engage himself briefly during the session. It is an emotional time-out. A skillful director will allow the schizoid to ebb and flow within the psychodrama.

If one double is called upon to work with the schizoid protagonist, there are three concerns that the double must attend to:

1. The double, in this case is an empathy builder. He must supportively point out to the protagonist what the protagonist is doing. This must be specifically couched in behavioral terms.
2. The double must reflect positive experiences of the protagonist.
3. The double must keep the protagonist on track.

An example of the behavioral empathy builder would be:

Protagonist: "I have to give a talk in front of a group of people tomorrow".
Double: "I am biting my lip and moving back".

An example of the reflection of positive experiences would be:

Protagonist: "I'll probably get real nervous while I talk".
Double: "I'll use the nervous energy in constructive ways".

There is a thin psychodramatic line between keeping a protagonist on track and controlling the action. If a double controls the action, then the most important ingredient of the drama is suppressed. I am referring to the aspect of spontaneity. A double can keep the schizoid on track if the double remembers that the protagonist is the creator of the session. Within the framework of the protagonist's creation, the double can keep the protagonist on a meaningful track.

Protagonist: "I'm nervous about the speech and that reminds me of how inadequate I feel about other issues in my life."
Double: "This speech really has me stirred-up."

If a schizoid group member begins to feel dis-integrated during a session and verbal support is inadequate, simple body work will bring the person back to the group. This exercise, which I call grounding-compression is accomplished by asking the protagonist to lie on his stomach on the floor. Several group members will non-verbally approach him from the side and gently place their hands on the backs of the legs, torso and back of the head. The group members than softly and gently pat him 'back together'. This prevents fragmentation and dis-integration. Another exercise to prevent dis-integration is to have the person stand up and, with one foot at a time stomp hard on the carpet (shoes off, of course). This need be done only five or six times for each foot. The person

will report feeling connected to the ground and more in contact with the rest of the group. The schizoid feels ambivalent about many aspects of his life. This emotional ambivalence can be dealt with by the use of multiple doubles. Any ambivalent situation can be dramatized in this manner.

Protagonist: "I want to do good at work but I'm afraid of failing."
Director: "Let's look at both sides of this problem. I want you to find someone in the group who can help you dramatize the part of you that wants to do well. Now find another double to help you with the part that fears failure."

The protagonist warms-up the doubles to their respective roles. The doubles will attempt to concretize the ambivalence. The protagonist can observe the doubles dealing with each other, take on the role of one or both of the doubles or experience what it feels like to be caught in the middle.

The Sharing

The psychodrama format lends itself easily to the treatment of the schizoid client. In a psychodrama, the director (therapist) can utilize many action methods that would not be available to the traditional individual or group therapist.

Lowen (1958, p. 387) refers to the relationship between the schizoid and his therapist:

> "They can see through the therapist as quickly as any therapist can see into them. And who of us is free from his neurotic problems? To help them, then, we must know one's self well, especially his limitations and weaknesses . . . We offer reality, the reality of ourselves which is the sincerity of our effort, the humility of our attitude and the honesty of our conscience".

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Address: R. Evan Leepson
College of Health Studies
D-106 Porter Quad, Ellicott Complex
State University of New York
Buffalo, N.Y. 14261

SOCIOMETRY: A METHOD FOR UNDERSTANDING FOSTER CARE [1]

Gerard R. Kelly and Margaret Edwards

The science of sociometry explores man's relations to one another (Moreno, 1978). J. L. Moreno first introduced the sociometric method in the early 1900s when he unfolded the social geography of a therapy group by measuring the attractions and repulsions between group members. His goal was to restructure interaction patterns and maximize the channels of communication between individuals.

Since its introduction, sociometry remains the fundamental scheme for structural analysis of groups. Today, experimentation with the sociometric method predominates within controlled or laboratory settings where a "group" or "community" is assembled. Groups which lend themselves to fruitful sociometric analysis are those in formal organizations built around strong criteria and located within a defined physical setting. Psychiatric hospitals, classrooms, and prisons are standard examples. Disciplines such as sociology, psychology, psychiatry, and social work are the primary consumers of the sociometric scheme since each probes beneath what is casually observed within group behavior and aims at group restructure.

A chronic difficulty with current experimentation is that the laboratory setting itself may precipitate values and norms which influence the choices among members. One offset has been to apply the method outside the laboratory setting where people are situated within their natural settings. Although more cumbersome, this strategy explores the social bonds among individuals who are purportedly of the same group and possess similar values, but are not "fixed" by specific geographic space. Application of sociometry within the

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field is clearly underutilized and findings rarely go beyond identifying the sociometric "star" or core group of preferred persons.

The present concern is whether sociometry is an appropriate tool for tracing the social bonds among people who share formal values and norms, yet gather only infrequently in the same space. The particular reference group are those individuals who provide foster care to chronic psychiatric patients discharged from a hospital. The sponsor "group" members all function within the hospital's formal values and guidelines regarding the norms of patient care, and primary communication is with representatives of the formal organization rather than with each other. All sponsors maintain ongoing social relations with the patients in their homes and with the agency worker who visits the patient on a regular basis.

Little is known about whether social bonds exist between members of the group and how a potential group structure could contribute to providing higher quality foster care. The questions of interest are: do people of common membership who seldom gather in one place form characteristic social ties? Within a field experiment, is geography a determining factor which may account for different patterns of social bonds? Within the members of foster care, can sociometry suggest program implications which can increase quality service to the patients involved?

Method

Introducing the sociometric procedure, particularly outside the laboratory situation, is an extremely delicate problem. In the case of foster care sponsors the area is especially sensitive. The difficulty revolves around what degree should one raise the sociometric consciousness of a particular group. Within this study the investigators were sensitive to the ongoing relations between sponsors, residents, and hospital workers. For this reason, the study scope is limited so as not to interfere with the balance among those three.

The present study is part of a larger Veterans Administration Health Services Research and Development project, exploring the quality of life among veterans in foster care. Two Veterans Administration Medical Centers (VAMC's) are participating in the research. One is located in Baltimore City, and the other is at Perry Point, Maryland, approximately forty miles northeast of Baltimore. Both Medical Centers have their own social service staff and have structured their Community Care Program in such a way that prospective sponsors are screened on an individual basis according to the larger program criteria. There is continual contact between each Medical Center's staff and each sponsor concerning the responsibilities of foster care. Sponsors in all homes are responsible

for the personal care of each veteran and for providing a family-home living arrangement. All sponsors are part of a nationwide community care program which is administered by each local Medical Center. The sponsors within this study have participated in the program from 1 to 26 years.

The study population consists of 86 community care sponsors who provide homes for approximately 300 chronically ill, discharged psychiatric veterans. Fifty-seven sponsor homes are scattered throughout a 50-mile radius around the Perry Point VAMC. Twenty-nine sponsor homes are contained within an 8-mile radius of the Baltimore VAMC. The home settings around Perry Point are predominantly small-town and rural communities, and range in size from 1 to 12 veterans. The Baltimore homes are exclusively urban, ranging in size from 1 to 8 veterans.

All 86 sponsors were administered an extensive data gathering interview which included a sociometric choice question. Each sponsor was asked to name all those sponsors whom she or he knew. The purpose was to establish a range of connectedness among the entire community care sponsor group. All names were recorded in the order reported by the sponsors. A six-month follow-up by telephone repeated the initial survey question and confirmed the range of sponsors known among each other. Those in the population who identified one or more sponsors were asked two additional questions on the follow-up: 1) "Of all the sponsors you know, who do you know best?" 2) "If a problem arose with one of the veterans in your home, would you talk to another sponsor about it, or would you prefer to talk to someone else?" The purpose of the first question was to locate each sponsor's status within a preferred choice structure. These responses were incorporated into a sociogram which depicts the direction of attractions among the group members. The second follow-up questions on whether to talk to someone other than another sponsor was designed to test the relative strength of the preferred choice and whether it would persist within a given program situation.

Three additional variables from the larger interview data were analyzed against sociometric data to determine if choices were dependent on differences among urban, small-town, and rural settings. These variables include: the number of veterans in each home, the years of experience as a sponsor, and the home's distance from the individual Medical Center.

A unique dimension of this study compared the direction of choices with the geographic location of each sponsor. Since location is a major variable in any field study, the sociogram is a scaled representation of the geographic area within which all the sponsors live. Thus, the sociogram not only illustrates the direction of choices, but shows how preferred channels of communication travel over distance.

Results

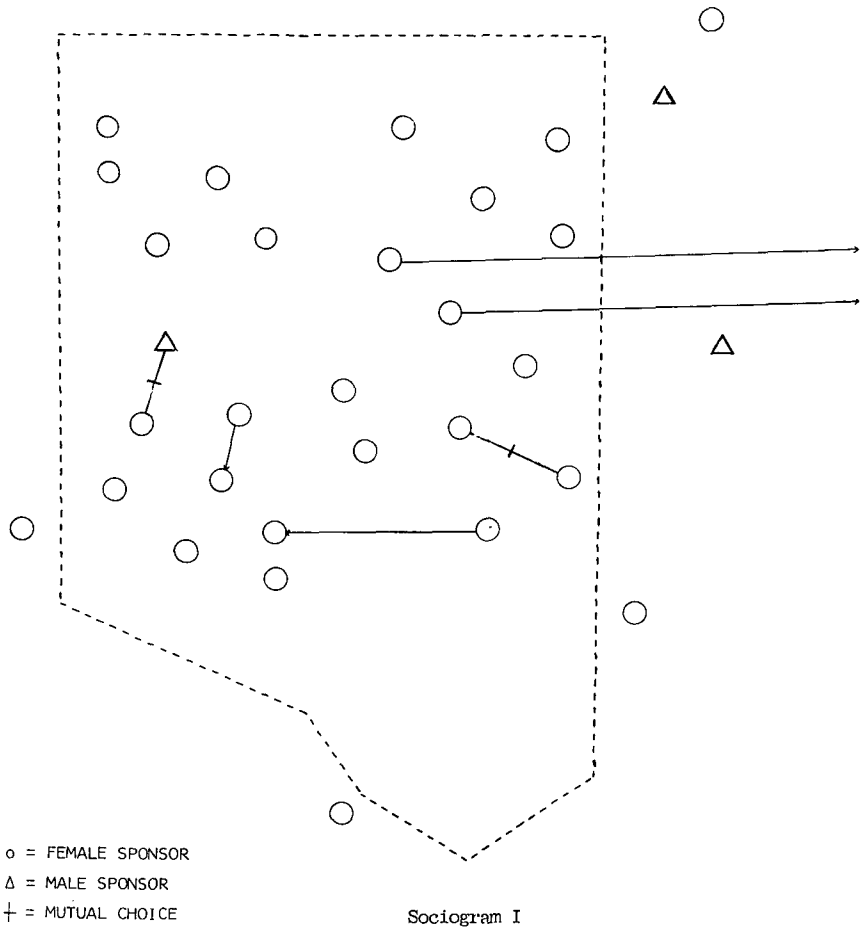
In establishing the range of sponsor awareness, 66 percent of the sponsors identified at least one other sponsor known to them. The 34 percent who identified no one are almost exclusively within the urban boundaries of Baltimore City. Of those who knew at least one other sponsor, 75 percent identified their preferred choice as the first name given on both the initial and the follow-up questionnaire. The status of each sponsor and the degree of connectedness appeared consistent from test to retest and preferred choices remained stable over time. When asked whether they would prefer to speak with another sponsor or someone else about a given problem, only 38 percent said they would speak with another sponsor. A high 62 percent reported that they preferred to speak with someone else. Most often this person was identified as a Medical Center social worker.

Data on sponsor connectedness were subjected to sociogram analysis and show that sponsor choices exhibit distinct bonding patterns. On the preferred or first level, choices cluster according to three distinct geographic areas identified as urban, small-town, and rural. Sociogram I shows that the urban area has a low frequency of connectedness among sponsors. Preferred choices are either reciprocal or are directed outside the urban area to small-town acquaintances known from previous years.

Sociogram II, considered as the small-town area, reveals a higher frequency of preferred choices among sponsors. These sponsors live beyond the suburban boundaries of Baltimore City and distinguish themselves from the sponsors serviced by the Baltimore VAMC. Few sponsors appear unconnected within this area. The degree of connectedness among sponsors in urban, and sponsors in small-town settings shows a clear contrast in frequency and direction of choice.

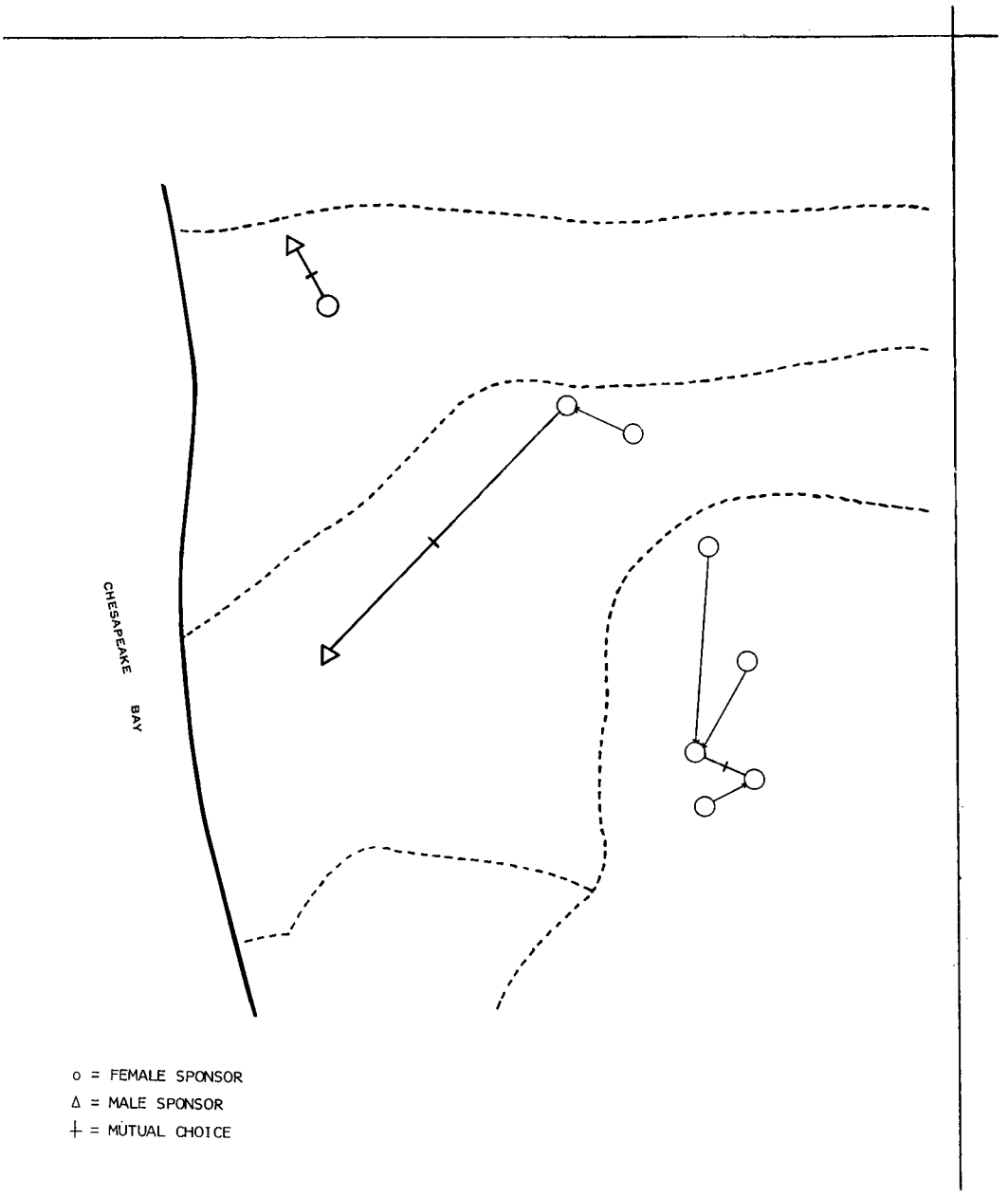
Sociogram III shows the choice patterns of those sponsors removed from both urban and small-town areas in what is identified as a rural setting. These rural choice patterns exclude no one and show a high incidence of reciprocity. The rural sponsors distinguish themselves as a third subgroup within the same organization.

When the sociometric data on the number of sponsors known were analyzed against demographic data on the number of veterans in each home, the years of experience as a sponsor, and the home's distance from the Medical Center, there was a positive correlation in two instances. Table 1 shows that the number of sponsors known is positively correlated with the number of veterans in each home and the home's distance from the Medical Center. That is, the larger the number of veterans in a home, the greater the number of sponsors known by the sponsor. Likewise, the farther away a home is located from the Medical Center, the more likely a sponsor is to know other sponsors. The years as a



Sociogram I: Sponsor Connectedness in Urban Area

Sociogram II: Sponsor Connectedness in Small-Town Area



Sociogram III: Sponsor Connectedness in Rural Area

Table 1. - Correlations of Number of Sponsors Known And Sponsor and Home Characteristics

	Number of Sponsors Known	
	Correlation (R)	Significance
Home Size	.241	.013*
Years as Sponsor	- .076	.242
Distance From Hospital	.232	.016*

(*p < .05)

sponsor show no significant correlation and do not influence the number of sponsors known.

Comparisons were made among the three area types (urban, small-town, and rural) to determine if differences identified in the above variables exist by virtue of geographic area. Table 2 shows no significant difference found for the number of veterans in the homes or years of experience as a sponsor between areas. There was a tendency, however, for small-town and rural homes to be somewhat larger. Therefore, each area contains similar sponsor populations and number of veterans in the homes. The only significant difference is that the distance from the hospital increased from urban to small-town to rural as one would expect. The data affirm that geographic location has a strong influence on the frequency and direction among choices of sponsors known. The least number of sponsors known concentrate in the urban area and the most

Table 2. - Means and Standard Deviation of Sponsors and Home Characteristics by Area

AREA	Variable Means and S. D.		
	Home Size	Years as Sponsor	Distance From Hospital
Urban	3.0 ∓ 2.13	10.3 ∓ 6.54	3.7 ∓ 1.92
Small Town	3.9 ∓ 3.36	8.0 ∓ 5.86	7.3 ∓ 5.13
Rural	4.8 ∓ 2.49	7.2 ∓ 3.54	31.9 ∓ 12.16
Significance	N. S.	N. S.	p < 0.5

known concentrate in the rural area. These findings are clear when compared with the sociograms, but are more easily understood visually through the sociogram schema.

Discussion

The study shows that people of common formal group membership do form preferred social ties even though they meet only infrequently as a group. Likewise, geographic location of a sponsor home is an influential factor both in connectedness and in preferred choice patterns among the sponsors investigated. Members clearly choose within their own geographic boundary of urban, small-town, and rural. A beginning picture of the values and norms of each area is reflected by the level of group connectedness and the direction of preferred choices.

The overall results confirm that urban sponsors are substantially less connected as a subgroup than small-town and rural. The few preferred choices which are made tend to be geographically close or reach far beyond the urban boundary. The rural sponsor subgroup has a significantly higher degree of connectedness with all sponsors involved within the web of preferred choice. Between each extreme are the small-town sponsors who appear connected with a balanced range of proximate and distant preferred choices. Yet, one must avoid a cursory interpretation of these results.

It appears that rural sponsors exhibit an ideal sociometric structure which would highly facilitate a chronic psychiatric patient's return to the community. The sponsor connectedness would seem to offer a source of strength to individuals isolated in a hospital for many years and out of touch in terms of social interaction. However, the present findings do not establish a casual relationship that the more connected the sponsors are among themselves, the better the structure for discharged patients. The goal and function of foster care is to integrate patients into a family and community setting. Yet, fewer sociometric ties within a sponsor subgroup may better facilitate this program goal than a higher sociometric connectedness. For example, strong ties in the rural group, or in this case, high connectedness among this subgroup would indicate group cohesion, but could also mean that the subgroup is isolated from the community as a whole. Preferred social choices may need to be spread in a wider direction rather than concentrated within the group. An opposite picture might emerge wherein urban sponsors would exhibit more connectedness with non-sponsor community members. This may be occurring in spite of the low degree of connectedness of this sponsor subgroup.

A limitation of this study is that the choice question was confined only within the organizational group. Such results, however, should lead to the next

level of sociometric analysis which establishes each sponsor's range of connectedness with persons in the community who are not members of the formal organization. All that can be said from these data is that sponsors providing foster care exhibit distinct patterns of connectedness as a group which is somehow related to geographic location. Connectedness or isolation, however, is only one aspect of group interaction. Further studies should specify how group connectedness relates to chronic patients' integration into a community.

In addition to a description of connectedness among sponsor members, data on the strength of preferred choices deserves some attention. When sponsors were asked with whom they would prefer to speak if a problem arose, little more than one-third responded that they would stay within the sponsor network. The remainder would speak with someone else and stated in most cases this would be the Medical Center staff. These results indicate that this particular sponsor network is rather weak and connectedness is more a by-product of belonging to the formal organization, not an integral aspect of it. Role perspectives clearly influenced preferred choices involving matters of the foster care resident. By nature of the program structure, this would be expected. However, if a future goal were to have the sponsor group rely more on its own resources, each sponsor would be encouraged to contact other sponsors when problems of daily management arose. The program would need to determine if such an effort would enhance the effectiveness of foster care and increase quality service delivery. Sociometry could be one indicator as to whether changes introduced within the sponsor network at the organizational level filtered through to the preferred choice level wherein lies much of the strength of a group. A logical expectation would be posited that the higher the incidence of preferred choices among sponsors within a problem situation, the stronger the connectedness of the network and the more a group relies on its own resources.

Sociometric analysis successfully discriminates preferred choice patterns among members of a formal organization who share common values and norms but who are not bound within a fixed space. Like its successor, social network analysis, sociometry uncovers a unique facet of the individuals who constitute a group. Social networks generally depict information on choices which are actually made by individuals and identify persons who assist in information gathering and dispersal. Sociometry on the other hand explores the choices which are not actually made but are preferred channels of communication. What sociometry depicts is an abstraction of group process beyond the operating social system. Such explorations offer the potential for restructuring sponsor communication patterns which might facilitate a more therapeutic support system for the veteran group. Key members within the sponsor group can be identified and assist in future veteran placements and in locating prospective sponsors. In addition, sociometry carries a potential for identifying sponsors who may need assistance in carrying out their foster care function more efficiently.

Based on its present application, sociometry has a place in the program model of foster care.

Sociometry appears to have enormous implications in maximizing program development. Understanding the patterns of social bonds among sponsors could provide a sound rationale for program changes. Worker assignments could be apportioned to sponsor status within the group. Specific elements such as education around the role of sponsor and delivery of patient care services could be tailored especially to meet urban, small-town, or rural needs. Opportunities and potential problems may be area specific and need alternate means of management. Goals could then be measured and program operations standardized. Administrators would be better able to evaluate the factors influencing program success. For instance, findings from the present study offer potential for looking at sponsors' relationships to the Medical Center staff in terms of the preference a sponsor might express in receiving help with individual problems. Would a sponsor prefer to talk to the Medical Center staff person or to speak with someone else? The difference could greatly affect the quality of care and the degree to which a patient will be better able to integrate within the community. Likewise, the presence or absence of a preferred choice could be correlated with deemed success factors such as the degree of deinstitutionalization or level of morale among patients.

In summary, sociometry is shown to be useful in understanding foster care and indicating some salient features of those providing a family environment to chronic psychiatric veterans. A logical next step is to undertake a thorough role analysis of sponsors, residents, and Medical Center workers in the foster care triangle. Correlations of actual and preferred role perceptions could then enhance the continuity of community care and allow the restructuring of each participant group to maximize communication among all three. Future work would enable more accurate evaluation of program success and localize efforts to improve the quality of life for those in foster care.

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Address: Gerard R. Kelly Margaret Edwards
Veterans Administration Medical Center
Perry Point, Maryland 21902

MORENO'S CHORUS: THE AUDIENCE IN PSYCHODRAMA

Merlyn S. Pitzele

Moreno's best known and most widely disseminated essay is the 1,200 words that he titled "Psychodrama and Group Psychotherapy." It appeared originally in *Sociometry*, Vol. IX, 1946. By 1950, the request for reprints had required the publisher, Beacon House, to print 1,000 copies. With minor revisions, Moreno republished it in the 1972 edition of *Psychodrama*, Vol. I. Meanwhile, Beacon House had printed and distributed over 100,000 of the reprints. The essay remains in demand.

It seems fair to assume that the continuing interest is because of its brief but clear description of what Moreno called the "five instruments" of the psychodramatic method. These are identified as (1) the stage, (2) the patient (3) director, (4) the auxiliary egos, and (5) the audience. Many have taken the five instruments to be conclusive as explained.

From Moreno's original formulation of the instruments until the present day, classical psychodrama has witnessed no significant alteration in the first four. But the fifth, "the audience" as an instrument, has changed profoundly. It is not only a change in terminology from "audience" to "group," it is a substantive change.

> Moreno wrote, "The Fifth instrument is the audience. The audience itself has a double purpose. It may serve to help the patient or, being itself helped by the subject on the stage the audience becomes the patient. In helping the patient it is a sounding board of public opinion. Its responses and comments are as extemporaneous as those of the patient, they may vary from laughter to violent protest. The more isolated the patient is, for instance because his drama on the stage is shaped by delusions and hallucinations, the more important becomes, to him, the presence of an audience which is willing to accept and understand him. When the audience is helped by the subject, thus becoming the patient itself, the situation is reversed. The audience sees itself, that is one of its collective syndromes portrayed on the stage."[1]

Such was how the method used the audience as an instrument when Moreno developed and practiced psychodrama in its early years. But his experience with the audience led him to redirect its spontaneity, cutting off its counterproductive responses and enriching the therapeutic benefits it could provide both for itself and for the protagonist.

Up until the mid-1950s, the audience was encouraged by Moreno to laugh, protest and comment while the drama was going on and continue to express itself any way it chose when the drama ended. Both at Beacon and at other institutions where Moreno demonstrated the method with patients there were professionals and staff in the audience. From psychiatrists, psychologists and nurses in attendance, there was frequently offered diagnostic, analytic and prescriptive statements addressed to the patient's condition. Moreno ultimately came to the conclusion that these were not supportive, indeed could blunt or be destructive to the therepeutic effect the drama had for the protagonist. He may have thought of the Old Testament Job, that archetype of man in torment who has searched himself for his faults, then harrassed to desperation by well-meaning friends who diagnose and prescribe. "Hold your peace, let me alone," Job cries. "Ye are all physicians of no value." Then to receive from his wife what is perhaps the most awesome prescription in literature, sacred or profane, "Dost thou still retain thine integrity? Curse God and die."

Thus, *circa* 1955, the first audience heard Moreno instruct it to avoid analysis and avoid telling the protagonist what he or she "should have done or ought to do." Instead, he said, speak to the protagonist of your own experience and about your problems. "Share your life."[2]

The virtues of sharing were immediately apparent. Not only was it positively supportive for the protagonist. For many in the group, sharing evoked their own catharsis and tapped an entropic reservoir. Since it was introduced, it has taken many forms.[3] Further, it fortifies the claim of psychodrama subsumed as *group* psychotherapy, an attribute of which, according to Moreno, is the "reciprocal integration" realized by the interaction "between the patients themselves [and] also between patients and physician."[4]

Moreno never asserted that he had invented his instruments. The stage, patients, directors, actors, audiences all had a venerable provenance before Moreno's vision of how they could be used in combination for therapeutic purposes. It was in this respect that one of his admiring colleagues observed that Beethoven did not invent the scale of notes nor the orchestra's instruments, yet used them to create music more beautiful than any composed before.

It is however notable that examples of sharing are virtually non-existent in literature. Turning for help to academics, literary critics and Biblical scholars, this author was pointed to a number of putative examples that proved, upon examination, not to be sharing at all as it is found in psychodrama. In the novels of Jane Austen and Stendhal in the plays of Shakespeare and Racine—and in

an abundance of other works——one character confides to another inner thoughts that have been held back. This is not what Moreno meant by "sharing."

But I have found one example of almost sublime purity that Moreno might have acknowledged as the *locus classicus* of his own important contribution. In it sharing is more than frankness, more than confession. It is revelation and identification with another. It brings catharsis.

The passage, in translation, is from the 13th Century Icelandic "Volsunga Saga," an oral epic similar to the "Nibelungenlied." It tells how, through Brynhild's vengeance, the innocent Sigurd is slain. Beside his bier, his wife Gudrun sits, head bowed in silence. She cannot weep or speak. Then, one by one, the women about her tell of their own griefs.

The bitterest pain each had ever borne.

Listening, Gudrun finds the strength to raise her head and look at the face of her beloved.

And her tears ran down like drops of rain.

Today, as the action ends on the stage, those who have been witnesses to the drama take their own turn as central in the therapeutic process as they share with the protagonist their own experience and emotions. No psychodrama may be considered complete without providing this purgative release for those who have been moved by what they have felt as another's life was revealed.

NOTES

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Address: Merlyn S. Pitzele
Moreno Institute
Beacon, N.Y. 12508

PSYCHODRAMA WITH CHILDREN

Ella Mae Shearon

Child therapists have begun to recognize the value of using Moreno's group psychotherapeutic concepts in treating children with behavior problems and in helping children develop more positive feelings about themselves, thereby producing more effective behavior change.

This article focuses on psychodrama as a treatment form and its application to therapy with children.

MORENO'S EARLY WORK WITH CHILDREN

Psychodrama, sociometry, and group psychotherapy were developed by J. L. Moreno and had their historical origins between 1908 – 1925 in Vienna.

Children were Moreno's first psychodramatic subjects. As a young medical student at the University of Vienna, strolling through the gardens of Vienna, his spontaneous interactions with and observations of children provided him with a basic groundwork which in time would lead to the development of his therapeutic system.

Moreno observed that the children whom he encountered in the Vienna Gardens rebelled against their parents, nurses, and authority figures in general. Moreno, after telling improvised stories to groups of children arranged in concentric circles around him, observed that the children began spontaneously to interact myths of their own invention and to give outlet to their creative self expression, while in the same process getting rid of some of their hostility. Moreno became absorbed with the idea of the "acting out" of neurotic drives and favoring expressions of blocked drives and energy rather than their repression.

In his article, "The Viennese Origins of the Encounter Movement, Paving the Way for Existentialism, Group Psychotherapy and Psychodrama," Moreno gives a general description regarding his work with children as it further developed in the gardens of Vienna.

The origins of sociometry and sociometric choice are quite apparent. The children gathered daily after public school in the gardens and were organized into groups of from fifteen to twenty children. Each group had its own choice of leader. The children were not organized on the basis of age (often there were

children age four and age ten in the same group), but rather were organized on the basis of an impromptu test which ascertained the creative denominator of each children. (1) Sociometric choice concepts are further described by Moreno in the following account where children were given the opportunity to choose parents of their own choice.

Moreno describes it thus:

> "One of the outstanding events or happenings in the gardens was the choice of parents. Hundreds of children and hundreds of parents gathered to settle their relationship on a more cosmic level than theretofore. This was done by a play in which the children had an opportunity to reject their parents and choose new ones. After the choice process had been carried out, each child returned with their new parents."
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> "The first time that the parent test was given, however, to the deep satisfaction of their parents, every child has chosen the same parents. But, at another period, when another similar opportunity was given, some of the children rejected their own and chose new parents. This produced quite a revolution." (2)

Further reports of Moreno's early experiments with children can be found in his first book, *Einladung zu einer Begegnung.* (3) Thus, several significant group processes were established in the gardens of Vienna:

1. The concept of working with small groups.
2. Groups arranged in concentric circles.
3. The group's own choosing of the sociometric leader.
4. Improvised stories and myths acted out.
5. The release of aggressions being acted out in play form.
6. Creating new endings for stories.
7. Changing of roles in the story acted out.
8. Role reversal concepts for the improvement of self concept.
9. Impromptu tests, a forerunner of spontaneity and creativity tests.
10. Sociometric choice of parents which provided a basis for an analysis of family interactions necessary for diagnosis and treatment.

WHAT ARE THE CLASSICAL PHASES OF PSYCHODRAMA? HOW DO THESE VARY IN PSYCHODRAMA TREATMENT WITH CHILDREN?

Classical Psychodrama Phases

Psychodrama is a therapeutic process whereby the protagonist enacts dramatic events from his everyday life. Through this emotional process the protagonist gains insight into the roles that he plays which are effective and those that are

ineffective. Classical psychodrama begins with the warming up phase which in turn produces a spontaneity-creativity effect in the group. From this phase a protagonist is chosen on whom the group concentrates. The protagonist is the main player and the others play auxiliary roles for him. He moves into his own spontaneity-creativity cycle accompanied by the director and auxiliary egos. A series of scenes follow which is called the enactment. Through the enactment of scenes there is an emphasis on concretizing and maximizing the conflicts and feelings, which leads to a catharsis of abreaction, integration, or insight. After the catharsis, when the blocked energy has been released, there is a reenactment, which is a replaying of the scene with which he was originally having difficulty, and the retraining of new effective roles. Following this phase is a group psychotherapy phase called sharing where the group members have the opportunity to tell with whom they have identified and how they have dealt with similar problems.

The Application of the Classical Phases

In applying the classical psychodrama process to psychodrama with children it is often necessary to shorten the enactment phase due to children's limited concentration. In psychodrama with children, there is a greater emphasis on the warm up, and a moderate playing out of the enactment. There is a greater emphasis on the re-enactment phase of learning the new role and training for a reinforcement in the new role. There is further an emphasis on feedback from the other children in the group; feedback generally reinforces the protagonist to play the new role. Sharing afterwards provides a cathartic release for the children in the group and brings insight into their own behavior, thereby enabling them to try out new roles themselves.

In working with children there is less emphasis on the abreactive catharsis. In the abreactive catharsis a tremendous amount of aggression, repressed feelings or trauma is maximized. The freeing of this energy is done through the use of skilled psychodramatic auxiliary egos who play concepts of aggression, hostility, anxiety and so on. This type of acting out of aggression, hostility, anxiety, is used only very carefully with children. In working with children the aggression can be better dealt with through projective means. e.g., playing out the agression with puppets. However, as cognitive development and reality orientation of the child increase, children are able to act out enactment scenes in great detail and to deal with their own aggressions on an abreactive level.

Group Size and Co-Leader for Psychodrama Children's Group

In working with children, the recommended size of groups is between three to six children as contrasted with the usual group consisting of twelve to fifteen persons in classical group work. It is further recommended that a co-leader be used in leading the group. The co-leader can serve a very vital function as auxiliary ego or double.

THE APPLICATION OF PSYCHODRAMA THERAPY WITH CHILDREN

The following selected psychodrama techniques are applicable in therapy with children:

1. The warming up process
2. Psychodrama warm ups for children
3. Doubling
4. Mirror
5. Future Projection Test
6. The Playing out of the Psychodramatic Fantasy Level
7. Role Playing
8. Improvisation
9. Spontaneity Test
10. Role Training
11. Sociodrama with children
12. Sharing

THE WARMING UP PROCESS

In general, life requires a warming up as a basis for all its endeavors. Vital to all group psychotherapy is the warming up process which is the start of every session. The warming up can begin with a specific theme and develop from there or the therapist-director can discover the common theme that prevails in the group and start from these into psychodrama action.

The warming up process allows for the expression of numerous roles which the individual is really allowed to live out in day by routine.

Moreno believed that normally the person is limited to a comparatively small number of roles and situations in everyday life and that undiscovered roles lie dormant, unused and undeveloped. Moreno's concept of treatment involves a broadening of the role's repertoire of the individual.

The warm up and spontaneity have a circular effect and one reinforces the other. Effectiveness of a specific act could be better realized with the benefit of an adequate warming up process. The warm up facilitates spontaneity which, in turn, is the chief catalyzer of creativity. The creativity-spontaneity process helps the child to create new roles. Thus, through the warming up process the group becomes more spontaneous and ready for action. Soon the group's energy can be focused on a protagonist and the protagonist-centered psychodrama emerges.

The concept of spontaneity is implicit in all of Moreno's theory. A basic underlying principle is that without creativity-spontaneity the person would not be able to develop throughout life a personality capable of realizing its highest potential.

PSYCHODRAMA WARM UPS FOR CHILDREN

The following are suggested warm ups for children:

1. Become animals or other forms of life.
2. Magic shop.
3. Magic carpet.
4. Role of traveler through the unknown.
5. Play that you are an another planet-another time, space.
6. Play that you are parts of history. Transport self into history.
7. Play hero parts, change self-concept of child who feels negatively about himself.
8. Play objects, stars, etc.
9. Play creator of universe.
10. Change the role positively and self-concept is positively influenced.
11. Play robot and warm them up to life.
12. Play feeling–anxiety, love, hate, fear.
13. Play experiences, e.g., read a story about a raft. Have children play experience.
14. Play out fairy stories. The children sociometrically choose a director from among themselves.
15. Play a book, e.g., book people. Be a book. What is the particular choice? What significance does this choice have, e.g., is hero in book an identification model?
16. Be an object in a fairy story, e.g., a hat with a plume.
17. Play authority figures roles e.g., mother, father, teacher.
18. Choose favorite identification model and be that person.
19. Introduce self from eyes of another person or from that other person's role.
20. Play person with whom child has conflict, e.g., mother, father, children from other ethnic groups.
21. Play a genius, a creative individual.
22. Play other children that they admire.
23. Play animals insects.
24. Play out successful models from present day (nationally known figures).

Workable Psychodrama Themes

1. Mother visits school, child plays mother and discusses child with teacher.
2. Playing another child who has a positive attitude (behavior therapy).
3. Two chairs to emphasize self ideal. Anything you want to be versus present self.

4. Magic chair. Can be anything you want—animal, etc.
5. Can go anywhere you want—journey.
6. Behind your back—combined with journey.
7. Mirror each other. One leads and the others follow mirroring the body movements.
8. Animals circle, what animal are you? Feedback they play out—put into groups. Ask question what are you like?
9. Sultan-Slaves. One child plays sultan for five minutes and the others are his slaves. Continues with sociometric choice until each child has played sultan.
10. A variety of hats, e.g., soldier, sailor, pirate, are available for the children to try on and assume the appropriate roles

Techniques and Warm Ups for Children

1. Double—all sit like the other. When he crossed his legs, you cross yours. Get the body doubling first.
2. Talk about what I like. It makes me feel good when I. . . The use of the double may be added to say what person feels.
3. Body movement warm ups.
4. Take music, play marching melodies—act out through body movement and dance.
5. Be an animal and change, identify from one animal to another when music changes.
6. Mood through music—gaiety acted out in dance.
7. Social atom in art. Draw a picture of yourself. Draw a picture of each parent and important others. Place them around you according to how close they are to you emotionally.
8. Magic carpet.
9. Act Hansel and Gretel or other children's fairy tales such as Snow White or Little Red Riding Hood and change ending or beginning. Feedback on how children feel in their roles. Make sociometric changing of roles and replay particular scenes.
10. Cast a play. Who will play what? Players are chosen sociometrically. Play through. For changing of roles assign a new cast, e.g., a shy child get a hero's part.

DOUBLING

The double assumes the same body posture as the protagonist and speaks in the "I" form. His function is to reflect and intensify the feelings of the protagnist to bring clarity and insight.

The use of the therapeutic double is a central idea in the therapy with children. The double may be played by the therapist or a group member. The double may be a long-standing double or may be a short-standing double and remain for a short time. Sponaneous doubling may emerge from group members. They may be invited to double for one or two ideas and then return to their seats.

The doubling concept proposed by Moreno is of particular value to a therapist working with children, in that the therapist operating in the role of the double can bring about a relationship that might be described as oneness or a creative relationship. When doubling is at its optimal best, the double can blend together with the protagonist and produce this effect. Moreno links this description of the emotional effect and joining together of two beings not only with the doubling concept, but with the "Telic" effect between two persons.

"Tele" is the feeling tone between individuals, the natural acceptance of being, joining, meeting, and blending together. It is the feeling tone that simply exists when there is a meeting of the two.

Expert doubling produces this flowing effect and bridges separateness between the double and the protagonist. This is particularly maximized in psychodramatic doubling, not only because the feeling tone is there, but because of the added aspect of the double assuming the body posture and position of the protagonist.

In the concept of doubling, not only a creative relationship exists, but a reactive relationship as well. In a reactive relationship the therapist responds as a specialist, conscious that he is acting in terms of a particular theory of personality development, selecting and responding to some particular aspect of the child's behavior that he interprets to be therapeutically significant. The therapist tries to bring about personality change and to correct psychological problems and difficulties.

MIRROR

Psychodramatic Mirror techniques are therapeutically valuable in working with children. In this process an auxiliary ego plays the protagonist's role and mirrors or reflects the protagonist as the auxiliary ego observed him or his behavior to be. The child (protagonist) is then able to see the self through the eyes of others and gains enough separation and distance to enable it to choose new behavior. The protagonist may look on and say, "Do I look like that?" or "Do I do that?" and thus be encouraged to change behavior and try out new roles.

FUTURE PROJECTION TEST

The future projection test is a psychodrama technique whereby the protagonist projects himself into a scene in the future and plays it out. This test is of value to the therapist as a diagnostic means.

Eric Erikson has noted that the self concepts of children in the industry versus inferiority stage, ages six to twelve are closely entwined with the following four concepts:

1. I am what I am given.
2. I am what I will.
3. I am what I imagine to be.
4. I am what I learn and master.

In the future projection test a clear picture is given of "What I imagine to be." The identification models that the child has incorporated at the psychodramatic fantasy level become apparent. For example, girls may often choose to be great beauties or movie stars in their future projected role. Boys may choose to be great athletes or famous detectives. The level of aspiration and self picture that the child has in his mind may be realistic goal setting or unrealistic fantasy goal setting.

Through psychodrama the child may play out other roles that might be more workable and practicable for him or her to realize, for example, that of being a teacher, a nurse, or a secretary. A future projection scene could be played out where the child is now an adult and is a nurse and working in the hospital with patients.

Reinforcements for altruistic aims can be made by doubles and by the therapist. Important, of course, is the child's readiness to take on the role of nurse.

The new role identification "I am what I imagine to be" is now realized. The child, since she imagines to be a nurse, now has a goal and on the psychodramatic fantasy level is a nurse. Thus, she can begin to integrate the self concept aspects that go along with being a nurse.

THE PLAYING OUT OF THE PSYCHODRAMATIC FANTASY LEVEL

Often children are frustrated because their fantasies are not realized. Psychodrama provides a means of discovering what the fantasies are and examining them to see if they are workable and appropriate. Through psychodrama these fantasies can be replaced with more appropriate fantasies or goals.

In order to set new goals it is necessary to know what has been retained on the psychodramatic fantasy level. As both Erikson and Moreno have pointed out, play offers a means of exploring the fantasy level and the unconscious fantasies of the person are acted out, revealing the unconscious aspects that motivate behavior. Through psychodrama and what appears to be simple play, the fantasies and block success are easily seen. In the case of children, since imagination and identification models integrated on the unconscious levels have much to do with the way the child is presently behaving, psychodrama can offer a practical

means of discovering the fantasy and correcting it when necessary, bringing about a practical level of aspiration and a new identification for the self. Thus, "I am what I imagine to be" is integrated with a practical day-by-day application of "What I learn and master" working to master what one aspires to accomplish and getting reinforcements for working, adequate behavior.

ROLE PLAYING WITH CHILDREN

Role playing is a selected aspect of psychodrama, a form of spontaneous acting and has long been recognized as a natural part of children's play, e.g., make believe. In psychodrama, role playing takes a structured form and in psychodramatic theory there are carefully structured experiences which are played out with purpose.

Examples of role playing are:

1. The child may be cast or placed into roles in a particular given scene such as a new girl or boy who moved to a new community and must go to a new school.
2. An argument between siblings. Children are placed into particular roles, thus being given the task of successful coping. The use of role playing involves solving a conflict or a problem in interpersonal relationships.

Very important, following role playing, is the feedback phase where the children identify with the roles they have played. This open discussion usually provides necessary information that can lead to a psychodrama enactment in a protagonist centered role playing.

In role playing, children are cast in specific roles and are given a chance at trying to find a solution to a problem. It is an action problem-solving approach. One of the most valuable aspects of action role playing is that the child can, while acting out a conflict, play another's situation and role, learn via trial and error, and possibly face one or more failures. This does not have the same crippling effect on self-concept that failure would have in real life since he is playing another's role and not his own. It is a role playing situation and not a real life situation.

Role playing is viewed as an extension of reality. The drama takes place on the fantasy level, a psychodramatic or surplus reality level. On this level the protagonist has a distanced relationship between the self as it exists in life and that which exists on the stage, thus being enabled to experience emotionality through the stage presentation, reinforced for positive behavior. On this level the director has the possibility of developing reinforcements based on the emergence of spontaneous behavior of the child. The child can then integrate the new behavior as a part of his real self. There is an element of choice that is lacking in life; There the child has no control and little chance for experimentation without

suffering the consequences. In the real life situation negative reinforcements may take over. The choice factor is lacking, since there is no control over the environment. The "distance" provided through psychodrama provides a natural basis for solving problems. Positive experiences of the self can be integrated and negative ones can be discarded.

IMPROVISATION

In Improvisation children play out roles of their choice; for example, children might choose a particular person such as a teacher or a family member and enact the role. In a group of five children each one would interact with the other on the basis of the role he has chosen. One might be his favorite teacher, another might be his brother, a third might be an uncle, etc. The child can also choose a fantasy role such as a king, a queen, Dracula etc.

The theme may be given by the therapist as part of the warm up instruction. For example, in a castle setting, what role would the child choose, e.g., that of king, queen, knight, etc. The choice of the role has psychodramatic meaning and can later be discussed in a feedback session as to how the role was experienced.

SPONTANEITY TEST

Spontaneity is defined as a new response to an old situation or an adequate response to a new situation. In the spontaneity test situation the protagonist is placed into a difficult circumstance; the therapist can diagnose and note what the protagonist's inabilities or difficulties are in responding adequately to the demanded situation. For example, a child loses his class book and study notes. How does he handle the situation? Or, a child is laughed at and ridiculed by the others. In a spontaneity test the protagonist is placed in a difficult situation and given the opportunity to learn to cope with this. Spontaneity tests offer practice situations in which the child can learn to respond adequately.

ROLE TRAINING WITH CHILDREN

Role training is a technique that can bring effective results in a short time period. The conceptual basis of the role training lies in the behavioristic approach. The emphasis is on practice in the acquisition of a new desired role behavior. The practice is done in action psychodrama and utilizes psychodramatic techniques and concepts in the acquisition of the new role.

In order to find the problem behavior of children in the group, a warming-up process is necessary. The following warm-up techniques are suggested:

1. Children mirror the body language of others. The therapist may begin with all of the children focusing on one child and then moving on to mirror the next child until all the

children are mirrored in their body posture. This can be done in action or sitting in chairs.

2. Another variation of this concept is on Improvisation, a drama in which each child is asked to assume the body language of another child in the group without anyone knowing who is playing whose role. There is free action and interaction with the other children in the group. The Improvisation lasts from five to ten minutes: then the children are asked to make an action sociogram indicating whom they played. This is done by the following process.

a. Children all standing in a circle.
b. Each child is instructed to go to the child whose role he took.
c. Put a hand on the shoulder of the child whose role was taken.
d. Tell why he took the role and how he felt playing it.

The sociometric choice has much significance. A child who makes very little body movement normally chooses to play a more active child in the group. The choice is made on the psychodramatic level and indicates what the child wishes for the self. Each choice is made for a particular reason. The therapist can determine the sociological-psychological significance of the choice.

After the action sociogram is made a follow-up may be made. A child may ask another, "How did you play my role out–am I really like that?" Other children in the group can also give feedback. After sufficient feedback is given, the therapist may concentrate on a particular child who recognized that he has assumed a body posture that he does not want. At this point role training may begin. The children remain standing casually in a quasi-circle constellation. The action scene may begin as follows:

1. Therapist, co-therapist, or another child assumes body posture of the protagonist and plays a double to bring out the feelings.
2. Therapist asks the children whose body posture they would like to assume. The choice may be an ideal identification model or the choice of a child in the group.
3. Actual practice of taking on the new body posture begins.
4. The child chosen as an ideal plays the auxiliary ego and stands beside the protagonist.
5. The protagonist tries to assume the body posture of the auxiliary ego.
6. Practice in the role until the role is learned, e.g., running playing, walking, standing.

7. Doubling the protagonist to determine his interpretation of the role. If positive interpretation he can try out the the role earnestly.
8. Trying the role out in interaction with other children in an action play.
9. Feedback from other children.
10. Sharing from other children.

With role training the atmosphere may be informal and children may give feedback suggestion at any point.

Another variation of role training is where other children present and play out a variety of roles or behaviors and the protagonist may choose one of them. For example, the child, a boy, may argue with his sister. The following format may be used:

1. Child presents problem in an action scene with auxiliary ego in the role of his sister a typical verbal argument or in a non-berbal scene conceptualizing the tension between them.
2. Group members are asked to play the role of the protagonist but to alter it and play the role as they think it should be played. That is, they are asked to try to pick a way of dealing with the sister that might be more effective behavior for the protagonist.
3. A five to ten minute action sequence or sequences of possible scenes between the protagonist and the sister are presented. The auxiliary ego remains each time in the role of the sister, but the protagonist's role is played by different group members each one presenting his concept of how the role should be played in a five to ten minute action scene.
4. The protagonist observes the various portrayals presented by the other children and chooses one or a variety of these roles presentation to try out on the stage.
5. Practice in the chosen desired role until the role in acquired.
6. Positive feedback from children if the role is played well.
7. Sharing from the children with similar problems.

Role Training utilizes particularly the concepts of:

1. Mirror
2. Double
3. Feedback
4. Interpretation of the role and what is associated with both the old role and the new role.
5. Feedback after the new role is played.

SOCIODRAMA WITH CHILDREN

Sociodrama is a group psychodramatic method used generally to resolve a conflict and produce greater empathy and acceptance of one another in pluralistic groups. It enables the whole group to play out in action their conflicting values and attitudes toward one another with the possibility of acquiring new ideals and values. Empathy and role reversal are vital factors in changing values, and in acquiring insight and understanding of children who have different values and opinions than those held by the self.

In life experiences, the child is often fixated and paralyzed in prejudical roles. Through the playing out of differences, mainly with role reversal and double techniques, the child begins to be able to accept and better understand the viewpoint of the other.

Sociodrama is played out as a group process. For example, a child might express prejudice or a lack of acceptance of another child for a particular reason. In a group it may become apparent that different factions exist in the group. Through an action sociogram the therapist can quickly ascertain where subgroups exist, or the therapist can simply ask the children who identifies with which particular point of view. Then the drama is played out not with just a single protagonist, but with a group point of view. For example, in a group of six children, two children may play out a particular viewpoint, two children may play out an opposite viewpoint and a third group consisting of two, may be neutral.

Sociodrama may follow this plan:

1. Children in each group discuss their viewpoint and build a case for the presentation of it. One child is selected to give the opinion of each group.
2. Each group's opinion is presented.
3. Role reversal systematically follows from group to group until all groups have played the role of each other. The therapist and co-therapist may double throughout.
4. Therapist may synthesize what has happened and ask the children what they now believe.
5. Feedback phase may follow.
6. The thereapist asks for a new action sociogram to see where changes have been made.
7. If changes are made the children may physically move from one place to another in the room, e.g., left side of room symbolizing a particular opinion or value and right side of room symbolizing another.

8. If children remain in their original position, a discussion can follow on what stands between them and the other children. They may further discuss what new insights were gained through role reversal. This sociometric procedure can be used with small groups or very large groups.
9. Sharing phase in a circle.

SHARING

Sharing offers a means of cathartic release for the group members. After the psychodrama, the children are able to identify with the protagonist and talk about their own experience with similar problems. As each group member does this and thinks through the problem of the protagonist, new learning and insight into their own problems and relationships are gained. These, coupled with emotional and cathartic release often bring integration and new behavior.

The group members have the opportunity to try out new roles in psychodrama and in life, which are more effective.

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Address: Ella Mae Shearon
Institut fur Psychodrama
Hauptstrasse 71-73
Sommerhof 406
5000 Koln 50, Germany

GROUPTHERAPY WITH LARGE GROUPS

Thomas H. Lewis

The group, of course, is a nearly ubiquitous human phenomenon, and group psychological influence probably began after the world population rose above two. As a therapeutic technique it was well-developed at the Aesculepion at Epidaurus and at hundreds of subsidiary aesculapiadae, 600 BC - 200 AD. Group lectures, group discussions, communal baths and meals, suggestion and instruction were parts of the group and community treatment of the poor and incurable and the well-to-do. Mesmer practiced hypnotism in groups; his charismatic leadership and earnest enthusiasm brought him both fame and opposition. DeSade (1740-1814) while incarcerated produced plays for his fellow patients, to their pleasure and to the physicians' disapproval. In 1904 under Dejenine, Camus and Paquiez were using psychotherapy in groups. Weir Mitchell's rest therapy was conducted in quiet and cheerful settings and he noticed the open ward patients got well faster than those in private rooms. In 1905 J. H. Pratt began to teach principles of hygiene to his tubercular patients. He checked over their chests and charts in groups with other patients listening and participating. In 1922 he published "Principles of Class Treatment and Their Application to Various Chronic Diseases." Dr. Pratt worked with ministers and paramedical people, laboring with the poor and chronically ill. He became a psychiatrist, published vigorously up to about 1953, studied neuroses and their treatment. His works remain nearly untouched by reviewers and historians. In 1980 Emerson did "class treatment" of undernourished, non-thriving children and developed a group history-taking technique. Group therapy, named by Moreno (and maybe others) came slowly to an awareness of itself and began to blossom in Europe and America between 1910 and 1930. Adler contributed to the new approach. Moreno brought psychodrama and richly contributed to the development of psychotherapy in large groups. Lazell (1919) gave courses in psychology in simple language to his silent dreamy patients, who responded eagerly. Trigant Burrow, among his rich and varied contributions to American psychiatry, studied group psychoanalysis.

Marsh and Lazell developed a revivalist approach, both inoperational and repressive. They encouraged discussions "on any subject of interest," spelldowns,

parties, lectures of every kind, patient newspapers, all adumbrating the therapeutic communities of the 1940-1960 period. Paul Schilder (1930-1940) used group psychoanalysis. Louis Wender delineated the dynamics of the group process in his work with hospital patients. In 1935 a physician and a broker founded Alcoholics Anonymous and treated patients without fee in their homes. Slavson worked with children in the early 1930s, included adults as group members, emphasized socialization and autonomy and went on to extensive publications between 1940 and 1962. Redl used group techniques with delinquents beginning about 1942, with adults as active group leaders. Abrahams studied schizophrenic girls in hospital and their visiting mothers, and Powdermaker and Frank contributed meticulous studies of group process. Bach reported on intensive therapy in groups. Klapman worked with psychotic patients, Foulkes, with analytic patients, Coue, with group suggestion and positive thinking.

Since about 1940 the development of group therapy and theory has focused upon small groups and a certain amount of consolidation, if not coagulation, has taken place around groups of about eight or so patients, with formulations and techniques excluding consideration of larger numbers as unwieldly and untherapeutic. At the same time, however, and less reported upon, large groups, perforce by design, continued to be used in hospitals, prisons and other institutions and not with unwieldiness or non-therapeutic effect in skillful hands. In this review I should like to take the part of the large group, its potential and practices. While group therapy is a part of the work carried forward in therapeutic communities, I wish to focus on the group meeting itself rather than the wider and more complex vectors of the therapeutic community experience.

The early workers in groups reviewed in earlier paragraphs generally were not concerned with large-group/small-group dichotomy. They often worked with such groups as existed in their area of opportunity. World War II brought psychiatrists into contact with large military groups. Abraham, for example, saw military prisoners in large groups in post theatres. Thomas Main, Maxwell Jones, Harry Wilmer, to name only a few early writers on community psychiatry, worked with large ward or hospital populations. Denny Briggs studied Navy prisoners at Camp Eliot, California. Lewis and Maines (unpublished paper) described large ward populations with daily groups over 50 in number. More recently Bach, Hershelman and Freundlich described large milieu groups and the evolution of large groups. Galanter, in a large step-theory has described a sociobiological model and the relief effect of affiliation.

In general, large groups have been used to reduce ward tensions and acting out, to train staff in psychodynamics, to improve staff and patient attitudes, for the professional growth of therapists from detached observer to "real people," to improve ward communication, to encourage cohesiveness, identity, working together and sharing, to increase sensitivity to individual and milieu effects,

to augment diagnosis by observing the patient in a "real" setting and to elevate morale. That much "deeper" emotional effects can be accomplished has long ago been demonstrated in revivalist movements, encounter groups and self-help organizations. The est experience, Life Spring and similar phenomena offer profoundly moving personal insights and examinations upon which their present popularity is based. It has been my observation that large groups can proceed in sensitive, intuitive, and supporting ways to identify the nuclear problems of neurotic and psychotic patients, to elucidate the nature of the conflict, to define the illness and to provide moments of reciprocal unconscious communication, to allow a safely-structured environment for the evocation of basic personality expressions and the re-enactment of issues of dread, love and hate, defiance, passivity, inhibition and inertia. It would be of great value to be able to define the structure/interaction necessary and sufficient for the achievement of group insights and growth, for the incremental leaps in group cohesion and trust and for the reciprocal generalizing-particularizing of shared intrapsychic conflict. The large group offers a research field in which monopolization by the individual is reduced in favor of more generalizable human statements about the complex phenomena we call emotional illnesses. An example of these points may be seen in a group which met on a hospital ward structured to five groups a week, plus administrative meetings to which any relevant staff person or patient could be invited. There was no way of imposing confidentiality of communication on a large, constantly changing population. The ward groups of up to eighty patients were open-ended in membership, with daily admissions, discharges and ward changes. Yet in the history and effective memory of the group it was never merely "managerial" or "administrative," through several hundreds of successive meetings. On one very hot June morning the hospital psychiatric population met on the third floor admission ward. It was a ward "without facilities," that is, it had none of the usual niceties of a well-planned psychiatric department—no safety screens, no locks, no closed doors at all, no quiet rooms. There were only the patients, general admission psychiatric cases, a few psychotic, more diagnosed as character disorders and a few nominal prisoners. The nurses and aides were fully committed to maintenance of a constructive, helpful, therapeutic atmosphere. On this morning there were sixty patients, twelve staff members and four visitors. The group began with a boy of 18 demanding of the group in tears and rage, that he be given special permission to go home. His sister was age 25 and pregnant. A man was living with her in her mother's home. The patient said his need was urgent. He "had to go home to clear my conscience." He was terribly insistent, but also frustratingly vague about just what he wanted to do. His escalating demands were interrupted by another patient, a new admission the night before. He had not yet talked to the ward physician. He said to the group that he was afraid. He was fearful of the heat (it was a very hot morning), of passing out and of

dying. He admitted to questioning that he had never passed out before. He was afraid of going outside where it was cooler, of going into a hallway, or any place where there was no electric fan because "there would be no air." His fears began a month before. He had been below decks on his ship writing a letter to his wife. He couldn't spell the word "conceive," a word he believed meant "to crave strange foods." Several patients immediately saw the problem and said he was suffering from sympathetic pregnancy. It was difficult to follow this group intuitive reasoning. The patients were making diagnostic and dynamic conclusions and making them far sooner than the physicians. Further information seemed to confirm their impression. The patient was a Phillipino. He was 35 years old, had served 14 years and became a chief petty officer. He had never been ill before. Eighteen months before he had married a childhood acquaintance (after a family-arranged betrothal) during a brief period of shore leave when his ship touched the Phillipines. He had a few days with his wife and shipped out again. By considerable effort he managed to get leave a year later and visited her for several weeks. She became pregnant. Three months later his phobic illness began.

At this point six other patients began interrupting his presentation of himself, evidencing astonishment quite unusual in a group of sailors. They had themselves experienced nausea, vomiting, morning sickness, headache, belly pains and swelling, breathlessness and prostrations, concomitant with the pregnancies of wives or sweethearts. It is impossible to know how many of the others, fully attentive as they were, were responding to private memory or to suggestion but as the group was closing yet another patient made the observation, " The first guy didn't bring up an unrelated subject. He was talking about the same thing. His sister is pregnant, but he is the one who is suffering!"

This kind of material indicates that a very large group, seventy-six members in this case, can cope with delicate and dynamic material in an exploratory and therapeutic fashion. The speakers in this session took a great deal of support and protection from their mates. They had learned to depend heavily on the therapeutic potential of themselves.

Many physicians who have been members of similar assemblages can offer similarly moving vignettes which encourage the thesis that large groups deserve the study heretofore focused on small group dynamics and therapies. They offer a different transference modality and a yet-to-be fully appreciated delicacy and depth of inner exploration.

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Address: Thomas H. Lewis, M.D.
5413 Cedar Lane, 202C
Bethesda, Maryland 20014

THE SOCIAL LIVING CLASS: A MODEL FOR THE USE OF SOCIODRAMA IN THE CLASSROOM

Claire M. Altschuler and William J. Picon

Introduction

The school as a social institution is unparalled in its potential to act as a preventative mental health service. The social living class model presented here is a curriculum addition designed to include sociodrama sessions in the weekly activities of the school classroom. Children are encouraged to explore and learn functional roles for various situations encountered in social living. This learning contributes to the expansion of each child's role repertoire and emphasizes the consequences of different role interactions. The social living class is seen to have positive implications for the mental health of the child, the classroom and eventually the adult in the community. Social living class programs have been conducted and researched by the Psychodrama Section of Saint Elizabeths Hospital in Washington, D.C. over the past eleven years.

Dr. Jacob L. Moreno, the founder of psychodrama, sociodrama and sociometry, recognized the potential applications of his methods to schooling. Throughout his writings, his primary focus was his concept of spontaneity. His belief was that healthy, meaningful, creative living is characterized by an interaction with the world whereby the individual makes novel, adequate responses to old and new situations: "Spontaneity is the variable degree of adequate response to a situation of a variable degree of novelty." (Moreno, 1956, p. 108) His wish was for a world characterized by individuals and groups spontaneously interacting within each moment rather than rigidly following culturally conserved patterns: "The problem (is) to replace an outworn, antiquated system of values, the cultural conserve, with a new system of values in better accord with the emergencies of our time—the spontaneity–creativity complex." (Moreno, 1946, p. 108) Each of Moreno's contributions can only be understood fully by its role in advancing spontaneous living. His concerns with schooling centered on the effect of schooling on children's spontaneity. In 1942, he wrote:

> The only educational set-up which can be considered as a psychodramatic clinic in an embryonic fashion is the nursery school. I say "embryonic" because even nursery and kindergarten teachers are just beginning to appreciate the significance of sociometric and psychodramatic concepts like the auxiliary ego, sociometric status of a child in a nursery, assignment techniques, guided spontaneity and spontaneity training . . . It can be noticed that the psychodramatic implications in the educational process vanish the higher up a pupil moves in his academic studies. The result is an adolescent confused in his spontaneity and an adult barren of it. A continuity of the kindergarten principle throughout our whole educational system, from first grade to the university, can be secured by the psychodramatic approach to educational and social problems. Every public school, high school and college should have a psychodrama stage as a guidance laboratory for their everyday problems . . . .
>
> The establishment of psychodramatic units within educational institutions is not only feasible but imperative at this moment. (Moreno, 1942, p. 314)

Moreno's perceived remedy for the adverse effect of schooling on spontaneity was the integration of his methods into the educational setting. Since 1942, a variety of efforts have been undertaken in this direction. Detailing each of these is beyond the scope of this paper, but the interested reader will find published accounts of the programs in the *Journal of Group Psychotherapy, Psychodrama and Sociometry*. They have ranged from short projects conducted by one school teacher to major programs such as those designed and implemented by Robert Haas (1949) and Doris Twitchell Allen (1978).

The unique quality of the social living model presented here is its design as a weekly curriculum addition. While it is not the final realization of Moreno's dream–"the unification of all types of learning by the principle of spontaneity" (Moreno, 1949, p. 195)–it is a modest design for a consistent, practical utilization of Moreno's methods in the classroom.

The Model

The social living class model was initially conceived at the Psychodrama Section of Saint Elizabeths Hospital. Significant contributions to its development were made by James M. Enneis, Eugene Cole, Norman Zinger and Donald Hearn. According to Enneis (1975), the model is based on the assumption that people involved in schooling often have fixed yet differing perceptions of a variety of social roles (school, family and community roles). Where student and teacher role perceptions are fixed and inflexible, resulting patterns of interaction are likely to be conserved and routine. For example, the child who sees the teacher only in

the role of "the villain" will take a very limited range of reciprocal roles in interaction with the teacher. Few role relationships based on such rigid perceptions can promote a positive learning relationship. The social living class employs sociodrama ("a deep action method dealing with intergroup relations and collective ideologies" [Moreno, 1943, p. 33]), to increase spontaneity by broadening student and teacher perceptual frameworks.

To continue the above example, a sociodrama might be constructed to explore the role of the teacher through enacting the wide range of perceptions of "teacher" held by group members. The child with a fixed perception of teacher as "the villain" might be assigned the role of a teacher in a situation where the teacher takes the role of "parental surrogate" or "saving angel." By experiencing the entire range of roles a teacher takes and the accompanying emotions felt in those roles, the child's perception of teacher expands.

As the roles taken by an individual may become rigid and fixed, so may the roles taken in a group become conserved. The social living director consequently also employs the skills of a sociometrist. Moreno defined sociometry as: "the direct study of groupal and structural dynamics . . . and their measurement." (Moreno, 1956, p. 17) The measurement is accomplished by sociometric tests:

> The sociometric test is a means for determining the degree to which individuals are accepted in a group, for discovering the relationships which exist among these individuals and for disclosing the structure of the group itself. (Northway, 1952, p. 3)

Sociometric analyses of the class are used for in-class pupil assignment purposes as well as for appropriate role assignments in the sociodramas. The interventions seek to make the sociometric patterns overt and progressively more fluid. The assumption is that the mental health climate of the classroom improves as students are free to experience a variety of positions (positive star, rejection star, social isolate, etc.).

Social living classes are designed to include the entire population of a classroom. They are not intended for groups composed of selected children exhibiting problem behaviors. A typical social living class is 45-50 minutes long. It is structured much like a classical psychodrama session with its three phases of "warm-up," "action" and "sharing." During the warm-up phase (5-10 minutes) the director assists the group in focusing on a particular issue. There is some variability in the degree of structure used in determining the issue. Sometimes the director may introduce a warm-up activity. Other times the group raises an issue of its own. Concerns typically range from generalized questions about the nature of a certain social role (e.g., What do doctors do?) to specific issues about roles, behaviors and relationships of class members (e.g., How come Suzy always plays with Joan and not me?).

Once the class is focused on a theme, the action phase (25-30 minutes) begins. A role play situation is developed which reflects the concern. Children assume various roles to explore aspects of the situation. Often a number of children rotate through the same role to demonstrate and experience alternative role styles. Group members not actively involved in the major roles serve as critiquers, observers, advisors or as members of a chorus. An effort is thereby made to involve everyone in a meaningful way.

The final phase is the sharing or closure phase (10 minutes). During this time, group members discuss what happened and how that relates to them as individuals and as a group.

A number of techniques created by Moreno for use in psychodrama and sociodrama are used to intensify and heighten the learning in a social living class. In the mirror technique, a child's physical behavior is adopted by another group member. The first child is then able to see himself reflected as he is perceived by those around him. For example, a child who repeatedly takes an aggressive stance on entering an activity may be made aware of that behavior and resultant consequences of that behavior as he watches his mirror.

A double may be used to express thoughts and feelings that a child has but for some reason is unable to express. As one little boy said: "It's like having the spirit inside you standing next to you." For example, in a situation where a child is expressing anger at being excluded from an activity, a double could express hurt that may also be present.

In a role reversal, an individual takes on the roles and behaviors of another person in an interaction. The person who previously acted in one role, now can experience that behavior's impact on the other person. This technique allows the child to vividly experience the effect and consequences of his own behavior. For example, a child who name-calls may be reversed with a child who is often ridiculed. The action insights gained in the role of the other often assist in broadening perceptions of roles that can be taken with the other.

In summary, this model proposes to create a climate in the classroom which is conducive to mental health. While the sociodramatic and sociometric methodologies employed are designed for treatment of the classroom group, it also attempts to improve each child's ability to relate to social living situations in a flexible, positive way. To evaluate this, studies have been designed to determine whether this method leads to improvement in areas such as the child's self concept, performance in school, perceived locus of control and classroom behavior.

Research

Over its eleven year history, the social living model has been the subject of considerable research by Saint Elizabeths Hospital Psychodrama Section interns and

residents. While to our knowledge, none of those studies have been published, copies of the research are available at the Section.

One area of research that will be mentioned here but not greatly detailed are studies that have explored sociometric correlates using social living classes as the loci of the investigation. Anderson (1973) studied the relationship between sociometric choice and cooperative behavior. Smith (1971) studied the relationship between sociometric status and accuracy of sociometric predictions. Barnett (1977) studied the relationship between sociometric status and self concept. These pieces of research, although conducted with social living class participants, actually belong more with the studies of Hallworth (1953), Gronlund (1953) and Northway (1954) who have looked at the more general topic of classroom sociometry.

There have been four studies that have explored areas within the general theme of the effectiveness of the social living class model: Adcock (1971), Picon (1975), Swink (1976) and Meerbaum (1977). With the exception of Adcock, the studies have strongly supported the model.

Adcock's study attempted to investigate the effects of sociodramatic interventions on the sociometry of a first grade class. While she found some configurational changes, her small treatment period and lack of a control group prevented her from drawing meaningful conclusions.

Picon studied self concept change in third grade children over a period of sixteen weeks of social living. His t-test analysis of change scores in a pre-test/post-test, two group design yielded significant results ($p < .02$). His finding was that children in the social living class experienced a significant positive shift in self-concept while the children in the control class experienced a slight negative shift.

Swink's study investigated locus of control change in fifth grade children participating in a social living class. He reports: "It was concluded that the children who participated in the social living class exhibited a significant increase in internal locus of control while children in the control class showed no significant change." (Swing, 1976, abstract).

The most comprehensive study of the social living class was conducted by Meerbaum (1977). Her study of a fourth grade class was a pre-test/post-test design looking at changes in self concept, locus of control, sociometric configurations, academic performance and classroom atmosphere. She reports: "The results suggest that twelve sessions of a Social Living Class can produce significant or near significant ($p < .02$) and reading ($p < .07$). She concludes: The data from this project suggest . . . that such a program inserted into the regular classroom schedule is able not only to fulfill mental health objectives but to facilitate classroom learning objectives as well." (Meerbaum, 1977, p. 11).

Beyond the statistical, quantitative findings mentioned above, each of the works additionally reports more informal, qualitative observations. Meerbaum, for example, states:

> According to the principal, by the end of the program she (the classroom teacher) was a "different person"—more available to the children, more confident in her work, and more satisfied in general. The teacher was present during the final feedback session, and she freely acknowledged her more positive attitudes toward her work . . . The teacher, the principal, and the school-based counselor noticed positive changes in the children, which they attributed to the Social Living Class. According to the teacher, the children were more willing to listen, easier to reason with and better behaved. In her words, "the students work together a little better. They have shown growth in their attitudes." The principal pointed out that she rarely saw children from the class in her office any more. The counselor observed an improvement in the classroom atmosphere and a better rapport between teacher and children. (Meerbaum, 1977, pp. 12-13)

In general, these studies suggest that the changes in self concept, locus of control, academic performance and sociometric configurations are positive.

Discussion and Conclusions

The writers' experience with the social living model suggests that two final issues merit discussion: 1) Who should be the social living director and 2) What should be considered when presenting the model to a school or school system.

Two formulations of the model have evolved to suit the availability of social living directors. In one plan, the class is directed by a trained psychodramatist with specialized training in social living. The director works in conjunction with the classroom teacher. In the second plan, the classroom teacher is trained to conduct the class.

The first formulation is seen as preferable. In it, the classroom teacher and social living director establish a contract which stipulates class meeting time, individual responsibilities, goals and additional weekly sessions to plan and process the sessions. Strong advantages to this arrangement are the psychodramatist's expertise in the method and philosophy, ability to insure that sessions are conducted on a sociodramatic level and relative objectivity. As an outsider to the classroom system the director is better able to recognize the group's conserved patterns and role locks. Another advantage is that the classroom teacher can benefit from the role of participant. Practically, however, it may not be economically or logistically feasible to hire an outside psychodramatist trained to conduct social living classes. When this is the case the second schema is a viable alternative.

It must be emphasized that prior inservice training is seen as mandatory before the classroom teacher can responsibly and effectively use the model. Additionally, bi-weekly supervision (often conducted by a psychodramatist with a group of classroom teachers) has proved extremely useful. It remains difficult, however,

for the teacher to perceive and intervene in systems level phenomena when a part of that system. A possible solution is for another classroom teacher to conduct the social living class (with the first teacher in attendance). Alternately, the school counselor could be trained to take the role of director.

Initial presentation of the model to potential consumers requires a strategy that is sensitive to the goals and values of the school system. The classroom teacher traditionally is limited to academic concerns with mental health issues defined as the domain of the school counselor. Because the social living class challenges that arrangement, education about the model, its goals and effects, is necessary in distinguishing it from problem oriented, pathology based therapy. For example, emphasizing that it is geared to the classroom as a group, rather than the individual child is helpful. Additionally, the improvement in classroom achievement shown by the research argues favorably for the model in terms of traditional academic concerns. Presentation of social living classes as a supportive component of the existing system has reduced the fears of parents, teachers and administrators who do not want to see the teacher cast in the role of therapist.

In summary, the eleven year history of the social living class has shown it to be a viable, well received model advancing Moreno's vision of the integration of his methods in schooling. The research findings support the confidence placed in the model by both consumers and the practitioners of the Psychodrama Section at Saint Elizabeths Hospital. This paper has described the social living class in the hopes of stimulating readers to seek additional information and possibly training in the model.

(The views expressed in this paper are the opinions of the authors and not necessarily those of Saint Elizabeths Hospital.)

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Address: Claire M. Altschuler William J. Picon
Psychodrama Section
Saint Elizabeths Hospital
Washington, D.C. 20032

SOCIODRAMA AND ROLE STRESS

John Radecki

Introduction

Role stress has been the subject of several studies in which the relationship between stress and the expectations on the role has been examined. Aronson and Carlsmith (1962) in their study predicted that "an individual who has a clear conception of his ability at a given task will experience dissonance if his behavior differs sharply from this expectancy." Both role conflict and ambiguity regarding role expectations has been linked to anxiety and tension (Gross, Mason, and McEachern, 1958; House and Rizzo, 1972; Kahn, Wolfe, Quinn, Snoek, and Rosenthal, 1964). Role Stress may therefore be seen as related to: the degree to which role behavior deviates from role expectations; the degree to which role expectations are ambiguous; conflicted role expectations.

Sociodrama, developed by J. L. Moreno (1943, p. 434) is an action method use to help groups explore issues arising in social systems. It is of particular usefulness in examining the relationships between social roles within the system.

The purpose of this paper is to outline a sociodramatic procedure both for identifying the dynamic factors contributing to role stress and for working towards resolution of the stress. The procedure is designed for a group of 12-15 people whose goal is to examine and resolve role stress within their work. Appendix A shows the procedure in questionnaire form which may be used as a simple diagnostic tool by individuals.

Rationale for the Design of the Procedure

As the procedure is sociodramatic, it rests on the notion of a social role and comprises a set of appropriate action steps. In order to discuss the rationale it is necessary to outline some relevant properties of social roles and of action steps.

Definition of a Social Role

J. L. Moreno (1970, p. 351-352) describes roles as having a collective component and a private component. Prescriptive behavior, standards of behavior, role expectations are examples of the collective component. Role behavior by an

individual is an example of the private component. He further defines a role (1953, p. 70) as occurring in a context at a specific place and time. The context he refers to is the set of role interactions in the system comprising the self and significant others.

Roles Within Roles

Most social roles (teacher, counsellor, parent, politician, etc.) comprise sets of discrete tasks each of which is itself a social role. For example, within the role of teacher are the roles of lecturer, disciplinarian, evaluator, homework setter, comforter, etc. Each of these sub-roles has prescriptive behaviors (collective component) and individual ways of enacting the role (private component). Each role occurs in a more or less specific time and place and each interacts with a particular role subsystem. Figure 1 shows the social system of a typical teacher. Some typical sub-roles are shown and an example of a role subsystem is given.

Degree of Specificity in Time and Place

The role of teacher occurs at school (place) during the day (time). The time and place are more general than that of the sub-roles within the role of teacher. The role of homework setter, for example, occurs in the classroom (place), at the end of a lesson (time). Thus time and place are more specific. In general, a social role may be differentiated into its component sub-roles by choosing appropriate degrees of specificity in time and place.

Action Steps

Action steps are the directives a director gives in order to begin an action sequence. A typical action step is "Show us a scene depicting where and when you feel stress." Action steps of this kind involve the specification of time and place. The first action step used in the procedure is therefore designed with sufficient specificity in time and place so that a group may locate the most relevant sub-system in which they feel stress.

Stress and Social Roles

The dynamic factors which produce stress in a social system may be seen in terms of the role interactions within the system. There are four kinds of such interactions.

- Role behavior (actual or desired) which deviates from role expectations.
- Expectations from significant other or self which conflict with one another.
- Expectations from significant others or self which are ambiguous.
- Too many different expectations from significant other and self.

As the purpose of the sociodramatic procedure is to help identify which of the four kinds of interactions contributes to the role stress, the action steps are designed to facilitate identification of: the most relevant sub-role(s) in which

stress is felt; the people or groups, including self who interact significantly with the stressed role; the role behavior and role expectations of the stressed sub-system.

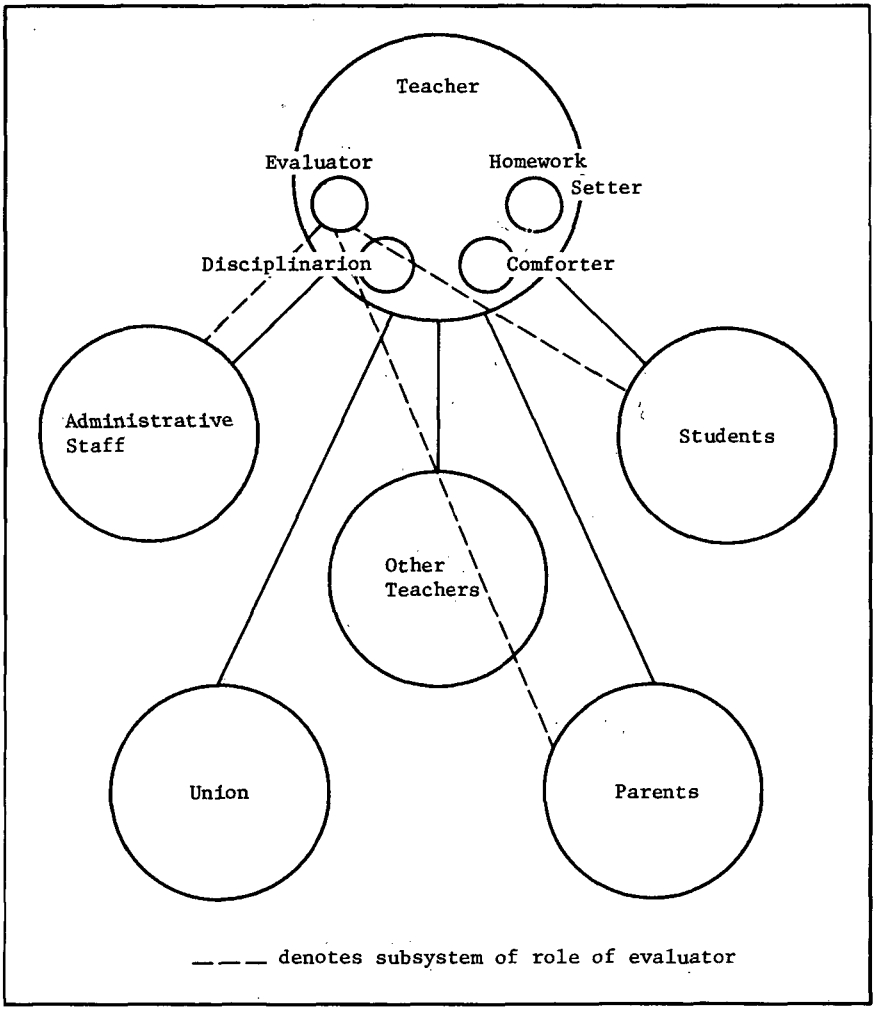

Figure 1. Social system and subsystem of a teacher.

The Procedure

The procedure comprises five action steps. The purpose of each action step is stated below in the order that the procedure is carried out:

- To concretise and analyse the social role in which stress is experienced.
- To isolate the most relevant stressed role or sub-role.
- To expand and concretise the system or subsystem with which the stressed role or sub-role interacts.
- To explore, in action, the role behaviors and role expectations of the system or subsystem.
- To work towards resolution, in action, of the stress

Step 1

Pens and paper and copies of Table 1 may be distributed to all members of the group. The director may then begin by saying "While you are at work as a teacher (or counsellor, psychologist, etc.) you carry out many different tasks. For example, a secretary answers the phone, types, takes dictation, serves coffee, and even may give emotional support to her boss. Each task she does is discrete in that it occurs in a specific place and a specific time. Further she interacts with specific people for each task. Write down in the first column of your table all of the discrete tasks you do during a typical day in your job."

At this point group members may require further clarification of what a discrete task is. Further examples would be given, showing that the discreteness of the task is defined by time and place, who the significant others are, or by the duties, etc. of the task (the collective component of the role).

If one person is protagonist, concretisation of the roles may be carried out, not by pen and paper, but by the use of empty chairs, each chair representing a discrete task (sub-role). One advantage of the groups using pens and paper at this stage is that all may actively participate in the analysis of their own work system.

Step 2

The director continues: "Look down your list in columns 1 and place a mark in column 2 next to the task(s) in which you feel stress. Mark the task where you feel most stress."

At this point, discussion is appropriate as group members are given the opportunity to see what proportion of their day is spent feeling stressed. Some people breathe a sigh of relief when they realize that the stress they feel is confined only to one or two tasks and not to their whole work role. Others realise that most of their tasks involve stress and they may even see a common theme in the nature of the tasks which produces the stress (for example a misanthropist taking on a people-oriented job).

Marking the most stressed role is to simplify the exploration and further analysis is centered on this role.

Step 3

Following the discussion and sharing the director continues: "While you are doing the task where you feel most stressed, what people or groups of people do you interact with? Who else is significant to you in this task? Write down these people or groups in column 3 in order of significance."

Clarification may be given using an appropriate example: "A secretary, while answering the telephone may interact with customers, co-workers, other companies, and her friend. Her boss may be significant to her, though she doesn't interact with him on the phone, as she may think of his likely response while she is speaking long distance to her friend."

If one person is using the empty chair method, this may be continued by using chairs to represent the significant others, distance representing order of significance. Underneath the list group members may be instructed to write 'self' or, another chair to represent 'self' may be used. Explanations of this step may be: "As well as others having an effect on how well we do a task, the way we think about ourselves in the task may have a significant effect."

Step 4

Up to this step, the group members have identified the social role or sub-role in which they feel stress and have expanded the social sub-system with which the role interacts.

If the empty chair method is used, the director may now invite the protagonist to select people to represent the significant others and self.

If the group is using pens and paper, one person may now be selected by the group to explore in action, the nature of the dynamics within his/her stressed sub-system. A suitable criterion for choosing such a person is "On the basis of our discussion who best represents the issues of concern to you at work?"

Once the person has been chosen, the director may proceed to warm the group up to the action sequence: "Now that we have found exactly where, and when and who is involved when you feel stress, we can begin to explore how these factors produce stress in you. To do this we must see, in action, how this system works." The protagonist may then select people to represent the elements of the stressed system or sub-system.

Once the people have been selected to play the significant roles, the director gives the directive: "Tell these people in your system what you would want to do in order to feel least stress in this task." This directive produces an expression of the desired or actual role behavior. Responses to this from the system may be found by subsequent role reversals.

During the action, the director needs to observe the interaction and ask him/herself the following questions:

- What do the others in the system expect of the protagonist?
- What does he/she expect of him/herself?

- Are there too many differing expectations?
- Are there conflicting expectations?
- Are there any ambiguous expectations?
- Does the desired or actual role behavior deviate from any expectations?

An affirmative answer to these questions is an indication of the stress-producing dynamic. This may be brought to the group's attention in action or in later discussion. Often the protagonist will supply the analysis in action (he/she may get angry and say "I can't cope with my boss, I don't know what he expects of me," etc.).

This is a direct way of demonstrating the stress-producing dynamics of the sub-system. Another, more dramatic way is to use the following action step: "Show us a typical scene which illustrates you carrying out your task and interacting with significant others." The actual role behavior and role expectations emerge from the enactment. In this case, a double is useful to bring to light any *desired* role behavior which may deviate from expectations. For example, an employee may behave well within the limits of deviation and no stress will be observed in the social interactions. However, he may desire to assault his employer and yet expect himself to behave politely. This dynamic would be revealed through his interaction with his double.

One advantage of the former action step is that it produces an expression of the actual or desired role behavior without the use of a double. Many groups have little experience of action methods and do not know the skill of doubling. The latter action step has the advantage of scene setting, rehearsal if necessary, and providing more opportunities for dramatic expression. This enhances the group's spontaneity.

Step 5

The resolution of the stress may take two directions. A personal (psychodramatic) or social (sociodramatic) solution is appropriate if any of the questions 3-6 is answered affirmatively in respect of significant others. For example, if an employee's actual behavior deviates from the boss's expectations which are clear and straightforward, he may undergo a role training session (personal solution) to learn more adequate role behavior. Alternatively he may wish to learn how to negotiate the system (social solution) so that he can change his boss's expectations.

A personal solution is appropriate if any of questions 3-6 is answered affirmatively in respect of self. For example if he expects himself to be perfect at all times he may contract to work psychodramatically to develop a more adequate personal role system. Many groups, however, do not contract to work psychodramatically at all. If a personal solution is called for in such groups it may be carried out in the following manner.

Suppose, for example, the protagonist perceived his boss as a critical parent who always expected too much of him and his own role was that of a rebellious child. It may be clear to the director that it is the protagonist's personal system (his own critical parent) that is producing the stress and which warrants changing. This may be achieved by having half the group role play critical parents, and half role play rebellious children. The usual method of concretising, role expansion, and role reversal, may give the protagonist and others insight into and practice in playing more adequate work roles. In other words, the protagonist may resolve his personal stress within the safety of a social role ('the critical parent').

This completes the sociodramatic procedure. Although the discussion centered on a formal group whose goal is to examine role stress, the procedure may be used effectively with individuals in therapy, for example, as Appendix A shows. Further, the procedure may be used by individuals informally in their work to discover how stress occurs in the system. They may then initiate political, social, or personal solutions in order to develop a more adequate system. In other words the procedure is effective in informal as well as formal situations.

Table 1 (With Example)

Stress Within My Role as *Teacher*

Discrete Tasks	Stressed Tasks	Significant Others and Self	Desired or Actual Behavior	Expectations
Evaluator				
disciplinarian	***	1. principal	I want to be less authoritarian	1. The principal expects me keep noise down
comforter		2. parents		2. Parents expect me to have well-behaved students.
playground duty	*			
union organizer	**	3. students		3. Students expect me to control them.
homework setter		4. other teachers		4. Other teachers expect me to keep the noise level down.
lecturer				
		5. self		5. I expect me to show the children how to be self-disciplined.

Appendix A

This questionnaire may be administered as a diagnostic tool to individuals who wish to understand the role interactions which produce stress. An anlysis of the subjects' responses is provided. Several questions may require verbal clarification by example.

Questionnaire On Role Stress

- Have pen and paper available.
- Distribute copies of Table 1.

Question 1 During a typical day at your work (home, in the community, etc.), Write these down in col- tasks you carry out? Write these down in column one. (Give examples to explain the meaning of 'discrete').

Question 2 In which of these tasks do you feel stressed, uncomfortable, or tense? In column two mark those stressed tasks and signify the task where you feel most stressed.

Question 3 Who are the significant people or groups who have an influence on you while you are doing the most stressful task? (Give examples.) List those people or groups in order of significance in column 3. Underneath the list write 'self' (give explanation of this step in terms of the influence our own thinking has on how we feel).

Question 4 While doing this task what would you want to do to give you more satisfaction or less stress (for example, do less paperwork, yell at the boss, have more conversation time, etc.). Write this down in column 4 of your table.

Question 5 In column 5, next to each significant person or group in column 3 write down what he, she, or they expect(s) of you while you are doing the task. Next to 'self' write down what you expect of yourself.

This Completes the Questionnaire.

Analysis of Responses

1. Are there too many different expectations acting on you in the role?
2. Are there expectations of you which conflict with one another?
3. Are there expectations which are ambiguous in meaning?
4. Does your actual or desired role behavior (what you do or what you want to do) deviate from any expectation?

An affirmative answer to many of these questions provides the subject with the specific role interaction which may contribute to the role stress. Resolution of the stress may be psychodramatic or sociodramatic in nature and may involve role training, skills in negotiation, conflict-resolution, or expansion of role repertoire. The questionnaire provides both therapist and client with enough clarification of the factors producing stress to begin working towards resolution.

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Address: John Radecki
4229 Meadowlark Drive
Calabasas, Ca. 91302

WHEN THE MAJORITY IS THE PSYCHOLOGICAL MINORITY

Larry E. Davis

Introduction

Based on the conceptualization of J. L. Moreno's *racial saturation point* and H. Jelson's *adaptation level* the author asserts that whites may feel themselves to be in the minority even when numerically they are in the majority. Similarly, blacks may experience a sense of being in the majority even when they are not. The arousal of these two cognitive states termed here respectively as psychological minority and psychological majority are thought to be a consequence of an individual's racial adaptation level having been violated. This thesis is utilized in an effort to explain the psychological dynamics of what are known as racial tipping points.

Anecdotal reports suggest that it is possible to be in the majority yet feel oneself to be in the minority. The converse of this phenomenon may also be true, that is, to be in the numerical minority yet experience a sense of being in the majority. Persons in such situations can be said to have experienced a sense of being in the psychological minority and psychological majority, respectively. It is the author's contention that such events commonly take place between racial minority and majority members, e.g. blacks and whites. Blacks, when gathered in an integrated context where their racial numbers exceed their racial proportion in the larger society, may experience feelings of being in the majority despite the fact that they continue to be outnumbered. Similarly, whites may experience the sensation of being in the minority when present in situations where their numbers are fewer than might be anticipated, given their societal representation. The critical element in both of the above instances is that blacks have remained in the minority as whites have remained in the majority, yet both experience feelings to the contrary. Indeed, both of these experiences belie the physical realities; thus we need to seek psycho-social-cultural explanations.

The term psychological minority as used here refers to a diminished sense of comfort and/or control due to a change in customary ingroup outgroup numerical ratios. Conversely, the term psychological majority refers to an enhanced sense of security and/or control due to a change in customary ingroup-outgroup numerical ratios. Individuals experiencing these two states, if asked, would perhaps not respond with, "We feel ourselves to be the minority or we feel ourselves to be the majority." Rather, they would more likely report experiencing a lesser or greater sense of personal security. Indeed, it is an underlying assumption of this article that persons prefer positions of greater situational security and control.

The term psychological minority/majority has its roots in Moreno's (1934) concept "racial saturation point." This term referred to the number of outgroup members which an ingroup would accept within its boundaries. According to Moreno, both minority and majority group members have by way of past intergroup contacts developed a numerical tolerance (racial saturation point) for one another. It was the contention of Moreno and others (such as Criswell, 1937) that the exceeding of a groups' racial saturation point resulted in friction and disharmonious relationships. We might ask, what has happened psychologically to individuals who find that their saturation point for another group has been exceeded? What have they experienced? At least one possibility is the arousal of some anxiety regarding their group's security and/or control of the situation. It may be that the issues of security and control which have been established by way of prior contacts and traditions are now in question due to this new and uncharacteristic biracial configuration. It is the contention here that when there is any inclusion of more blacks in an interracial setting than could be expected in light of their societal or previously experienced numbers, that both majority group members (whites) and minority group members (blacks) may experience this, atypical racial balance, psychologically. Such a deviation from the expected racial balance may cause blacks, although outnumbered, to experience a sense of being in the "majority," and by the same token, the true majority, whites, in that setting may experience feelings of being in the "minority." One could ask the question, "What happens when there are greater numbers of the majority group and fewer numbers of the minority group than either group might have anticipated. It would seem logical to assume that this racial configuration would only further augment the feelings of minorityness on the part of the minority group and increased the sense of majorityness already being experienced by the majority group. Thus, for the moment, attention will be given only to those situations where the minority, blacks, are in numbers proportionally greater than was anticipated.

To provide conceptual clarity as to what is meant by the term psychological majority, Helson's theory of adaptation level (1947, 1972) may be useful. This

theory, although used principally in psycho-physical experimentation, has utility for our purposes here. Helson described an adaptation level as the weighted logarithmic mean of three classes of stimuli: 1) focal stimuli, which are stimuli to which a subject's attention is directed at the time of judgment; 2) background or conceptual stimuli, and 3) residual stimuli, which covers any other possible source of variation, particularly the effects of past experience relevant to the particular perceptual or judgmental tasks in question (cited in Eiser & Stroebe, 1972). With regards to the concerns here, the focal stimuli would be the group or situation in which individuals at the moment find themselves; the background contextual stimuli would pertain, in this instance, to the quality and/or nature of past black-white encounters on both a group and individual basis. The synergistic effect of these three sets of stimuli become one's racial adaptation level or "internal norm" as Helson (1973) has referred to it.

Consequently, how one perceives and perhaps responds to an interracial group with respect to its being "too black" or "too white" may be a function of one's prior social adaptation level. Put yet another way, the adaptation level has a neutral valence and serves as a reference for a particular stimulus, e.g. interracial grouping of individuals, and whether one feels at ease with that particular racial balance will depend upon his adaptation level for such gatherings. This conceptualization is like Thibaut and Kelley's (1959) notion of a comparison level. A comparison level is understood to be a subjective measure of how one is faring with regard to some social outcome or situation. Again, the standard of comparison is a neutral referrent against which social outcomes are evaluated.

Hence, Helson's adaptation level, Thibaut and Kelley's comparison level and Moreno's saturation point all may be perceived as serving to alert individuals to changes within their subjective environments. The reasoning here is that as with other forms of stimuli, persons have acquired internal norms with respect to the black/white racial proportions and are made uneasy when these internal norms are violated. In view of what has been said, at least two questions might be asked. First, do both majority and minority group members experience this psychological phenomenon in opposite, but equal magnitudes? In other words, when blacks feel that they are in the psychological majority, do whites experience equally the reciprocal feeling of being in the minority? It is possible that whites may feel more greatly outnumbered than blacks correspondingly feel to outnumber them. In short, because one group experiences the sensation of being in the minority or majority, does this necessitate the other group experiencing a reciprocal sensation? Secondly, do both majority and minority group members become sensitive to changes in the racial balance at the same ingroup-outgroup racial configurations? That is, do they share the same racial thresholds with regard to integrated settings? It is possible that they differ in their notions of the proper or normative balance. For example, whites may begin

to experience a sense of being in the psychological minority when the racial configuration is 70% white, 30% black. In contrast, blacks may themselves not experience a sense of being in the psychological majority until the racial balance reaches 60% white, 40% black. Indeed, blacks and whites may disagree over the latitudes of acceptance for integrated settings. Recent housing data indicates that blacks preferred a ratio of 50% black, while whites preferred a ratio of 70% white (Farley, et al., 1978). In this sense, Moreno's notion of a racial saturation point differs from the conceptualizations of Helson in that racial saturation refers to the upper limit of the acceptable range, while adaptation level pertains more to the normal or neutral point of this range.

The reader will recall that racial saturation point was defined by Moreno as the maximum number of outsiders which the majority group would allow to exist within its boundaries, and outgroup members beyond that are expelled or victimized. One might conjecture that the rejection of these members is the end result of discomfort experienced by the majority group as a function of the situation deviating too greatly from their present adaptation levels. It is possible that a psychological antecedent for whites in such settings may be the feeling of reduced security and/or white control of the situation. Inasmuch as such settings or situations are at odds with their internal norms, individuals are in a state of psychological disequilibrium termed here psychological minorityness.

This phenomenon may account for some of the research findings which suggest that racial influences are often nonlinear. By nonlinear, it is meant that the steady inclusion of more minority members does not continue to influence or affect the situation proportionally. For example, T. Pettigrew (1967) concluded from his reanalysis of the Coleman (1967) data that academic performance of students was influenced by the racial composition of the facility but that this influence did not vary directly with the racial balance of the facility. In fact, the performance of these students remained unchanged until the number of minorities in the populations increased beyond fifty percent of the total student body. Upon reaching this racial proportion, the academic performance of the student body deteriorated. Again, the curious dynamic here is that there was not a gradual change in performance with the inclusion of greater numbers of minorities but rather a sudden disjuncture. It would seem that some critical ratio or saturation point had been exceeded. Some (Myerson and Banfield, 1955) have referred to these critical racial balances as "tip points." Most commonly, tip points have referred to the number of black occupants which a white neighborhood would accept before whites themselves moved out. In another study Giles, et al. (1975) concluded from their data on school segregation that white withdrawal from integrated schools could be seen, largely, not as a function of a constant rate of rejection, but of the initial effect of crossing a prior existing threshold. Interestingly, however, this data suggests that white avoidance or withdrawal attempts decreased with the passage of time, even after the initial

racial balance continued to be exceeded.

Giles, et al. findings raise a third question, "Do individuals undergo racial re-adaptation?" Are our racial adaptation levels once established, subject to change? Had the no longer "exodusing" whites in Giles' study regained their sense of psychological balance by adapting themselves to a new ingroup-outgroup racial balance? Helson's theory (1972) of adaptation levels argues in favor of such adaptative change; persons who had once thought certain objects heavy have come, by virtue of lifting even heavier objects, to consider the original objects light. Have the Giles et al subjects made similar psychologically adaptive transformations? Perhaps what was once perceived as being "too black" has later come to appear rather "normal" and thereby acceptable.

The writer has done some preliminary investigation of racially mixed groups composed of black and white college students (Davis, 1979). These students were asked to select, from lists containing both blacks and whites, individuals with whom they would most prefer to meet with as a group. The results are noteworthy in the fact that both racial groups selected racial compositions which it has been argued there would place them in the psychological majority. Black students composed groups of approximately 50% black, while whites composed groups of approximately 70% white. The reader might recall that these racial ratios are quite similar to those reported by home dwellers in the *Farley, et al.* study.

In sum, what Moreno termed as racial saturation may refer psychologically to deviations in what individuals have come to expect with regard to racial configurations. Additionally, these deviations may have contrasting psychological consequences for minority and majority group members. Perhaps it is needless to say that the social and political ramifications of this racial dynamic are far reaching. For those engaged in small group treatment this dynamic might greatly influence the therapists's selection of group members. For example in those situations in which the therapist has a racially mixed group the group composition might become a critical variable. It might be necessary for the practitioner to address this issue rather openly with the group and to be watchful of its possible manifestations, e.g. factions, polarizations, etc. . . . For those individuals confronted with the possibility of this phenomenon on a more macro level it might be necessary to employ methods which enhance the feeling of security and/or control of all those present. Foremost, this process may primarily entail keeping the two racial groups in continued contact until both readjust to the new biracial configuration.

The attempt here is to offer a psychological rationale for the repeated finding that blacks and whites prefer differing racial compositions. Indeed it is the author's belief that the dynamics of psychological minority-majorityness are operating in our everyday interracial encounters. Unfortunately, most of the previous study of ingroup-outgroup racial compositions have focused only upon

behavioral consequences. Hopefully those concerned with issues related to intergroup and minority relations will begin to research more idiographically what happens to individuals who find themselves in interracial encounters in which the racial compositions vary.

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Address: Larry E. Davis
George Warren Brown School
of Social Work
Washington University
St. Louis, MO 63130

ROLE FATIGUE

Alton Barbour and Zerka T. Moreno

During the past five years there has been an emerging literature which describes a syndrome of negative physiological, emotional, and behavioral symptoms which are reported as striking people in the various helping professions (Maslach, 1976, 1978; Kroes, 1976.) Physiologically it is identified with extreme fatigue, tension, sleeplessness, low-back pain, headaches, and numerous minor ailments. Emotionally it is seen in cynicism, irritability, nervousness, loss of enthusiasm, helplessness, frustration, rigidity and suspiciousness. Behaviorally it is marked by lowered performance, lost initiative, overindulgence, boredom, absenteeism and alienation. Popularly it is called "burnout" and is assumed to be an outcome of some particular helping profession positions which require that a person give until they have no more to give (Rossiter, 1979; Sibley, 1979; Rose-Clapp, 1979.)

Although "burnout" is a vivid image for the phenomenon, and may represent a feeling associated with it, we believe that it is more extensive than the helping professions (eg. social workers, nurses, and ministers), and more complex than merely having too many demands placed upon one. Further, we suggest that the phenomenon might profitably be conceptualized from the perspective of role theory.

Moreno viewed the role as a functional unit of behavior, comprised of both "private" and "collective elements," of "individual differentials" and "collective denominators." The role is a fusion of private-individual with social collective elements, the link between individual psychology (or psychiatry) and sociology (or sociatry), the bridge between self and others. Moreno categorized roles as psychosomatic, psychodramatic and social. The genesis of roles, he stated, passes chiefly through two major stages, those of role perception and role enactment. First one views the expectations associated with the role—self and other—and adopts the attitudes of the role. Later on one may form one's own particular model of the role. Then one actually exhibits behavior associated with the role. It is hard to embody a role without perception.

Our self concepts are tied to the roles we take in life and to our valuation of how well we do this; at times the only resources we have for relating to others

are through the roles we enact with them. When we begin to value our roles less it is hard for us at the same time not to value ourselves less. It does not take much to erode the self esteem of an individual who thinks poorly of something he is *doing,* particularly if that is largely who he thinks he *is.* According to Moreno the "self" emerges from the "role" (Moreno, 1962). In this example the private-individual differential is under assault. It is easy to grasp why such a person might experience psychosomatic illness or emotional problems (Hollander, 1968).

Let us also consider someone whose primary way of relating to others is through a role that, for whatever reason, is no longer satisfactory. Loss of the role value is a loss of that which was of relating which was described as "primary." If that is the case then the social-collective element becomes less available or at least less certain and less well defined. It is easy to perceive why such a person might not perform the role as well and may thus become alienated from others. For example, a woman whose primary identity was that of the role of "mother" and whose children no longer need her as that mother, may no longer value being a mother and might wonder what value she had other than that of "mother." This person who related meaningfully to significant others around her as "mother" and no longer finds that role satisfactory may then develop a loss of enthusiam for enacting the remaining requirements of the role and exhibit uncertainty as to how to present herself or how to relate to all those who saw her as a "mother." As the role dissolves then, the link described by Moreno between "private" and "collective," between "self" and "others" dissolves as well.

When forced to make life decisions people are rarely confronted with clearly positive or negative alternatives. More often than not there are both positive and negative aspects to each alternative, producing "approach-avoidance" dilemmas. Situations containing both attractive (approach) and unattractive (avoidance) elements frequently result in a stalemate. This may be the case with the previously described roles which are no longer viable but which are essential to a sense of self and an unthreatening access to others. If the decision were simpler, the individual might accept the role, whatever it required, or alternatively might shed the role and move on. Without spontaneity or satisfying role replacement this does not seem to happen. The central role carrier may persist in the role, become increasingly disenchanted with it and experience what may be called "role fatigue." Our concern here is with the erosion of the value of a role, leading to role fatigue and role burnout.

Conceptually, role fatigue may be defined as a loss of energy available for a role because of continued unproductive role performance. It is accompanied by a sense of physical, emotional and intellectual exhaustion. It may manifest itself in all the physiological, emotional and behavioral symptoms mentioned earlier or in other indices of disturbance seemingly unrelated to the problems. One of these would be a

defensive maneuver involving embracing the role which is creating so much dissonance in the system. Other symptoms might be manifested outside of the central person, in others in close contact whose tele connnection make them aware of the problem and who are sensitive to the requirement of the role.

If this is a reasonably accurate description of role fatigue, psychodramatists and group psychotherapists will recognize a fairly common theme. There are sessions in which almost everyone present is tired of performing some role and yet ambivalent about giving it up, or somehow unable to do so. ("I'm tired of being a sex object but I do want to be desired." "I'm tired of presenting myself as a clown, but it gets me a lot of attention." "I'm weary of cooking meals for my family, but I don't want anyone else to do it.") See Seeman (1953) for a discussion of role ambivalence.

"Burnout" is thought of as an emotional exhaustion peculiar to "people workers," such as policemen and the result of working under stressful, demanding conditions (Maslach and Jackson, 1979). Role fatigue is identifiable in situations that go well beyond the helping professions. Although role fatigue may be found in demanding professions, it may also be found in low pressure secretarial jobs. What is essential is that the person is tired of performing a familiar, much repeated series of tasks in a role even if others appreciate the work. Imagine what it must be like to act in a successful play which has been performed hundreds of times. How often can any human being go through the same routine before it becomes burdensomely boring? Lawrence Olivier is quoted as having advised aspiring actors: "Never perform longer than six months in one role, it's death." What is the saturation point for a much repeated performance to become empty, meaningless, futile? Repetitious and meaningless tasks were used in prison and slave camps under dictators to reduce workers to an inhuman level of being, although they were often welcomed as an alternative to nothingness. Charlie Chaplin made a fine tragi-comic motion picture out of the dilemma of repetitious tasks in factories and the effect they had upon the hero, in "Modern Times."

Even should a role be satisfying initially and rewarding in some manner there may be a limit to the number of times a person can bear to repeat it. Although the helping professions may have more than their share of role fatigue, there are countless people workers in positions not identified as professional who experience role fatigue just as profoundly. Having no further energy to give to typing letters, calling clients, keeping books or inventories, or changing diapers is less dramatic than doing surgery, making an arrest or working with disturbed children, but the fatigue is just as real.

In John A. Williams' novel *Sons of Darkness, Sons of Light* one of the characters says: "I think I'm very tired of being a Jew." What could the process be which evokes such a negative appraisal of a state of being so intimately tied to one's culture, family, religion and sense of self identity? If it is true that roles evolve through two stages, those of perception and enactment, then role fatigue may well come about the same way. The individual begins to look at the role

in a way different from that of former times and ultimately finds the role performance less satisfying. The role may be seen as less socially desirable than before, or less socially desirable than some other role which now appears more attractive. The old role may be seen as less personally desirable, leaving the person unfulfilled and bereft; this, in turn may lead to "act-hunger." Whatever the development, the role perception has an impact on performance. As the perception changes the role enactment begins to hold less significance for the performer.

Jobs and occupations absorb a large part of people's time and energy; much of their sense of identity is made up of their work. It is thus only natural that some role fatigue is job-related. Many jobs are emotionally demanding to the point requiring "emotional armor" on the part of the worker. Others impose stress of a quite different order, by being boring, ritualistic and repetitious, as described before, or because of bureaucratic demands, or stress caused by demanding superiors or unpleasant working conditions, physical and social. Even some roles which are largely satisfactory may require behaviors producing dissonance in workers (e.g., being "nice" to customers, clients or patients no matter how abusive they may be), ultimately influencing the way in which the job-role is seen. Motivation researchers point out that as much as eighty percent of the workers in this country do not really want to go to their work in the morning. Role fatigue is perhaps one way to explain this widespread phenomenon. Role fatigue is most easily identified with jobs or occupations but may be far more pervasive in our society. It may also be related to the traditional social expectations of how males and females should look and behave, in how family tasks should be performed, in the ways people are expected to interact and relate to to one another It is important that the person become aware that he or she is repeatedly performing a role which is no longer productive to others or satisfying to him or herself. Frequently people in these circumstances are blocked, immobilized or in Moreno's term, "conserved." They may be cognizant of a need to "take charge" of their own lives but depressed due to an apparent lack of alternatives.

Whether the problem is working at the crisis center or serving on the curriculum committee, counselling the terminally ill or doing housework, if the consequence of performing the role results in a loss of energy available for the role, then this might be termed role fatigue. Role fatigue is likely to be accompanied by an erosion of ego strength, a loss of self esteem and an ill defined sense of self. Role fatigue may manifest itself in a variety of physiological, emotional and behavioral symptoms identified earlier. It is pervasive and recurring. It can be theorized as evolving from altered role perception of the significance of one or more role enactments.

According to Elwood Murray, "every theory is a form of therapy." If Moreno's role theory is an adequate way of describing the phenomenon, then it may also suggest, at least initially, a way of doing something about role fatigue. Assuming

that role fatigue emerges from altered perception of and unfulfilling role performance, perhaps concentrating on role perception and correction of such perception would be important to any later decision-making or goal setting.

Therapy for role fatigue would include:

1. Redefining what is seen.
2. Exploring the role psychodramatically in different ways and from the perspective of the significant other(s) through role reversal.
3. Expanding or reducing or eliminating the role, as indicated.
4. Reassessing role expectations.
5. Re-evaluating role performance.
6. Considering alternative roles.
7. Training for alternative roles.

All of these approaches would be done both through action as well as through sociometric exploration. We hope to use this approach and to report on our findings and results in the future.

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Address: Alton Barbour
Dept. of Communication
University of Denver
Denver, Colorado 90208

Zerka T. Moreno
Moreno Institute
259 Wolcott Avenue
Beacon, N. Y. 12508

In Memoriam
Martin R. Haskell, 1912-1980

In 1952 Martin R. Haskell became a student of Dr. J. L. Moreno at New York University. He had given up his practice of law in order to study sociology and criminology. Upon becoming involved with Moreno his decision was clear; henceforth he made psychodrama and group psychotherapy his full-time career. He achieved certification at the Moreno Institute in Beacon, N.Y. and served as a staff member there and at the Institute in New York City, along with his position of Director of Placement Services at Berkshire Farm.

He moved to Long Beach, California in the early sixties and distinguished himself as a teacher, therapist and trainer.

A year before his death he retired from his professorship at the University of California at Long Beach to devote his energies to the California Institute of Socioanalysis which he had founded. His professional as well as his personal life was a fruitful and happy collaboration with his wife, Rochelle J. Haskell.

Martin is the author of *Socioanalysis: Self Direction through Sociometry and Psychodrama,* and co-author with Lewis Yablonsky of a number of textbooks on juvenile delinquency and criminology. He served as President of the American Society of Group Psychotherapy and Psychodrama from 1962-1964 and contributed a number of papers to this journal.

Colleagues and students who knew Martin were touched by his personality and enspirited by his professional commitment. They have a loss to repair in their social atom.

The Editors

NEWS AND NOTES SECTION

EXCERPTS FROM THE FINAL PROGRAM

38th ANNUAL MEETING
AND TRAINING INSTITUTE

APRIL 17, 18, 19, 20, 1980

The American Society
of Group Psychotherapy
and Psychodrama

Thursday April 17 9:00 am-11:30 am Demonstration Sessions 111-121

111 Psychodrama of the 'Here and Now'
Hannah B. Weiner, M.A., East Coast Center for Psychodrama, NY.

112 Working with Adolescents
Vickie Murphy, M.A., North Denver Youth Service Bureau; **Mary Heiserman, Ph.D.,** Colorado Division of Youth Services, Denver, CO.

113 The Use of Dreams in Therapy
Marvin Lifschitz, Ph.D., Private Practice, NYC.

114 Psychodrama with a Missing Family Member: Experiential and Didactic
L. Denton Bliss, Psychiatric Technician and Therapist, U. S. Public Service Hospital, Baltimore, MD.

115 Psychodrama–Tool in Supervision: Didactic and Experiential
Naomi Caplan, M.S., Psychotherapist and Psychodrama Consultant, Alexandria, VA and Washington, DC.

116 Forensic Psychiatry: A Presentation: Research, Theory and Discussion
Deborah B. Kaiser, Ph.D., Assistant Administrator; **Benjamin Prager, C.S.W.,** Psychiatric Social Worker; both from New York State Office of Mental Health, Bureau of Forensic Services.

117 The Matrioshka Dolls–A Psychodramatic Warm-up
Jill Winer, M.A., Professor of Psychodrama, Governors State University, Park Forest South, Chicago, IL.

118 Psychoanalytic Group Therapy
Marlene Gershman Paley, Ph.D., Director of Education, Straub Hall Alcoholism Rehabilitation Unit, Pilgrim Psychiatric Center; Adjunct Psychoanalyst, American Institute for Psychoanalysis, Karen Horney Clinic, NY.

119 Role Analysis as Warm-up to Diagnosis and/or Psychodrama
David A. Wallace, M.S., C.S.W., Assistant to the Director of Social Work, St. Luke's–Roosevelt Hospital; Private Practice, NY.

120 Innovative Group Treatment for Alcoholics
Valerie R. Levinson, C.S.W., Alcoholism Treatment Supervisor, Health Insurance Plan, Brooklyn; Consultant, New York City Affiliate of the National Council on Alcoholism, NY.

121 Ecumenism Through Psychodrama: A Psychotheological Experience
Rod Sullivan, Medical Department, Employee Assistance Programs, Ohio Bell Telephone Company; **Sheila Miller Sullivan, M.A.,** Alcoholism Counselor, Volunteers of America, OH.

Thursday April 17 1:00 pm–3:00 pm Demonstration Sessions 122-131

122 Overdependency and Exaggerated Independence
James M. Sacks, Ph.D., Director, Psychodrama Center of New York, NYC.

123 Overcoming Childhood Inhibitions to Release Your Body's Athletic Potential
Steven J. Levin, M.S.W., Postgraduate Center for Mental Health: Staff member, Adult and Adolescent Clinics; Exercise Therapy Director, Social Rehabilitation Clinic, NYC.

124 The Psychodramatic Approach to Stress Control
R. Evan Leepson, C.S.W., Director, Stress Management Programs at Corporate Stress Control Services, NYC; **Robert Lee, M. S.,** Psychotherapist, Boston, MA.

125 Exploring the Use of Psychodrama in a Short Term Day Hospital Treatment Program
Jody Bortone, Sr. Occupational Therapist; **David Levy, C.S.W.,** Social Worker, Morrisania Neighborhood Family Care Center, Bronx, NY.

126 Facilitating the Emerging Self: Working with Images in Gestalt Therapy
Ruth Wolfert, Director, Workshop Program, New York Institute for Gestalt Therapy, NYC.

127 Psychodrama with Drug Addicts: Theory and Applications
Jon M. Sherbun, M.S.W., Psychodrama Clinical Resident, Psychodrama Section, St. Elizabeth's Hospital, Washington, DC.

128 TAB (Therapy for Abusive Behavior): An Alternative to Incarceration–Experiential
Willida Hoffman, M.H.A., Psychodramatist; **Patricia Erat, M.H.A., TAB** Director; **Carol M. Bailey, R.N.,** Judicial Liaison; all from Wyman Institute Inc., Baltimore, MD.

129 Auxiliary Ego Skills
Ira Orchin, M.S., Psychologist, Institute for Learning; **Joyce Posner, M.A.,** Psychiatric Social Worker, Hahemann Child and Adolescent In-patient Unit, Philadelphia, PA.

130 Triadic Existential Psychodrama: Experiential
Anne Ancelin Schützenberger, Ph.D., Director of Psychodrama, French Group of Sociometry, Group Dynamics and Psychodrama, Paris; Professor, Social Psychology, Nice University, France; United Nations Expert for Psychodrama.

131 Musically Induced Fantasy and Psychodrama
David F. Swink, M. A., Psychodrama Training Officer, St. Elizabeths Hospital, Washington, D.C.

Thursday April 17 3:30 pm-5:30 pm Demonstration Sessions 132-141

132 Action Methods With the Blind
Kerry Paul Altman, Ph.D., Staff Psychodramatist, St. Elizabeth's Hospital, Washington, DC.

133 Ethics in the Practice of Psychodrama and Group Psychotherapy: A Panel
Naomi Caplan, M.S., Licensed Psychologist, Alexandria, VA; **Elaine Eller Goldman,** Executive Director, Camelback Hospital, Western Institute for Psychodrama, Phoenix, AZ; **Marcia Karp, M.A.,** Director, Howell Center for Psychodrama, Devon, England; **Merlyn Pitzele, M.A.,** Executive Director, Moreno Institute, Beacon, NY; **Leo Sandron, Ed. D.; Frances Sandron, M.S.W.,** both from U.C.I.Medical College, Department of Psychiatry, Irvine, CA; **Thomas Treadwell, M.A.,** Psychologist; Associate Professor of Educational Psychology, West Chester State College, PA.

134 From Nonverbal Communication to Verbal Expression
George Balassa, Ph.D., Centre National de Recherche Scientifique, Montpellier, France.

135 Domestic Violence: Abusive Relationships
Shelly Garnet, A.C.S.W., Director of Social Services, A.W.A.I.C.–Aid to Women Abused in Crisis, NYC; **Bruce Kessler, M.S.W.,** Psychotherapist, A.W.A.I.C.; Affiliate, Institute for Sociotherapy, NYC.

136 Assertive Body Language
Iris E. Fodor, Ph.D., Associate Professor, Dept. of Educational Psychology, N.Y.U., NYC; **Robert Palmer, Ph.D.,** Research Psychologist, V.A. Medical Center, Brooklyn, NY.

137 Adult Play Therapy
Vivienne Eisner, Activity Therapist, Hackensack Hospital, NJ.

138 Applications of Sociodrama and Sociometry in Short Term Alcoholism Treatment
Chip Nesbit, Northwestern Institute of Psychiatry, Fort Washington; Access Centers Inc., Philadelphia, PA.

139 The Creation of a Climate for Success in Business and Health Care Organization
Dennis Keene, Psychodramatist, Consultant/Trainer, Laser Leadership Programs, Inc., Long Beach, CA.

140 Gestalt Group Process
Bud Feder, Ph.D.,; Ruth Ronall, M.S., C.S.W.; both full members and faculty of the New York Institute for Gestalt Therapy, NYC. Also, co-editors of Beyond the Hot Seat: Gestalt Approaches to the Group.

141 Group Approach to the Treatment of Compulsive Overeating in Women
Marion A. Bilich, M.S.W., Private Practice, Hewlett, NY.

Friday April 18 9:00 am-11:30 am Demonstration Sessions 214-223

214 How I Am A Loving Person: Experiential
Zerka T. Moreno, President, Moreno Institute, Beacon, NY.

215 Psychodrama and Sociometry in Marriage and Family Therapy
Carl E. Hollander, M.A., President, American Society of Group Psychodrama and Psychotherapy; Co-Director, Colorado Psychodrama Center, Englewood, CO.

216 The Urban Community College Speech Class Trains for Job Seeking Effectiveness
Doris Newburger, Ph.D., Chairperson, Speech Communication and Theater Arts Department Manhattan Community College, NY.

217 Dealing With Resistance Through Psychodrama
Susan E. Allen, Private Practice, Fairfax, VA.

218 Warm-Ups: Theory and Methods
Sandy Melnick, M.D., Resident Psychiatrist; **Elaine Selan Burke, R.N.,** Assistant Coordinator, Adolescent Program; both from Institute of Pennsylvania Hospital, Philadelphia, PA.

219 Personal Transformation Through Doing: Experiential and Didactic
Karen Diasio, M.A., O.T.R., Associate Professor and Graduate Coordinator, Department of Occupational Therapy, San Jose State University, CA.

220 Fundamentals of Psychodrama: Experiential and Didactic
Robert Flick, A.C.S.W., Psychotherapist and Psychodramatist, Institute for Sociotherapy, NYC; Coordinator Day Hospital, Raritan Bay Mental Health Center, Perth Amboy, NJ.

221 Experiential Focusing
Neil Friedman, Clinical Associate Professor, Stony Brook School of Social Welfare, NY.

222 Action Methods, Spontaneous Role Play, Sociodrama, and Psychodrama in the Classroom
Peter J. Rowan, Jr. Assistant Professor, Lesley College Graduate School, Cambridge; **Jessica Osband, M.Ed.;** both from New England Institute of Psychodrama, Boston, MA.

223 The Creative Arts Therapies: An Integrative Approach Toward Working Together
Claire Altschuler, M.Ed., Psychodrama Section, St. Elizabeth's Hospital; **Carolyn Sonnen, M.M., R.M.T.,** Music Therapist, Catholic University, Washington, DC; **Kristy Jensch, M.A.,** Art Therapist, Montgomery General Hospital, Olney, MD; **Marilyn Grunberg, M.A., D.T.R.** Dance Therapist, Crownsville Hospital, MD; all members, Legislative Alliance of the Creative Arts Therapies.

Friday April 18 1:00 pm-3:00 pm Demonstration Sessions 224-232

224 Use of Psychodrama in Dealing with Physical Illness
Tobi Klein, B. Sc., M.S.W., Co-Director of CHANGE; Director of Canadian Institute for Psychodrama and Psychotherapy, Montreal, Canada.

225 Psychodrama with Stepfamilies: Didactic and Experiential
James D. Deleppo, Ed.D., Assistant Chief, Day Hospital, V.A. Administration Hospital, Clinical Instructor in Psychiatry. Tufts Medical School, Boston, MA.

226 Advanced Workshop for Warm-up Techniques in Group Therapy
Jane A. Taylor, Ph.D., Program Administrator, Special Projects Branch, National Institute on Alcohol Abuse and Alcoholism, Rockville, MD.; **E. J. Harper, M.A.,** Deputy Director for Treatment and Program Services, Earle E. Morris, Jr. Alcohol and Drug Addiction Treatment Center, Columbia, SC.

227 Motivation Workshop: Experiential and Didactic
David C. Belgray, M.S., Consultant in Management Development and Executive Counseling; Adjunct Professor of Management, Fordham University, Graduate School of Business, NYC.

228 It's OK: A Process Exploring Your Sexual Identity
Irwin Stahl, M.A., Psychodramatist, Manhattan Psychiatric Center; former faculty, N.Y.U. School of the Arts, TV and Film Dept.; **R.O. King, M.S.,** individual and group pschotherapist; faculty, N.Y.U. Reading Institute and General Studies Program, NYC.

229 The Communication/Group Therapy
Phillip S. Gelb, Ed.D., Adjunct Associate Professor, Communication and The Arts, Pace University, Pleasantville, NY; **Charles Brin,** Minnesota Institute of Psychodrama, Minneapolis, MN.

230 Explorations in Art Therapy: The Concept of the Creative Will in Rankian Therapy
Eugene Padow, M.S.W., A.C.S.W., C.S.W., Consultant, Veteran's Administration, Brooklyn, NY.

231 Psychodrama Made Simple: Experiential and Didactic
Rene M. Clay, R.R.T., Chief Psychodramatist, Spring Grove Hospital Center and Taylor Manor Hospital, MD; Affiliate Instructor, Johns Hopkins Evening College, Baltimore, MD.

232 Musical Psychodrama: A New Direction
Joseph J. Moreno, R.M.T., Assistant Professor, Director of Music Therapy, Eastern New Mexico University, Portales, NM.

Friday April 18 3:30 pm-5:30 pm Demonstration Sessions 233-241

233 Men's Liberation Groups: Use of Movement and Imagery
Gary A. Lloyd, Ph.D., Executive Director, Council on Social Work Education, NYC.

234 Integrating the Body into Psychotherapy: For Psychotherapists and Helping Professionals
Sherry Friedman, M.A., Certified Feldenkrais Teacher; Psychotherapist, N.Y.S. Licensed Massage Therapist, teacher at Ramapo College, NJ; affiliated with Institute for Sociotherapy and East West Center, NYC.

235 The Community Clinic As a Member of the Social Network System
Oscar Rabinowitz, M.S.W., Assistant Director; **Sheldon Blitstein, M.S.W.,** Branch Supervisor; **Myra Schultz, M.S.,** Branch Psychologist; **Victoria Rashbaum, M.S.W.,** Branch Social Worker; **Gene Ganz, M.D.,** Branch Psychiatrist; all from Westchester Jewish Community Services, Mt. Vernon, NY.

236 Masters of the Therapeutic Arts
Carl Goldberg, Ph.D., Associate Clinical Professor of Psychiatry, George Washington University Medical School, Washington, DC; Faculty, Center for Nondeterministic Studies, NYC.

237 The Use of Child Drama and Short Vignettes with the Chronic Schizophrenic Patient
Mary Ann Schacht, A.C.S.W., Psychotherapist; Franklin Delano Roosevelt Veterans Administration Hospital, Montrose, NY.

238 Poetry and Drama Therapy: Experiential
Sherry Reiter, M.D., C.P.T., Creative Art Therapist, Coney Island Hospital, Brooklyn; Instructor, New School for Social Research, NYC.

239 Employment Opportunities for Psychodramatists: Experiential and Didactic
Dale Richard Buchanan, M.S., Chief, Psychodrama Section, St. Elizabeth's Hospital, Washington, DC.

240 Working With Resistance in Gestalt Therapy
Jon Kogen, Ph.D., Director, New Institute for Gestalt Therapy, NYC.

241 Toys in the Attic
Barbara Little Horse, Psychotherapist, Advanced Clinical Member in I.T.A.A., NYC.

Saturday April 19 9:00 am-11:30 am Demonstration Sessions 313-324

313 Psychodramatic Social Network Therapy
Robert W. Siroka, Ph.D., Executive Director, Institute for Sociotherapy, NYC.

314 Who's the Stranger in My Bed?
Joe W. Hart, Ed.,D., Graduate School of Social Work, University of Arkansas at Little Rock, AR; **David Paris, B.S.,** NYC.

315 Sociodrama of World Politics–The Dynamics of Sociodrama: Experiential (All Day Session–9:30 AM to 4:30 PM)
Clare Danielsson, Ph.D., Department of Psychology, St. Cabrini Home, West Park, NY

316 Responsibility & Intimacy–A Gestalt Therapy Workshop
David Winokur, Ph.D., Chief Psychologist, South Unit, Philadelphia State Hospital, PA.

317 The Neglected Client–A Psychodramatic Exploration of the Black Client in Therapy: Experiential and Didactic
Wilhelmina Wooten, R.N., B.S.N., St. Elizabeth's Hospital, Washington, D.C.

318 The Relationship of Education and Therapy in the Group Process
Helane S. Rosenberg, Ph.D. and **Jon Klimo, M.A.;** both Assistant Professors of Creative Arts, Rutgers University, NJ.

319 Psychodrama and Senoi Dream Work
John Nolte, Ph.D., Director, Midwest Center for Psychodrama and Sociometry, Indianapolis, IN.

320 Resistance: Changing No to Yes
Elizabeth A. Stewart, M.A., Psychodramatist, Leary School, Falls Church; **Sophia Chipouras, M.A.,** Therapist, Prince William Community Mental Health Ctr., Manassas, VA.

321 Adapted Hatha Yoga as a Warm-up for Psychodrama Sessions: Experiential and Didactic
William B. Woodruff, M.S.W., Faculty, Human Services Program, University of Tennessee, Knoxville.

322 Your Personal Language of Music
A. Beth Schloss, R.M.T., C.S.W., Psychiatric Social Worker, Children's Unit, Raritan Bay Mental Health Center, Perth Amboy, NJ; Psychotherapist, Institute for Sociotherapy, NYC.

323 A Marriage of Art & Psychodrama
Marcia Karp, M.A., Director of Howell Center for Pxychodrama, Devon, England; **Ken Sprague,** Award winning printmaker and T.V. personality, Devon, England.

324 The First City Company/Family Theatre
Jack Herman, Executive Director, The First City Company, NY; in collaboration with Associate Directors, **Don Kaplan** and **Renee Leschins-Kramer.**

Saturday April 19 1:00 pm-3:00 pm Demonstration Sessions 325-335

325 Psychodrama: A Tool for Breaking Down Sex-Stereotype Barriers
Leo Sandron, Ed.D. and **Frances Sandron, M.S.W.,** U.C. Medical College, Department of Psychiatry, Irvine; and Metropolitan State Hospital, Norwalk, CA.

326 Psychodrama/Sociometry and Academia: A Panel
Joe W. Hart, Ed.D., Graduate School of Social Work, University of Arkansas at Little Rock, AR; **Neil Passariello, M.Ed.,** Staff Psychodramatist, St. Elizabeth's Hospital, Washington,

DC; **Peter J. Rowan Jr.,** Assistant Professor, Lesley College Graduate School, Cambridge; Executive Director, New England Institute of Psychodrama, Boston, MA; **Robert L. Fuhlrodt, C.S.W.,** Institute for Sociotherapy, NYC.

327 Sociodrama of World Politics–The Dynamics of Sociodrama: Experiential (All Day Session - 9:30 AM to 4:30 PM.)
Clare Danielsson, Ph.D., Department of Psychology, St. Cabrini Home, West Park, NY.

328 To Verb Is Human: Actor Training Techniques for Spontaneity
Herb Propper, Ph.D., Assistant Professor of Dramatic Arts, Emerson College, MA.

329 Dealing with Death through Psychodrama
Jan Iris Smith, Psychodramatist, Mt. Vernon Center For Community Mental Health, VA; **Marge Silberstein, M.Ed.,** Psychodramatist, Senior Adjunctive Therapist, Psychiatric Institute of Washington, D C.

330 Psychodrama and Cognitive Frames of Reference: Experiential and Didactic
Paul E. Curnow, Ph.D., Senior Staff Psychologist, Friends Hospital; Associate Director, Access Centers, Inc., Philadelphia, PA.

321 A Creative Drama Experience
Phyllis C. Haase, M.A.T., Creative Drama Teacher, Hart Middle School, East Orange, NJ; **G. Douglas Warner, Ph.D.,** Psychological Services of Hagerstown, MD.

332 Make a Wish-Shop: A Psychodramatic Exploration of Fantasy and Personal Metaphors
Johnno R. Devling, M.S. and **Johnne Mosher, M.A.;** both Psychodramatists, Blue Sky Consultants, Seattle WA.

333 Use of Biofeedback Equipment to Enhance Awareness of Body Function During Group Interaction
Michael G. McKee, Ph.D., Department of Psychiatry, Cleveland Clinic Foundation, Cleveland, OH.

334 Gestalt Therapy and Dreams
Joseph M. Fitzgerald, Jr., Center for Psychotherapy and Personal Development, New Haven, CT.

335 Weight Control Through Mind Control: Experiential and Didactic
Anath Garber-Barron, M.A., Certified Psychodrama Director, East Orange General Hospital, NJ.

336 Where To From Here: De-institutionalization through Psychodramatic Treatment
Barry Spodak, M.S.W., Staff Psychodramatist, St. Elizabeth's Hospital, Washington, DC.

Saturday April 19 3:30 pm-5:30 pm Demonstration Sessions 337-348

337 A Traditional Psychodrama
Lewis Yablonsky, Ph.D., Professor of Sociology, California State University, Northridge, CA.

338 Current Research in Psychodrama & Sociometry: A Panel Discussion Including Psychodrama Interns and Residents at Saint Elizabeth's Hospital and Invited Presenters
Chairperson: **Peter L. Kranz, Ph.D.,**Psychodrama Resident.

339 Sociodrama of World Politics–The Dynamics of Sociodrama: Experiential (All Day Session - 9:30 SM to 4:30 PM.)
Clare Danielsson, Ph.D., Department of Psychology, St. Cabrini Home, West Park, N.Y.

340 Psychodrama as Meditation
Karen Finucane McNamara, Finger Lakes Psychodrama Center, Hammondsport, NY.

341 Gestalt Family Therapy–New Developments in Theory and Practice
J. Edward Lynch, Ph.D., Director, Connecticut Center for Gestalt Training; Assistant Professor, Southern Connecticut State College, Graduate School of Professional Studies, New Haven, CT.

342 Frustration-Support: A Gestalt Approach
Helen Fusaro Kramer, Susan Friedberg, M.S.W.; both Faculty Members and Co-directors of Allied Professional Training Program at the Gestalt Center, NYC.

343 Help for Our Work
Howard Seeman, M.A., Education Supervisor, Lehman College, C.U.N.Y. Education Affiliate, Institute for Sociotherapy, NYC.

344 Group Orientated Psychodrama Workshop
Sylvia Ackerman, M.A., Executive Director, Central Queens Psychotherapy Center, NY.

345 Body Work in Psychodrama
William G. Galbreath, Ph.D., Psychologist; Faculty, Gestalt Institute of Southern Ohio; and **Harry Bryan, M.S.,** Columbus.

346 Psychodrama Applications by Associates of the Institute for Social Learning and Psychodrama
Doris Twitchell Allen, Ph.D., (Sponsor), Director, Inst. of Social Learning and Psychodrama, Dept. of Psychology, U. of Maine at Orono; **Robert P. Brady, Ed.D.,** Private Practice, Toledo, OH; **A. Kenneth Edelston, M.S.,** Senior Counselor, Job Corps Program, Ellsworth, ME; **Lee D. Fuller, Ed.D, R.N.,** Indiana U., School of Nursing; **Mitchell L. Gelber, M.Ed.,** (Chair), Inst. of Social Learning and Psychodrama, Dept. of Psychology, U. of Maine at Orono; **Betty J. Vrooman, M.Ed., C.A.S.,** Counselor, Old Town High School, ME.

347 Playback Theater Performance
Jonathan Fox, M.A.; Peter Christman; Michael Clemente; Vince Furfaro, M.A.; Danielle Gamache; Carolyn Gerhards, R.N.; Adam Guss; Gloria Robbins, M.S. W.; Jo Salas; Susan Sanderson; Judy Swallow, M.A.; all from Playback Theater, Poughkeepsie, NY.

348 Gestalt Therapy with the Severely Disturbed Adolescent: A Unique School Community
Allan Whiteman, C.S.W., Training Supervisor, Gestalt Center for Psychotherapy and Training; Treatment Supervisor, De Sisto at Stockbridge School; Members of staff and students from DeSisto at Stockbridge School, NY.

Sunday April 20 9:30 am-12:00 noon Demonstration Sessions 408-422

408 Building A Stronger Nest: Didactic and Experiential
Rosalie Minkin, M.S.W.

409 The Use of Sociodrama to Establish Communication and Improve Relationships Between the P.L.O. and Israel: An Illustrative Example of the Use of Sociodrama in Conflict Resolution
Michael Gass, M.S.W., Ph.D., Director, Center for Active Psychology, Covina, CA; **Rochelle J. Haskell, M.A.,** California Institute of Socioanalysis, Long Beach, CA.

410 Providing Psychodrama and Sociometry Experiences and Training in Graduate School: Experiential and Didactic
Jack I. Novick, Ph.D., Professor and Director, Psychology Program Southern Connecticut

State College; Assistant Clinical Professor in Psychiatry, Yale Medical School; **Lynn Johnson,** Recreational Therapist, St. Raphael Hospital, New Haven, CT.

411 Psychodramatic Approaches to Family Therapy
Joel Badaines, Ph.D.; Tom Beller, M.S.W.; both from Psychodrama Section, St. Elizabeth's Hospital, Washington, D.C.

412 Hurewitz Integrative Eclectic Therapy: A New Integrative Approach
Paul Hurewitz, Ph.D., Professor, Herbert H. Lehman College of the City University of New York, NY.

413 Issues of Counter-Transference in Groups
Ruth Newman, Ph.D., Associate Professor, Washington School of Psychiatry, University of Maryland, Institute of Psychiatry & Human Behavior, Washington, D C.

414 Know Thyself, Know Thy Social Atom–An Exploration of Your Personal Sociometry: Experiential and Didactic
Amy Schaffer, M.A., Psychotherapist, Institute for Sociotherapy, NYC.

415 Saying Good-bye: An Example of Using a "Good-by Technique" and Concomitant Psychodrama in the Resolving of Family Grief
Robert C. Kaminski, M.S.W., C.S.W., A.C.S.W., Senior Social Worker, Coordinator of Proposed Day Treatment Program and Coordinator of Child and Group Work; Clifton Springs Hospital and Clinic, NY.

416 Exploring the Depths of Feeling
Charlotte Saunders, Staff Psychotherapist, Supervisor and Trainer, DiMele Center for Psychotherapy, NYC.

417 Gestalt and Psychodrama–A Synthesis
Eleanor G. Restifo, M.Ed., Gestalt Therapist, Academy of Psychodrama and Sociometry; Administrator, Norristown Life Center; **Gerald A. Tremblay, M.A.,** Psychodramatist, Horsham Clinic; Curriculum Coordinator, Academy of Psychodrama and Sociometry, Ambler, PA.

418 Psychodrama with Hispanos: Didactic and Experiential
Neil Passariello, M.Ed., Staff Psychodramatist, St. Elizabeth's Hospital, Washington, D C.

419 Individual Psychodrama: A Contradiction in Terms?
Marsha B. Stein, M.S.W.; Monica L. Meerbaum, M.A.; both staff Psychodramatists with St. Elizabeths Hospital, Washington, DC.

420 Hypnosis in Group Processes
Martin H. Astor, Ed.D., Associate Professor, Counselor Education, Queens College, NY.

421 Psychotherapy with the Hospitalized Patient: Clinical Issues and Approaches
Allan B. Elfant, Ph.D.; Director, In-Patient Psychiatric Unit, Scott and White Clinic, Temple, TX.

422 Music and Psychodrama: A Pathway Toward Change
Robert L. Fuhlrodt, C.S.W., C.M.T., M.M., Psychodramatist, Music Therapist, Institute for Sociotherapy; NYC and Raritan Bay Mental Health Center, Perth Amboy, NJ; Lecturer in Psychology, Marymount Manhattan College, NYC and Bloomfield College, Bloomfield, NJ.

Sunday April 20 2:00 pm-4:30 pm Demonstration Sessions 423-437

423 Group Treatment of Couples in Crisis
Paul Reid, A.C.S.W., Assistant Director of Psychodrama, New Haven Center for Human Relations; **Bland D. Maloney, M.S.W.,** Faculty, Family Study Center, West Hartford; both faculty, University of Connecticut Medical School Department of Psychiatry, New Haven, CT.

424 Social Atom in Group Counseling and Psychotherapy: Didactic and Experiential
Al Frech, Ed.M., Psychological Counselor, Counseling and Psychological Services, Ramapo College, NJ; Field Faculty, Goddard College, VT.

425 Voice, Body and Expression
Millie Grenough, M.A.T., Psychotherapist, Center for Psychotherapy and Personal Development, and Program Coordinator, Educational Center for the Arts, New Haven, CT.

426 Art and the Dramatized Fairy Tale: Catalysts for Group Expression
Toby Michaels, Art Therapist, In-patient and Day Treatment Psychiatric Units, Norwalk Hospital, CT; **Shel Grant,** Art Therapist, In-patient and Day Treatment Psychiatric Units, Greater Bridgeport Mental Health Center, CT.

427 The Place, Meaning & Function of Movement in Our Lives
Diana Felber, M.S., D.T.R., Senior Clinical Instructor, Masters in Creative Art Therapy, Hahnemann Medical College and Hospital, Philadelphia, PA.

428 Expressive Therapy with the Single Parent Family
Selma H. Garai, A.C.S.W., Psychotherapist, Instructor, The New School, NYC; **Josef E. Garai, Ph.D., A.T.R.,** Chairperson, Graduate Art and Dance Therapy Department, Pratt Institute, Brooklyn, NY.

429 A Model for Training Child-Care Staff Via Psychodramatic Techniques: Experiential and Didactic
George G. Biglin, A.C.S.W., Clinical Director, Gramercy Residential Treatment Center, Special Services for Children, Department of Social Services, NYC.

430 An Experiential Gestalt Workshop
Carol Fleischmann, Psychotherapist, Administrator, Center for Psychotherapy and Personal Development, New Haven, CT.

431 Uncovering and Analyzing Life Script Material–A Potent Tool in Transactional Analysis Therapy
Mary Boulton, A.C.S.W., Ph.D., Director, Gotham Institute for Transactional Analysis; Clinical Director, New York T.A. Seminar, NYC; Member, Board of Trustees, International T.A. Assoc.

432 *Keeping Your Cool–Dealing with Difficult Moments when Directing Psychodramas:* Experiential and Didactic
Nancy A. Colby, M.A., Psychodramatist, Washington Adventist Hospital; Professor, Psychology and Sociology, Benjamin Franklin University, Washington, DC.

433 Confronting Sexism and Homophobia–Working With Today's Lesbians and Gay Men
Michael Shernoff, C.S.W., Private Practice; **Arlene Trudell, C.S.W.,** Institute for Human Identity, NYC.

434 Psychodramatic Applications for the Medically and Emotionally Handicapped
Jessica S. Myers, M.A., Psychodramatist, St. Elizabeth's Hospital, Washington, DC.

435 Theater on the Inside
Majorie Melnick, Director of Prison and Ex-Offender Programs, Theater Director, Educational Consultant, NY.

436 Anxiety: Symptom, Signal, Symbol
Arthur Totman, Psychotherapist, Di Mele Center for Psychotherapy, NYC.

437 The Family System: Role Expectation and Change
Shirley Anderson Barclay, M.S.N., Columbus Institute for Psychotherapy and Training, NY.

CALL FOR PARTICIPATION
39th ANNUAL MEETING
AND TRAINING INSTITUTE
APRIL 2, 3, 4, 5, 1981
Preliminary Announcement
LOCATION
Grand Hyatt New York
Park Avenue at Grand Central
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FORMAT

Annual Meeting

4 days of presentations including action demonstration, papers, panels and informal sharing, plus evening events.

Annual Training Institute

4 days of all day and half day
Training Workshops in:

Psychodrama,
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Creative Arts Therapies:
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Gestalt,
Sex Therapy,
Treatment of Schizophrenia,
Therapy with Substance Abusers.

Our aim is to make available to the professional community, workshops of the highest caliber. You are invited to submit a program proposal in your area of expertise for consideration by the selection committee. Presentations will be scheduled for 2½ hours.

Typewritten proposal must include:

1. Title of presentation.
2. 30-40 word description of the presentation. Be specific, state format, goals and theoretical orientation.
3. Present affiliation of presentor.
4. Curriculum vitae, including presentor's credentials.
5. Name, address, telephone number and pertinent information about any and all assistants to be included on the program.

Program proposals must be received by August 1, 1980. The selection committee will not review any proposals after that date.

Send proposals immediately to:

Ellen K. Siroka, Ed. D., Program Chairperson
A. S. G. P. P.
39 East 20th Street, 8th Floor
New York, New York 10003

For further information call 212-260-3860.

Final program with complete listing of all demonstration sessions and Training Workshops will be available in January 1981.

ANNOUNCEMENTS

At the last meeting of the A. S. G. P. P. Executive Council it was decided that divisions of the Society will be formed. The divisions decided upon are:

Group Therapy
Creative Arts Therapies
Education
Industry
Research & Media Presentation
Family Therapy

If you are interested in helping to develop these divisions, please contact:

Stephen F. Wilson, ACSW
Executive Director
A. S. G. P. P.
39 East 20th Street
New York, New York 10003

Carl Hollander, President of The American Society of Group Psychotherapy and Psychodrama has appointed a Commission for the Accreditation of Training Programs. It is the task of this Commission to address the following:

1. What is a Training Program?
2. What criteria should they meet?
3. How should they be evaluated, and by whom?

Sharon Hollander, M.A. and Ann Hale, M.A. will co-chair the Commission and members include Robert Siroka, Ph.D., James Sacks, Ph.D., Sandra Garfield, Ph.D., and Don Clarkson, A.C.S.W. The Commission has sent a questionnaire to all members of A. S. G. P. P. as part of their fact-finding process. With this information, the Commission will draft a proposal. The proposal will be discussed at the Federation of Trainers and Training Programs in Psychodrama meeting in San Antonio next February, and then presented to the Executive Council of A. S. G. P. P. at their annual April meeting in New York City. The Commission welcomes comments.

THE AMERICAN BOARD OF EXAMINERS IN PSYCHODRAMA, SOCIOMETRY & GROUP PSYCHOTHERAPY

A not-for profit organization incorporated in the District of Columbia

Certification in Psychodrama
Sociometry and Group Psychotherapy

(Certification by Examination and Submission of Credentials)

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Carl E. Hollander, M.A.
James M. Sacks, Ph.D.
Robert W. Siroka, Ph.D.

Practitioner Level Certification Requirements

1. A minimum of 780 hours of training by a Board Certified Trainer, Educator and Practitioner.
2. One year of supervised experience.
3. Graduate degree in field relevant to candidates area of practice from an accredited university. Or an acceptable equivalent to the graduate degree.
4. Two TEP sponsors who will attest to the candidate's professional competency. A third reference from a professional in the candidate's area of practice.
5. Appropriate professional memberships, activities, publications.
6. Written examination.
7. Direct observation of candidate's work by a TEP delegated by the Board. (The observer will not be the candidate's primary trainer.)

Trainer Educator, Practitioner Level Certification Requirements

1. Candidate must have prior certification at practitioner level.
2. Three years of progressively responsible, supervised training and education experience in psychodrama, sociometry and group psychotherapy *after* receiving practitioner certification. *EXCEPTION:* Individuals who were *grandparented* as certified practitioners will need three years of such experience beyond that experience which was credited toward their certification as practitioners.

3. Candidate will design, implement and evaluate a training program under close TEP supervision.
4. Direct observation, by a TEP designated by the Board of Examiners, of a training session conducted by the candidate.
5. Professional community evaluation of the candidate.
6. Written examination
7. Appropriate professional memberships, activities, publications.

Application forms will be available in September 1980. If you wish an application please send your name and address to the address below.

Direct communication to: 39 East 20th Street, 9th floor New York City, N.Y. 10003
212-260-3860 (after 1:00 PM)

The American Psychotherapy Seminar Center will be holding its annual conference, "Silvano Arieti: Theory and Practice," in New York City on March 28, 1981. In addition to a patient interview, areas discussed will include "New and Revised Techniques in the Psychotherapy of Schizophrenia" and "Psychotherapy in a Cultural Climate of Pessimism." For further information contact Alfred D. Yassky, Executive Director, 789 West End Avenue, New York, N.Y. 10025.

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History of the Institute

The Institute was founded in 1936 by Jacob L. Moreno, M.D., psychiatrist, psychologist, sociologist, educator, philosopher, theologian, dramaturge, teacher and poet. He developed a system consisting of three branches, group psychotherapy, sociometry and psychodrama, which have achieved world wide recognition.

The Institute is now under the direction of Zerka Toeman Moreno, his widow and chief assistant since 1941. She has made a number of contributions to the field, both as co-author with J. L. Moreno and in her own right. She has traveled widely to bring these methods to the attention of professionals, both her and abroad.

The Theater of Psychodrama, constructed in 1936, the first of its kind, has served as a model for this type of setting.

The publishing house associated with the Institute, Beacon House, specializes in books and journals in the field, obtainable on order.

Qualification for Admission

The program is on the graduate level. All persons in the helping professions are admitted. Although the largest number of students go on to certification, many enroll to enlarge their armamentarium of intervention and to learn more about action and group methods. Certified Directors may wish to present themselves for examination by the American Board of Examiners.

Description of the Program

Students live in close proximity, in a miniature therapeutic society, incorporating the spirit of a scientific laboratory. Participants explore the structure of their own group. Sociometric and role tests are some of the measures used.

Participants are expected to become actively involved as protagonists, auxiliary egos, group members, or directors. Evaluation of performance, informal lectures, discussion periods, practicum sessions, videotapes and films, open and closed groups are all part of the learning process. Faculty members are assisted by advanced students.

Daily Schedule

Opening Session:	3:00 p.m. of the first day
Final Session:	5:30 p.m. of the last day
Morning Session:	10:00-12:30
Afternoon Session:	3:00-5:30
Evening Session:	8:00-10:30

Because of the intensity of the work, the 7-day per week training is scheduled in two and three week segments with one intervening week of intersession. Students may make arrangements to stay at the Institute during intersession or leave and return as the program resumes.

Write for the current and future training schedule.

It is requested that students plan to arrive in sufficient time to be present at the 3:00 p.m. opening, so as not to disrupt the group process.

Students unable to arrange this should so inform the office, by mail or telephone in advance.

Enrollments must be made for a minimum of three days, but students may elect either a three-day, one, two or three week periods, as their schedule permits.

Travel Information

Train: Penn Central to Beacon; car: Beacon, on Route 9D; plane: either LaGuardia or Kennedy Airports, then by Hudson Valley Airporter Limousine to Holiday Inn, Fishkill, N.Y., then by taxi to 259 Wolcott Avenue, Beacon. Limousine service has red phone at airports next to Baggage Claim.

Accommodations

The student residence is attached to the psychodrama theater. A number of private rooms are available.

Room and board is included in the fee. Students must make their own arrangements if they wish to sleep off campus, and carry the cost. Room assignments are on a first-come basis. In case of overflow, inexpensive rooms are available off campus. Meals can be taken at the residence as included in the fee.

Open Sessions

These take place every Saturday night. The public is admitted and students participate freely. This gives them a chance to try out their new skills with a variety of groups. Advanced students may direct some of these sessions under the guidance of a staff member. Special sessions for students from nearby colleges are also part of the resident program.

Extension Programs

Zerka T. Moreno and the Moreno Institute staff conduct training programs and psychodrama workshops away from Beacon. These have been held during 1979-1980 in fourteen states and nine foreign countries.

Any group or institution interested in sponsoring such programs should write to the Moreno Institute.

Credit System

For the Diploma of Certification as an accredited psychodramatist, the requirement is 112 days of training. Further requirements are the presentation of an acceptable thesis exhibiting theoretical knowledge and demonstrations of competent group leadership.

The Moreno Institute will accept up to 56 days of credit transferred from other accredited training centers in the U.S.A. or abroad.

Interim Practicum Periods

Students are expected to apply their new learning between training periods. This contributes richly to the growth of skill and experience, enables the student to evaluate himself at each level and points to strengths and weaknesses which can be corrected as learning proceeds.

Consultation and guidance by staff members are offered throughout.

Certification

Although students may enroll for a minimum of three days, the actual training is divided into four levels:

1. Auxiliary Ego—Training period of six months covering four weeks of resident training and a back home practicum.
2. Assistant Director—Training period of one year covering eight weeks of resident training and back home practicum.
3. Associate Director—Training period of eighteen months covering twelve weeks of training and a back home practicum.
4. Director—Training period of two years covering sixteen weeks in residence and a back home practicum. 96 points and a thesis. The thesis may be begun upon completion of the previous level.

Deposit: $80.00 is required as an advanced deposit, with registration blank; not refundable, but credited toward other workshops.

Tuition: Including room and meals, $60.00 per day, $70.00 during summer sessions. Rooms are on a first-come basis.

Special groups of four or more students from affiliated Institutes, when enrolling at one time, will be given 25% scholarships if endorsed by their teacher. Arrangements for these groups must be made at least six weeks in advance, due to limited accommodations.

Diplomates: Graduates work in a large variety of fields: mental health centers, community centers, day care centers, schools, family counseling, private practice, education, business and industry, government, theater, hospitals and the ministry.

BOOK REVIEW SECTION

J. STUART WHITELY and JOHN GORDON, *Group Approaches in Psychiatry. Social and Psychological Aspects of Medical Practice.*

Group Approaches in Psychiatry is a two hundred odd page gem written by a psychiatrist and a sociologist who work in suburban London, England, and whose scholarly treatises on group therapy should be a required reading for all students of group process.

The work is a part of a series entitled *Social and Psychological Aspects of Medical Practice* edited by Trevor Silverstone whose choice of authors for this valuable monograph on group therapy is impeccable. The other titles in the series, *Drug Treatment in Psychiatry* and *The Psychophysiology of Mental Illness,* will do well to maintain such high standards.

This work is not so much a "how to" as it is a "how come" book, and to quote the authors' introduction, it is a "review of the field and in some instances, a review of reviews."

In its chapters, groups are considered in terms of small, large, experiental and therapeutic community. The authors' special experience in their work at Henderson Hospital in Sutton Surrey lends an additional expertise to their field of inquiry.

The chapter on group dynamics with its lucid explanation of general systems theory, field theory and interaction process analysis is worth the price of the book alone.

The authors emphasize the historical development of the field and pay homage to all of the greats from Moreno to Yalom. The book also contains an extensive bibliography preceded by a basic "must" list of thirteen volumes of selected reading, the choice of which might stimulate debate.

Their narrative is clear and very much to the point since in a work that covers as broad an issue as group approaches, there is little room for excess verbage.

Despite the compact nature of the work, the field is well covered, and one has a sense of having borrowed an unusually well recorded set of lecture notes from the brightest student attending a comprehensive course in group therapy. The text is carefully arranged and notated in subheadings with an admirable index.

In summary, this valuable addition to the literature fills a decided informational need for all professionals who are involved in the study or practice of group therapy of whatever persuasion. It is accurate and highly instructive, and the authors are to be congratulated on the excellence of their work. *Group Approaches in Psychiatry* by J. Stuart Whitely and John Gordon is part of the medical series, *Social and Psychological Aspects of Medical Practice,* and is published by Routledge & Kegan Paul of 9 Park Street, Boston, Massachusetts 02108. The published price is $16.50.

Neville Murray, M.D.

Also of interest are the following Moreno classics:

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7. Sociometric Control Studies of Grouping and Regrouping
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17. The Research Center for Group Dynamics
18. Interaction Patterns in Changing Neighborhoods: New York & Pittsburgh
21. The Three Branches of Sociometry
23. History of the Sociometric Movement in Headlines
25. The Accuracy of Teachers' Judgements Concerning the Sociometric Status of Sixth Grade Pupils
26. Analysis of Three Levels of Response
27. Group Characteristics as Revealed in Sociometric Patterns and Personality Ratings
28. The Sociometric Stability of Personal Relations Among Retarded Children
30. Sociometric Choice and Organizational Effectiveness
31. Task and Accumulation of Experience as Factors in the Interaction of Small Groups
32. Sociometric Studies of Combat Crews (Air) in Survival Training
35. Group Training vs. Group Therapy
37. The Methodology of Preferential Sociometry
38. The Sociometry of Subhuman Groups
39. Definitions of Sociometry
41. Glimpses from the World of the School Child
42. Socioeconomic Sociometry and Socioeconometry; Moreno's Sociodynamic Effect Revisisted

PSYCHODRAMA AND GROUP PSYCHOTHERAPY MONOGRAPHS

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9. Reality Practice in Education
11. Psychodrama and Therapeutic Motion Pictures
13. A Case of Paranoia Treated through Psychodrama
14. Psychodrama as Expressive and Projected Technique
21. The Future of Man's World
24. Open Letter to Group Psychotherapists
26. Psychodrama in the Counseling of Industrial Personnel
29. The Bibliography of Group Psychotherapy
33. The Group Psychotherapy Movement and J. L. Moreno, Its Pioneer and Founder
34. The Discovery of the Spontaneous Man
35. Group Psychotherapy and the Function of the Unconscious
36. Twenty Years of Psychodrama at St. Elizabeths Hospital
37. Psychiatric Encounter in Soviet Russia
38. An Objective Analysis of the Group Psychotherapy Movement
42. Psychodrama of Sigmund Freud
45. Origins of Encounter and Encounter Groups
48. Goethe and Psychodrama

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