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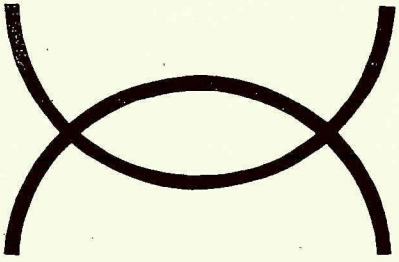

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AND PSYCHODRAMA

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CALENDAR OF INTERNATIONAL CONVENTIONS

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Zürich, Switzerland :: August 19-25, 1973

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GROUP PSYCHOTHERAPY AND PSYCHODRAMA

Volume XXV 1972 No. 3

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FOUNDED BY J. L. MORENO, 1947

RATIONALE AND GUIDELINES FOR THE COMBINED USE OF PSYCHODRAMA AND VIDEOTAPE SELF-CONFRONTATION

CARL HOLLANDER AND CHARLES MOORE

Denver, Colorado

Two therapeutic methods, Psychodrama and Videotape Self-Confrontation (VSC) have analogous origins, similar goals, and can be effectively combined to accomplish psychotherapeutic goals. This paper presents an introductory attempt to provide both a rationale and some guidelines for the combined use of these techniques.

Several parallels can be drawn between psychodrama and VSC which help illustrate the compatibility between the two methods. Both VSC and psychodrama use the tools of the entertainment and communication media to accomplish their therapeutic goals. Psychodrama employs the equipment of the theatre—actors, roles, situations, and audience—in a very different way and for a different purpose than the theatre. While theatrical actors portray roles of persons or things other than themselves, the psychodrama actor (protagonist), with the assistance of additional actors (auxiliary egos), portrays himself. This means, while the theatre actor performs according to script, a concretized imitation of life, the protagonist performs according to the spontaneous flowing of his own life—past, present, and future—into the here and now enactment. Rather than portraying life in an imitative fashion, he actually experiences life as the session progresses. The psychodrama audience experience is also quite different from the theatre. The traditional theatre audience seeks to experience momentary escape from some of its discomforts by passively consuming the theatre's product. Momentary relief is attained by attending to the play and simultaneously forgetting the self, a state described by Moreno as "narcosis of the masses." Psychodrama, however, encourages the audience to identify and be aware of their identifications, to gain a heightened awareness of self, and to become active participants in therapeutic change. Therefore, while the theatre attempts to make the status quo more bearable by insulating the audience for a few moments, psychodrama facilitates therapeutic change from the status quo by bringing its audience, as well as the actors, to a face to face confrontation with their own real life circumstances.

VSC also derives its equipment from a section of the entertainment and communication media. Like the theatre, commercial television has primarily operated on a basis of imitating life, using actors who "portray" and audiences

who passively receive. "Narcosis of the masses" was never more appropriate. No "narcotic" has reached so many people as television; since the television monitor can be highly portable, always present, and operated by remote control sensors that require little more initiative than the movement of a finger, one never needs to be without his "fix." Instant loss of self can be achieved by adopting a non-waivering stare at the life-imitating patterns which emerge from the screen. Understanding why television has become derogatorily known as the "boob tube" requires very little imagination from anyone who has experienced the banalities of commercial television's offerings. Beyond the nature of the equipment, the similarity between VSC and commercial television ends just as abruptly as psychodrama's similarity to theatre ended. For the most part, commercial television requires that actors play the part of the character prescribed in a rigid script. The best use of VSC requires that the actor be himself, spontaneously and without script. While commercial television broadcasts to the masses (macromedia), VSC is concerned with broadcasting to the individual (micromedia). Unlike commercial television which provides its audience with minutes, even hours, of escape, the VSC audience is encouraged to actively encounter, confront, and change by being more aware of the reality of their lives.

There are many other parallels between psychodrama and VSC. In psychodrama all actions occur in the here and now, the present tense. History and the future are both alive in the present. Self-confrontations take a similar form. During the replay of recorded episodes, the past happens in the here and now. As often as the tape is rewound and replayed, past actions recur, words are respoken, and the scene lives again.

Both psychodrama and VSC require spontaneity from participants. Psychodrama actors must warm up to the scene and spontaneously flow along with the action that emerges moment by moment from their own being. The audience must also be free to spontaneously react to the enactment, share in the production, and share its own reactions and identifications with the protagonist. The videotaped situation most useful for VSC is the one in which the subject, as himself, spontaneously interacts with other persons who are also themselves. These persons are interacting according to the requirements of the situation and the dictates of their moods, states, intentions, habitual actions, etc. The situation may be an *in vivo* segment of family life, a group therapy session, or a psychodrama enactment. Indeed, any situation in which one spontaneously acts as himself towards other persons is ideal for therapeutic self-confrontation. The subject is also urged to manifest spontaneity and flexibility in his self-viewing. By closely identifying with his replayed behavior, he may re-experience the prior behavior and recapture fleeting thoughts and feelings which had escaped his awareness. The self-confronter also must be able to spontaneously distance himself from the ongoing action and be more objective about his performance. In doing so he will learn to take the role of the other toward himself and come to understand objectively which of his behaviors elicited which reactions and why.

Democracy is of the essence in both psychodrama and VSC. The proper psychodrama must be focussed on a topic and protagonist which emerge by the democratic choice of both the audience and the volunteer protagonist (Fink, 1963). The director should both facilitate the spontaneous unfolding of the protagonist and constantly be aware of the desires and interests of the audience. The psychodrama will tend to break down from resistance and hostility if the director attempts to force either the protagonist or the audience to move in directions contrary to their interests and desires. Videotape feedback contributes more democracy to the therapeutic situation than possibly any other procedure (Pollack, 1969). Therapeutic procedures have now spanned the gap from the medical model, the doctor assuming full responsibility for magically diagnosing, treating, and curing his patient, to the self-confrontation model. In the latter model the patient has access to the same information as the therapist. By viewing a videotape of the therapy session, the patient becomes not only co-historian, but co-diagnostician and co-therapist. To the degree that the therapist is also depicted on the replay, even his behaviors are no longer sacred but just as available for scrutiny as the patient's.

The analogy between psychodrama and videotape self-confrontation is clear. Both emerged out of entertainment media which provide imitations of life to the end of removing the members of the audience briefly from their own real lives. Both VSC and psychodrama mitigate against this by encouraging the audience to heighten awareness of its own here and now. Both psychodrama and VSC are not escapes from life but reaffirmations of the realness of life, of the immediacy of I and Me in the Here and Now.

Before elaborating on the compatibility of the two therapeutic techniques and suggesting methods for their combined use, VSC, *per se*, should be discussed in greater detail. In contrast to two-person confrontation (where one person is the helper and the other is the helped) self-confrontation requires that the helper be willing to be helped by himself. Expressed slightly differently, the performer is his own audience, and the patient is his own therapist.

Optimally, the subject is recorded while being himself in a particular situation. After the few seconds required for rewinding the tape, the self-observer watches the direct reproduction of his prior behavior on the video monitor. This feedback is not distorted by the biases, inaccurate memory, or prejudices of the source of feedback, as tends to be the case with social feedback, but is reproduced exactly as it was observed to occur from the camera's vantage point. Self-confrontation by videotape feedback is the purest, most complete, and most immediate source of behavioral feedback that can now be provided.

Why is this form of feedback considered especially useful, even therapeutic? People primarily learn about themselves from other people by so-called "social feedback." The accuracy and adequacy of that type of feedback is limited by the source's inaccurate memory, inattention, biases and prejudices. If person X performs 1 . . . n behaviors toward person Y and Y responds by telling X that

he is afraid of him, X may have great difficulty knowing which of the 1 . . . n behaviors elicited the fear reaction. Furthermore, X must recognize that anything Y says about him is made up of some unknown portion of Y's own characteristics as well as X's characteristics. Thus, Y's fear reaction may be to a large degree independent of X's actual behavior. Self-knowledge can also be gained through internally-mediated self-confrontation. That is, the person may attempt to monitor his behavior as it is in progress or may scan his own memory of his actions. This self-consciousness alters the behavior as it is being enacted. The ongoing behavior can not be independent of the ongoing self-observation. Videotape feedback, however, allows the performer to psychologically withdraw an objective distance from his performance and observe it from the vantage point of a spectator who has no control over the performance. He can self-consciously view his recorded behavior without compromising the integrity of that performance. The action taking place on the television monitor is his, but it is in a sense not him because it is taking place independently of his present volition. He can now be more objective about the performance because this is the one situation in which he has access to the very same behavioral data that others use to perceive him. He can reverse roles and watch his performance as though it were the performance of a familiar stranger. To be able to reverse roles, to take the role of the other person towards our spontaneous behavior, is important because it helps us understand how the other person responds toward us as he does. This is the first principle of self-confrontation.

What does the self-confronter see? The second basic principle recognizes that many behaviors are not consciously available to the actor at the time of execution. Furthermore, unconscious or habitual behavior is not available to conscious modification. While individuals have had extensive practice in monitoring their own spoken words, most people are less accustomed to monitoring their own non-verbal body movements and sub-verbal vocal gestures, such as pitch and rate of speech. Consequently these non-verbal indicators of mood, state, and intention have become valuable signs for the spectator. The actor's incomplete non-verbal monitoring leaves him in the position of, in one sense, having less information about his own behavior than the spectator has. He will be unaware of those behaviors which are extensions of unconscious intentions; he will be unaware of those behaviors which occur as automatic, semi-independent habits. Because of incomplete monitoring, the message he intends to communicate may be spoiled by an accidental gesture which gives off a discrepant message, possibly a message that was supposed to remain unexpressed. His intentions have been betrayed by behavior which he was unable to monitor. Videotape feedback can even the score between audience and actor by exposing the actor to precisely the same data that is available to his audience. He can now see and hear the previously unmonitored behaviors which contributed to his receiving an unexpected reaction from his audience. Perhaps the pained look on his face betrayed the sorrow that a cheerful verbal message was supposed to

conceal; perhaps the clenched fist betrayed his anger though his words were of love and forgiveness; or maybe the high-pitched, waivering quality of his voice betrayed his fear though his words were of courage and daring. If he so desires, the self-confronter can use the awareness gained from this experience to change and become more as he would like to be, to act more as he wants to act.

Of course, much more can be said about self-confrontation. However, for the purposes of this paper, the discussion will return to the compatibility of psychodrama and videotape self-confrontation and suggestions for combined use of these techniques. Readers who are interested in further information about self-confrontation may refer to the suggested list of readings.

The democratic aspects common to both psychodrama and VSC have already been mentioned. The protagonist and theme democratically emerge from the audience, give expression to the audience's concerns, and then re-enter the audience. However, by virtue of his role on stage, the protagonist can never be an audience to his own actions in the same sense that the group from which he emerged is an audience. The protagonist does not have free choice to simultaneously act and be audience to his actions. Therefore the nature of his therapeutic learning is limited to his catharsis and to his abilities to assimilate input from the director and auxiliary egos, to be aware of his shifting attitudes and behaviors, and to recall fleeting thoughts as well as to recall the psychodrama as a whole. The heightened emotional involvement of psychodrama necessarily limits the protagonist's ability to consider all of this data during the integration phase of his psychodrama. However, post-session viewing on the videotape extends the natural democratic function of the psychodrama by enabling the protagonist to partake of the audience role and thereby augment his own integrative abilities. He will now be able to recall thoughts and feelings which had been lost, to understand better why he reacted as he did, etc.

With reference to psychodrama, who should be the subject of a self-confrontation procedure? Because VSC intends that a person come face-to-face with himself, it is best that the subject be portraying himself. This is regularly true in the psychodrama for the protagonist and the audience. The auxiliary egos less often play themselves unless they are personally included in the protagonist's conflict. Though self-confrontation is not impossible for auxiliaries, (and indeed could be fruitful in certain instances), the role-portrayal tape would contain less direct, personally relevant information than if he were playing himself. The more a person, such as an auxiliary ego, is justifiably playing a role other than himself, the less likely that, during feedback, he will come face-to-face with vital truths about himself and accomplish a self-confrontation.

Simultaneous VSC can be used to effectively warm group members up to their personal concerns. With this technique the member sits facing video monitor which is simultaneously feeding back his picture (no sound). He is instructed to carry on a verbal monologue such as, "what do you think of the person on the screen," "what are the most immediate concerns of the person on

the screen," or "what does the person on the screen feel at this moment?"

We would not suggest that any smoothly functioning psychodrama enactment be interrupted for videotape feedback. The authors presently feel that the introduction of such mechanical procedures may harm the organic movement of the psychodrama by requiring that the protagonist step outside his spontaneous experience and critically look at the replay. Thus the continuity of the enactment session could be damaged. However, if the psychodrama is breaking down either because of resistance or hostility from either protagonist or audience or because of inept direction, the director may want to call the psychodrama and investigate with the audience and the protagonist the reason for the failure of that session to move properly. If an incomplete or faulty warm-up is apparently the basis for the resistance, replay of the warm-up tape can possibly help concretize the errors or inadequacies in the warm-up. Maybe the director was pushing the group in his predetermined direction, the group was not really satisfied with the choice of protagonists, or the protagonist had switched the theme of the psychodrama.

One situation in which immediate feedback might be appropriate and not disruptive to the drama's flow is analogous to "mirroring." At times the protagonist may be pulled from the action so he can watch an auxiliary go through his motions. Thus the protagonist can see his own behavior through the auxiliary. The new perspective might as well be achieved by having the protagonist review the instant videotape replay of his actions during the preceding minute or so of the drama. As such, instant replay would have an integral function in the ongoing flow of the drama.

During the integration phase of the psychodrama, videotape feedback can be used to help stimulate audience self-disclosure. If the cameraman is attentive to the audience during the enactment, he can video record and note instances where audience members are having noticeably involved or detached reactions. Then, either at the beginning of the integration phase or when a lull has been reached in the audience's spontaneous offerings, pictures of individual group member's earlier reactions, accompanied by the background sound of the simultaneously ongoing psychodrama enactment, could be shown to stimulate new audience self-confrontation and self-disclosure. Here the audience, not the protagonist, is the VSC focus.

For the protagonist, the primary purposes of VSC are consolidating the changes in the protagonist's attitudes and perceptions that occurred during the enactment and helping him become aware of various aspects of his performance and feelings which had been previously unnoticed. Feedback is given for the purpose of furthering the integrative process. Clinical observations from other types of psychotherapy have indicated that such feedback might best be presented between several hours and a couple of days after the actual psychodrama enactment. The protagonist needs time to come down, to disengage from the intense emotions of enactment so he can develop a more removed, objective stance

towards his own behavior. This objectivity seems to be necessary for the subject to develop new awareness about his prior performance rather than merely relive it.

Upon offering post-session feedback, it is a good idea to immediately ask the subject what portion of the psychodrama he would like to review and then replay that segment. His preferences may offer valuable clues about the location of unfinished business which will require more effort, even a second or third psychodrama to resolve.

VSC is useful for "making points," for helping the subject to see the personal and interpersonal consequences of various aspects of his behavior. The director or some other therapist should review portions of the enactment tape with the protagonist in a directed or focussed manner. A scene of intense action and input may be replayed to give the protagonist a second chance at assimilating the input. A scene in which the protagonist smiles while relating a tragic event may be replayed to illustrate the mixed messages that he sometimes transmits. Audio and video channels may be played separately to contrast divergent messages. Remember, the therapist is providing the raw data for the subject to consider. He should not use this data to "convince" the subject of his point of view. Self-confrontive feedback is most effective when the subject can offer his own spontaneous observations and label what he sees for himself. If spontaneous observations are beyond the present capability of the subject, the therapist may offer suggestions but should not dogmatically try to convince the subject of the truth of his observations. In addition, be flexible. At times during the replayed enactment, the therapist may note that the protagonist seems to have a fleeting unexpressed thought or feeling. Have him try to recall it. It may provide an important clue to what did or did not happen next. At times it may be more important to have the subject view his performance as if it were the behavior of a familiar stranger. How would he, as a third party, react to those kinds of behaviors?

The director should initially provide only enough feedback to illustrate a few key points. The ability to take in and assimilate information is limited. When subjects view a sequence of more than ten to fifteen minutes of consecutive tape, they tend to slip into the passive, non-analytical viewing pattern that characterizes the consumption of commercial television. Learning is primarily an active process so the subject must be encouraged to remain actively involved throughout viewing. This does not mean that the subject should not be allowed to view the entire enactment. The main self-confrontation feedback session should provide only limited exposure. Following that focussed exposure, the subject can be allowed to view the entire psychodrama if he so desires.

The entire psychodrama enactment undoubtedly will contain material that can produce meaningful self-confrontations for the subject. Naturally the specific segments of the drama that are used for self-confrontive feedback will depend on the individual drama. The Hollander Psychodrama Curve provides

some rough guidelines for the use of self-confrontation. During stage one of the enactment, as the protagonist shows how "his life really is," the director learns which biases and assumptions are rationally and emotionally maintained by the protagonist. The review of selected segments of this stage can be used to reinforce the rationality of some assumptions and increase the subject's awareness of the irrationality of certain other assumptions. Stage two, the psychodrama enactment, contains the emotional peak of the drama. Before this peak the protagonist is assisted in exploring and exposing the realities of his life which have created pain and immobility. After the peak the protagonist is assisted in building toward emotional integration and rational closure. During the moments surrounding the emotional peak the protagonist is likely to be so involved that he is incapable both of assimilating much of the input and of making full use of these events in later integration. Re-exposure to these events and the totality of his behavior while in a less aroused emotional state, may enable the subject to grasp important nuances of his performance, thoughts, and feelings that had previously been camouflaged by the rush of emotion. The final phase of psychodrama, audience integration, requires surplus reality and a purposeful, positive ending is included. The protagonist is encouraged to evolve new creativity for his life and productive closures which give rise to the expression of his creative potential. There are opportunities for retraining and exploring new behavior during this phase. Replay of specific segments of this stage can further reinforce the individual's tendency toward spontaneous and creative expression.

A brief paper such as this one necessarily leaves much unsaid. Much more can be and needs to be specified, both in theory and practice, about the combined use of psychodrama and videotape feedback self-confrontation. The purpose of this paper has been to provide an initial rationale and a few guidelines for the use of that combination. Such a purpose provides neither for the complete exploration of the possibilities of psychodrama nor of videotape feedback. The interested reader is therefore provided with the following list of suggested readings.

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DEATH AND PSYCHODRAMA

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Psychodrama methods serve to increase man's ability to live his life in a richer and more intensive way. They are intended to enhance spontaneity and the possibilities thus entailed, as well as exploit each human encounter towards the growth of the self. Many experiences and examples describe in literature the degree to which the psychodramatic methods are helpful in reaching these goals. A wide range of cases have shown how psychodrama has contributed to free men from their past dramatic experiences and helped them to live the present in a new, fresh way. Family problems have been solved by reinforcing man's ability to accept himself and his environment in more realistic terms. There are cases where psychodrama has helped children and their parents to develop their selves, even when those children suffered from certain handicaps which made normal development impossible (Corsini 1966; Moreno 1966).

In the light of this rich experience, it seems strange that psychodramatic methods should be so rarely applied to reinforce man's ability to face death (Siroka and Schloss 1968; Moreno 1947). One may ask whether the fact that the topic of death is generally taboo in our society also influences the psychodramatists themselves. Psychodrama which is often found useful by men facing diverse existential problems, should help them with such a basic problem as death —a problem common to all human beings both with regard to themselves and situations arising when one finally has to part with one's beloved. As against the existing taboo, we observe that a new interest in man's reaction to death and to its effect on his life is developing in theory and research (Feifel 1959, 1963; Fulton 1965). A number of studies on attitudes towards death suggest that frank and open discussion of the subject by both doctor and patient is therapeutically desirable (Feifel 1959, 1963; Aldrich 1963; Weismen & Hackett 1961; Glaser and Strauss 1968). Other studies have examined different forms of grief following bereavement (Lindemann 1944; Parkes 1964), children's ideas about death (Nagy 1948, 1959), the role of anxieties about death in the psychopathological development of the child (Dunton 1970; Furman 1970) and reactions to the death of a group member (Wylie, Lazaroff, Lowy 1964).

The purpose of this paper is to describe a group method which we have developed in order to help the individual and the group to cope with the theme of death.

Since the Israeli Six Day War (June, 1967), death has risen spontaneously as a topic of discussion in our various encounter, training and psychotherapy

groups. The same problem, namely the painful search for help in bearing the tension and frustration created by living in a state of war, was raised over a broad scope of individual expressions and reactions.

Death has come closer. It has turned into a tangible and immediate experience for everyone. It is focused on a new perspective where the individual can visualize it as a more concrete possibility. The situation is aggravated by the fact that many group members have lived through the Holocaust. Single survivors of large families, they were saved only by their coming to Israel. The state of war and the renewed danger of annihilation brought to the foreground traumatic experiences.

When group members first approached the topic during our meetings, I was embarrassed and afraid of what might happen. I was afraid of my own reaction to the topic and of the responsibility involved in dealing with it. But as our experience widened I developed a method based on four principles:

1. Every emotional expression (e.g. tears, laughter, scorn, cynicism) is admitted, and its full development encouraged.
2. Encouragement of mutual aid in order to teach the group how to accept the most subjective expressions by abolishing the criteria of conformist emotional restraints.
3. Any resistance arising within the group is fully accepted. The guiding principle for the psychodramatist is that of emotional balance, which is determined by the group according to the level of anxieties which it can bear.
4. The group leader takes an active part in the discussions and enactments. He gives full expression to his feelings, anxieties and resistance.

These principles are then demonstrated by means of concrete cases which underline the contribution of the dramatic technique in two fields: educational and therapeutic.

The Educational Field

Nowhere in human existence does man remain so isolated and unprepared as when facing the power of the many emotions and experiences which death arouses. In our groups people often bring up these situations, either spontaneously or by association. Thus, for instance, in one of the meetings Yael opened the discussion by speaking about certain teachers who were not ready to answer questions on death. Shula told us about a child who had died of cancer in an institution for disturbed children. The children exploited this fact. They began to act in an annoying manner and even rioted. In doing so they gave expression to their increased fear, because they had felt the tension and the embarrassment of the adults.

Yamar reported to us about a friend of hers who had given birth to a stillborn child. Since she and her husband had already spoken to their other children about the expected baby, they now told them that "the baby had disappeared."

Ofra stated that this solution exasperated her but on the other hand she did not know how she would have acted had she been in their place. Rita told us about a friend who had been killed. When the friends of the dead man met to speak about him they were unable to do so. They acted strangely, began to tell jokes and finally separated in despair.

The very fact that these moments are mentioned in an open group discussion has its own value. People get an opportunity to express their confusion, to scrutinize their attitudes and bring them into consciousness. Furthermore, the psychodramatic method can have a more powerful impact. But when the group leader suggested to enact these situations in psychodrama she came up against strong resistance. It is much easier to talk about these things than to embody them. How can we explain this?

When these topics were brought up by the group, generally in an associative chain and when I felt that the atmosphere had become warm enough, I suggested the psychodrama. With any topic other than death such a warming up is sufficient. When the topic is death, things are different; then people often refuse to take any of the various roles or else they fall into deep silence. I proceeded to ask the group members to express their feelings. In such verbalization of feelings may lay the answer to the question raised above. A psychodrama such as this often arouses the fear of the evil eye, of contagion or the belief that people may bring death upon themselves. It is a magic fear. "If I play the role of a widow, I will bring about a similar disaster upon myself," said one of the participants.

All these irrational fears of death are more strongly aroused and expressed in action than in discussion. And yet the will to act is increased by the search for support.

Here then is such an enactment.

A kindergarten teacher cannot make up her mind how to deal with a four year old girl (Tamar) whose mother has died. Her father told her: "Mother has gone far away in a 'plane'." The details of the situation are made clear and everyone takes on his role.

Tamar, the orphan absorbed in herself, wears a sad expression on her face and turns her back. Dalia is drawing, Rina is playing with a box of bricks, Michael has folded his legs and looks angry. The children are whispering. The kindergarten teacher tries to induce the orphan to play with the others. When she fails, she sits down and plays a game with matches with the orphan.

Tamar (suddenly upsetting the game): "My mother did not play this way."

The kindergarten teacher is embarrassed and speechless.

Dalia: "Tamar, come and play with me, let's run away."

Michael (speaking to the kindergarten teacher): "Leave her alone, her mother is dead."

Tamar: "That's not true, my mother is not dead. My mother has gone far away in a 'plane'."

The kindergarten teacher does not react and tries again to play with the child. She disregards all remarks, both those by Tamar and by the other children. She exclusively caters to the orphan girl and thus provokes anger and aggression from the other children.

Michael and Dalia (shouting): "Your mother's dead alright."

The kindergarten teacher is helpless and does not react.

Dalia (speaking to the kindergarten teacher): "Tell us, has her mother died or not?"

The kindergarten teacher whispers something and then tries to build a grave with matches.

The kindergarten teacher has become so embarrassed that she asks to be relieved of her role. In the ensuing discussion she remarks: "I thought it would be different. I found myself in much stronger conflict than I had expected. I was confused and neither wanted to be drawn in by the girl's fantasies nor face reality. I found that death not only frightened the children but myself as well." The "children" accused the kindergarten teacher of not providing them with an answer. The fact that she had catered to only one child without taking heed of the others had angered them and they consequently wanted to hurt the girl.

Arieh: "I felt her sadness and it frightened me."

Later on during this discussion it became obvious that on the one hand there had been exaggerated concern for the girl, which had expressed itself in catering to her, while on the other there had been no ability to relate to her sadness. The child's sadness had been quite evident, but the kindergarten teacher had not reacted to it. There had been a desire on her part to help the child, but it was undermined by her own apprehensions. Her very helplessness expressed itself in an increased concern for the child.

The psychodrama made the participants more conscious of their confusion and their reactions to the death topic. They had become less ashamed to face it within the group. The other group members began to speak of similar cases.

This first psychodrama served as a step to a second enactment, in which the talk with Tamar was more open and genuine. Other concrete cases followed; these were enacted with relative ease.

The Therapeutic Field

We shall refer here to cases where the relation to death is connected with more or less harmful mental disturbances which, to a given degree, take hold of the individual. In literature we find many cases of such disturbances where psychotherapy has been helpful either in diminishing or suppressing their impact. The general approach locates the origin of the fear of death in other anxieties (e.g., fear of castration). In working out these problems psychotherapy also frees the individual from his fear of death. Psychodramatic methods have not been mentioned as part of the treatment.

In the following we describe the case of a 45-year-old woman who came from Germany to Israel in 1939, leaving behind her mother and brother. Since she herself was safe the loss of her family had a very detrimental effect on her. A personal analysis helped her to overcome her depressive reaction. She rebuilt her life in a late and happy marriage, gave birth to three sons and worked successfully in her profession.

But inwardly she could not reconcile herself to the idea that her brother was no longer alive. While she had found the graves of her parents, she had never found that of her brother. He was presumed to have died at Auschwitz. On the rational level she clung to the idea that she had never been informed of his death. Yet she knew that he could not possibly be alive. Her fantasy made her believe in his possible return because "there were many stories of miracles of this kind." She told us later that for twenty years she had kept these fantasies to herself without mentioning them to anyone.

The psychodrama which we are about to describe took place during three days of intensive group work. Our protagonist had previously already participated in meetings of a re-education group for teachers (Abraham 1972) for more than twelve months. On the last evening of the three-day session I introduced the magic shop and explained the rules.

Yaakov asked for an imaginary motorcycle on which he would be able to fly wherever he liked. Esther asked for a miracle drug to bring back her sister who had been killed during the Israeli War of Independence; Clara got up and asked for her brother to be alive.

Clara: "I wish my brother to be alive."

Psychodramatist: "What age would you like him to be?"

Clara: "The age he would be today."

Psychodramatist: "What do you think he is like?"

Clara: "Tall, with black hair. . . . I can even see the girl he has chosen as his wife."

Psychodramatist: "Where is he now? What is he doing?"

(Clara described him as a happy adult, who has married and had two children. She looked happy.)

Psychodramatist: "Now, what is the price you are ready to pay? What do you want to pay?"

(Clara was taken aback.)

Psychodramatist: "Come on, lay some flowers on his grave, this is the price."

(Clara stood shocked and confused, her eyes had a wandering look): "I can't. I don't know where his grave is."

Psychodramatist: "Look for it. Everything is possible here. This is a magic shop and you may ask for anything you like."

(The psychodramatist and Clara are moving about the room looking for the grave. Suddenly Clara stops moving and the two of them are standing close to the grave.)

Psychodramatist: "What flowers would you like to lay on his grave?"

Clara: "Aaron's rod."

Psychodramatist: "Here are the flowers—we will put them on his grave together." (They bend down and lay the flowers on the grave.)

Clara leaves the grave and returns to her seat. There is silence in the room. The group members look excited and shocked.

In a group discussion two weeks later, Clara excitedly told us that she "had done with the problem"; "I have detached myself completely and I know that my brother is dead. That was the first time in twenty years that I had even talked about him." It was not a temporary relief. A year later, during the follow up, Clara spoke about the experience she had gone through: "After the psychodrama I could talk about my brother and on Remembrance Day I put up his photograph and lit a candle. For the first time I talked about him to the children and told them what his life had been like. I never thought that I would ever be able to do so. During the enactment I was terribly upset. I felt that she (the leader) was with me. She drove me on. Everybody was with me. I felt that I had to detach myself once and for all. Detachment was the only real possibility, emotional detachment not rational detachment. The parting with one's parents comes naturally, but there is something illogical in parting with so young a brother. It has generally become easier for me to detach myself. At one time I hated all Germans. I saw every German as the potential murderer of my brother, an attitude which in itself was not logical. Even in this respect I have softened a little today."

We will try to explain the change which took place in Clara because nothing in the process is reminiscent of the methods usually applied in order to help the individual to bring his mourning to an end.

Sadness and hurt had not been expressed; there had been no relieving tears which are seen as a necessary part in the process of mourning, no thoughts about the scenes of the life lived with the one who had gone were worked out consciously. We suppose that Clara suffered from a strong complex of guilt based on her incestuous ties to her brother which was reinforced by the fact that he had remained in Germany while she was safe. If this complex had made it impossible for her to part with her brother, it was never expressed. It was for this reason that none of the usual methods which are helpful in ending the process of mourning went into the process of change. What then caused her dramatic liberation?

We believe that the first decisive factor which enabled Clara to free herself was connected with the price determined by the psychodramatist. This was the moment of the deepest and at the same time the most dangerous, emotional reaction on Clara's part. With this price Clara was challenged to admit to herself and to the others the actual fact that her beloved object had been lost.

When she was asked to recognize the place of the grave her realistic feeling

was reinforced: she felt that her brother was not alive, but that he was dead and buried.

In the second place, the revelation which brought her nearer to reality involved both verbal and motor active participation. Her walking up to the grave gave her a clear sensory and intellectual perception that her brother was actually there, beside her. It is this basic and universal feeling which underlies the wish to adorn graves that had remained unattainable for Clara for years, which was now fulfilled.

These two conditions were established when Clara was ready for their heavy impact on her emotions by the previous warming up. She warmed up during the earlier discussions when she told us that she could see her brother in her eldest son and that she acted towards him accordingly. These discussions helped her in separating the image of her brother from her son. The warming up went further during the very discussion in which the subject of death was evoked by the other group members. The group itself was tolerant and encouraging. If anxieties within the group had been stronger no change could possibly have occurred. Clara developed a deep "we-feeling" and felt that the group was backing her up very strongly and empathetically.

No doubt the attitude and the feelings of the psychodramatist were decisive too. One should note her active participation in the question of the price as well as in Clara's search for the grave. Neither a mere acceptance of feelings nor a direction of the play from the outside would have been enough; she had to go through the stages together with the protagonist. This active participation of the psychodramatist, her walking about the room with Clara looking for the grave, were undertaken without anxiety but with a deep feeling of empathy and personal involvement.

In our opinion, this proceses of liberation would not have been possible without the psychodrama. Neither her analysis nor her daily life had offered Clara a similar opportunity during twenty years of endless mourning. The play offered the basic conditions of change through the warm and permissive atmosphere of the group, the active personal participation of the psychodramatist together with the vivid sensory, verbal and symbolic experience of the protagonist.

One must differentiate between the applications of psychodramatic methods in two different situations: the first category covers cases where a problematic attitude towards death is accompanied by symptoms of personality disturbances; the second category consists of cases where a normal personality has determined a certain attitude towards death in the general framework of its integrative endeavors. In the first category we find a higher degree of readiness to overcome the resistance aroused by the topic of death because of the suffering it causes the people involved, while in the second category people need a full and repeated expression of their resistances in order to overcome them. In the process of working out different attitudes towards death the acceptance of resistances has

to become an integral part—otherwise it might lead to disintegration of the personality.

Much more than with any other emotional subject one finds that the treatment of the subject of death is characterized by a cyclic repetition; the mentioning of the subject, a direct emotional expression and the working out of its implications and the resistances to them. The anxiety aroused by the play finds its expression in different ways. After particularly exciting and meaningful plays on the subject of death, people tend to say they are bored. Sometimes there are fits of laughter, while sometimes, as a result of the anxiety aroused by the play, group members fail to appear at the next meeting. At times group members ask that the overwhelming play be interrupted. In one of the groups the members expressed their fears through various fantasies; in another group, some of the members suggested "easy" themes as a compensation, such as a lovers' meeting in a cafe, as if they wanted to find in love an escape from the unbearable feeling of their own inescapable death.

Toynbee (1969) claims that the breakdown of our belief in the resurrection of souls during the last centuries has increased the difficulties which for man are involved in "facing the fact of death frankly and robustly." To close one's eyes to the problem, to minimize the problem and to think in terms of magic encourages everyone to keep a deadly silence in the face of death. We are convinced that psychodramatic methods can be helpful in finding ways to release the energy which is invested by the individual and the group in these mechanisms of defense.

Permanent nearness of death, its imminence, can strengthen in the individual the feeling of solitude and vulnerability and lead him to withdraw into himself. It may also raise frustration and aggression toward others. The opportunity to express these various feelings in a group may give birth again to the sense of human solidarity. Life itself is revitalized.

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WARM-UP TECHNIQUES IN A MARRIED COUPLES GROUP *

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The warm-up technique has been defined as "the process of getting an individual or group to loosen up and become ready to actively participate in the session" (Corsini, 1966, p. 202). Being a concept developed by Moreno (1958), it has been considered an essentially psychodramatic technique, which "usually begins the psychodramatic session, especially if the group has not already been 'warmed up' by previous rewarding interaction" (Sturm, 1965, p. 52). However, this technique can also be most profitably utilized to mobilize the therapeutic process in other types of group therapy.

The techniques most commonly used in the warm-up process can be categorized as verbal or behavioral. The verbal approach is probably the most commonly used, ranging from random conversation in recently established groups to the spontaneous filling in with members' previous day's fears and fantasies and dreams in well-established groups. Behavioral warm-ups involve such standard procedures as silence, observation, holding hands and the more innovative techniques used by encounter group leaders. Written warm-ups can be likened to "homework," while listening to previously-taped sessions can also serve to tie sessions together.

The purpose of these various warm-up techniques is manifold; Sturm (1965) states that these techniques should lead to spontaneous behavior in which positive and negative feelings can be expressed without fear of punishment. Others feel that the warm-up period elicits the specific problems and/or the protagonist for the day's psychodrama. Most often warm-ups do facilitate empathy, cohesion and ventilation in any group setting and it is mainly for these purposes that the writers have utilized various warm-up techniques in a married couples group.

The setting for our group is a Veteran's Administration Hospital for male psychiatric patients on Long Island, New York. When the group was begun seven years ago, it was composed of in-patients, mainly fairly chronic schizophrenics, who met weekly without their wives, as well as bi-weekly with their wives. As some of the patients were discharged, they continued to attend the Sunday Couples sessions until gradually all the group members were outpatients.

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Subsequently, only outpatients have been added to the group, including female as well as male veterans. The diagnostic composition has also changed in that most patients now are neurotic or only borderline psychotic. Besides attending the bi-weekly sessions most of the fourteen to sixteen members who have been regular group members are also receiving individual psychotherapy. The group is led by two co-therapists, the first writer, a clinical psychologist, and her husband, a social work volunteer.

The original use of warm-ups was prompted by the introduction of several new couples into an older small group. Thus, the purpose of the first technique used, that of turning to one's neighbor and holding a brief conversation was to become acquainted and to facilitate group cohesion. Thereafter, each member in turn was asked to give his first name—the group had decided to be on a first name basis—and with it to reveal how he got the name and how he felt about his name. This technique plus a few others were taken from Malamud and Machover (1965). Besides facilitating awareness of one another, the name associations also served as a reflection of self-esteem, parental relationships, insight, etc.

The following session was begun with an attempt to have each member relate the most significant happenings during the recent Christmas holidays which, however, resulted in minimal reactions since the group was either not yet sufficiently aware of group therapy demands or was still quite inhibited. During the following meeting, each member was asked to pick the two members seen as being the most and least responsive, thus increasing cohesion on one hand, and fostering discharge of negative feelings on the other. While the former request was easily carried out, the latter caused some anxiety, leading most members to pick absent rather than present members as their negative choices. Two members, however, were able to choose each other as being least responsive. Their candidness helped both the group and themselves; for the former it set the tone of permissiveness, and for the latter it resulted in an eventual closer interaction.

During the following months, various other warm-up techniques were employed. For example, at the end of a subsequent session, all members were asked to write a letter to the therapists, thus giving the members an assignment to help tie the past to the following session. The rapidity with which this request was carried out would reflect the member's involvement, as well as his work style. Most members succeeded in writing a letter by the following session, when parts of each letter were read to the group to be identified, analyzed, and positively and/or negatively reinforced to the writers. In one of these letters, the writer suggested for the next assignment each member try to do a kind deed for one's spouse. We decided to pick up this suggestion, for as Blinder and Kirschenbaum (1967) stated, such an act might stress the still present positive feelings, thereby enhancing marital ties. At the next session, each member was to report what kind deed had been performed by the spouse, thus also increasing interpersonal awareness and recognition of positive behaviors. While it proved easier for

wives to "do" something for their husbands, the latter often did not appreciate these deeds, for they preferred just being left alone, while exactly the opposite was appreciated by the wives. Ergo another point for better mutual understanding was made, in that members could recognize they were actively projecting their needs in the guise of kind deeds for their spouse.

On another Sunday soon thereafter, the therapists encouraged the members to change seats so spouses would sit opposite rather than next to each other, thereby facilitating communication—verbal and nonverbal—between couples. Cooperative, i.e. group-involved members would initiate the change of chairs, more controlling members would try to manipulate their spouses into changing seats and a couple of indifferent members just remained in their usual places. Only a few meetings later, this seating order became a matter of course with greatly increased communication between spouses.

Another participation-enhancing technique was that of informing the group that membership in this particular therapy group would only be offered to most select patients who would be able to fully utilize its various advantages while less suitable couples would be transferred to less intensive programs. The resultant group members would from now on be expected to attend all meetings unless insurmountable conditions arose; therefore, of the seven assigned couples an average of six couples are now in bi-weekly attendance. Not only has attendance improved but the general interaction has been more evenly distributed between all members. At this point, the co-therapists decided they should become less directive, thereby giving the group more autonomy.

It was soon thereafter that an assigned graduate student, a psychiatric nurse, asked to visit the group as part of her training program. To demonstrate the strength of the group and to join the visitor in her silent observation, the co-therapists remained completely silent until the final summary, the members all doing a beautiful job of maintaining group process and movement, which demonstrated that a group can at least mechanically go from a directive to a non-directive approach. Yet at the next meeting, several group members expressed —by now quite readily—their resentment at having been exhibited to an outsider (in spite of their original tacit agreement)and at having been abandoned by the co-therapist/parents. The co-therapists' silence was further seen as a face-saving behavior, i.e., by not saying anything they would not take the risk of saying the wrong thing. While this experience led to some temporary distance between members and leaders it did increase group cohesion, to the extent that when many months later an engaged couple wanted to sit in, part of the group refused; their request was heeded.

Another warm-up technique utilized was the use of a tape recorder to which the group readily agreed. At first, sections were played back immediately, both for the group's familiarization with the instrument and with their own often faulty communications. Thereafter, playbacks were used at the beginning of the following meeting, thus functioning as a bridge between sessions. The most

successful playback warm-up resulted from the group's reaction to the writer's recounting of a couple's complex marital problems. Each member was asked to identify what he saw as the main problem and to explain how he would handle this problem. The overall response to this case was very fruitful and as anticipated each person saw his own problem in this couple's case and expressed his own wished-for solution to the dilemma. These taped reactions were played back at the onset of the next session and surprisingly several members could not identify the speakers, particularly if it was their spouse who happened to express what was to them a particularly alien solution to their marital conflict.

While the group responded so well to the various warm-up techniques, it now became apparent that such techniques could no longer be really classified as warm-ups, since the group had become so cohesive and spontaneous that it no longer needed specific facilitators in order to become warmed up. Instead, some of these tools were now used to stress a point, (e.g., review of group rules;) to reinforce positive changes (e.g., have a go-around reiterating positive changes perceived in the other group members;) and to integrate therapeutic exposures, (e.g., have each member report on his reaction to individual therapy, either how he was benefitting thereby, or why he was not seeking it). In fact the group now spontaneously reached the point where it requested simple forms of psychodrama, such as dramatizing one couple's interactions, using doubling and role reversal.

In one of the first psychodramas, the role play involved a conflictual situation between Mr. and Mrs. A, beginning by using Couple E as doubles. When Mr. and Mrs. A took over, they were extremely rigid and it was evident they were not able to communicate with each other. When they were requested to reverse their roles it was seen again that they continued to block each other out; they were not able to empathize with each other. Yet soon thereafter Mrs. A showed enough improvement in that she could voice hostility toward her husband and was able to think of making plans to separate from her husband, finally being able to acknowledge that returning to hospitals, her previous pattern, did not solve her problem.

On another occasion, Couple B was asked to participate in another psychodrama. Mr. and Mrs. B had always indicated they were not able to communicate with each other, yet they showed a willingness to participate in the psychodrama as a result of the psychodrama involving Couple A. In order to provide a more suitable setting for communication and alleviate a direct confrontation, they were asked to sit back to back. An angry interchange did ensue and Mr. B's need to dominate the scene quickly became apparent. Mr. B also stated the group was the only place he could express himself and have a confrontation with his wife, while Mrs. B tended to withdraw and become silent. Even the use of an auxiliary ego could not draw Mrs. B out.

A go-around was then started in order to determine how others saw this situation. Mr. E indicated Mrs. B was a manipulator, in reality thus revealing

his feelings about his wife. Mrs. E then stated Mr. B was not able to appreciate his wife and this reflected her feelings toward her husband. Mrs. D expressed the opinion that both Mr. and Mrs. B were playing games with each other, in that they were not able to display their true feelings, this being characteristic of her marital situation. Mr. D reflected that no communication existed between Mr. and Mrs. B, thus expressing his feelings about his own marriage. As was to be expected, all participants, both active and passive, were only able to see things as they existed in their own personal lives.

In another psychodrama, Mr. and Mrs E were asked to portray a series of frustrations and disappointments they had experienced a few days previously. Mrs. E had just lost her job, Mr. E had not been able to keep a commitment made to his son and both husband and son arrived home late on different trains. Mr. and Mrs. E re-enacted his arrival home that evening. When they reversed roles, Mr. E was able to reflect Mrs. E's negative attitude toward him, while Mrs. E was unable to extend herself to portray Mr. E's attitudes. Still, she readily acknowledged her negative attitudes, as portrayed by her husband when doubling for her. Yet, while she was able to admit she had these negative attitudes toward her husband, at the same time she was able to voice positive feelings toward Mr. E for the first time in the group. The group was sensitive to these positive attitudes and with the aid of the therapists, helped Mr. and Mrs. E realize they had some positive things to work with; furthermore, Mrs. E was now willing to pursue additional help on a one-to-one basis.

In a most recent session a brief introduction was given on complementary and contradictory needs as they presented themselves in marriage. This was followed by a psychodrama to illustrate and hopefully ameliorate some contradictory needs. To set the stage the co-therapists played the respective roles of Mr. and Mrs. C. It was illustrated that Mr. C's needs for popular approval come into sharp contradiction with Mrs. C's needs for security. When the couple took over, Mr. C's needs for making a good impression became evident through his guarded, rationalized responses. Mrs. C did reveal a willingness to compromise, while Mr. C was not able to empathize with his wife's fear of rejection. For the sake of safety, both retreated to argue about finances. When they were asked to reverse roles, both found it difficult to do this; Mrs. C chatted verbosely, pretending to be Mr. C, yet it was still really Mrs. C complaining, while Mr. C reached a complete impasse. The other two present couples, Mr. and Mrs. B and Mr. and Mrs. E then became directly involved in the psychodrama, Mr. B and Mrs. E completely identifying with Mrs. C, and Mr. E and Mrs. B trying to identify with Mr. C.

When one of the therapists asked Mr. C just what he had learned from the psychodrama, he responded, "I have to listen more carefully to my wife." It is interesting that Mrs. C failed to hear this, almost wanting to deny the very thing she wanted to hear (ambivalence) and only after pinpointing this, could she admit having won her point—the scene ended with a kiss.

Additional techniques employed were rating scales and sociograms. The former were modeled after Osgood's Semantic Differential on which each member was to rate (a) how he saw his spouse, (b) how he wished to see his spouse, (c) how he thought his spouse saw him, and (d) how he thought his spouse would wish to see him. Spouses (a) were perceived somewhat better than assumed self-images (c) (87.0 to 78.7), but the wished-for perceptions were quite identical (114.8 ideal spouse [b] and 112.9 ideal image [d]). The difference between scores obtained from wives vs. husbands was extremely similar on most scales; only in the perception of spouses did the men see their wives in a more favorable light than vice versa (89.6 to 84.4). As was to be expected, no positive relationships existed between the intertest scores of the respondents of the ratings of spouse (a) and ideal spouse (b), and between those of the ratings of self-image (c) and ideal self-image (d). Comparing intertest scores of spouse perception ratings (a) with how each respective spouse thinks he is perceived (c) resulted in seven (out of sixteen) significant correlations, which included the two couples—four respondents—also voted by the group as being the most improved couples. Comparable perception of one's spouse and how this individual thinks his spouse sees him makes for consensual validation and reflects that communication between spouses is adequate. The comparison between intertest scores of ideal spouse ratings (b) and each respective spouse's ideal self-image (d) again resulted in seven significant correlations, indicating that at least a sharing of ideal images existed.

The sociogram consisting of 20 items, 18 of which were 9 bi-polar pairs, was accepted by the group as a helpful measure of each member's current status, to the extent that the group requested a repeat thereof in order to measure future change. The results revealed a most significant inverse relationship (rho=-.85) between those members seen in a positive and those seen in a negative light. The women were perceived significantly more favorably than the men. The ratings made by the therapists agreed 90% with the group members' ratings, revealing a significant sharing of patient/therapist perceptions. There were no relationships (rho=.05) between the ratings on the sociograms for each group member and the comparable score made by his spouse on the rating scales; however, since slightly different personality aspects were tapped by these two instruments, this lack of relationship was not surprising.

Five months later we repeated the previously used sociogram. Fifty percent of the responses to the second sociogram were identical to those of the first, suggesting that change was minimal. One couple, Couple A, could not participate in the second ratings; they no longer attended the group, being in the process of separating.

In the first sociogram the therapists agreed with each other 40% of the time as compared to 60% of the time in the second one; we may hypothesize that there was more communication between the therapists at this time and/or better understanding of the respondents. The co-therapists showed 90% agreement

with the group members in the first sociogram as compared to 75% in the second, which might indicate all respondents were able to express themselves more individually and less superficially.

A summary of the individual sociograms reflects the following: Mr. and Mrs. B—The second sociogram was taken just after Mr. B had spent a night in jail for driving while intoxicated. His anxiety was picked up by the group and hence he was seen as regressing. Because of Mrs. B's consequent hostility, she too was rated less favorably. Thus obviously, as a couple, they were rated poorly.

Mr. and Mrs. C: The group saw Mr. C as improving for he had gained control over his problem (alcoholism); he had also assumed more responsibility for his family. Mrs. C continued to be rated high as before and as a couple they showed improvement.

Mr. and Mrs. D: Mr. D was described as retreating into a rut due to his lack of participating in the group and thus received an even more unfavorable rating than before. The group portrayed Mrs. D as showing little change since the first sociogram. As a couple they showed no change. Mrs. D disagreed with this evaluation; she pointed out that she saw improvement in her husband. This was shown in his job performance and his participation in family life. Mr. D agreed but he had never been able to share this with with the group.

Mr. and Mrs. E: Mr. E's evaluation by the group showed no change since the last sociogram but the group saw marked deterioration in Mrs. E; this may be attributed to the fact that Mrs. E was now able to reveal her many problems.

Mr. and Mrs. F: Mr. F was rated as continuing to deteriorate and showing complete lack of insight. Mrs. F was rated in the same light as before while as a couple they were rated as doing poorly. As a result of this last sociogram Mrs. F came to the realization Mr. F still showed no improvement and she could no longer cope with her husband's behavior but instead had to look out for her own welfare.

Mr. and Mrs. G: Mr. G was rated as making rapid strides in gaining insight into and control over his problems. Mrs. G had previously achieved a high rating by the group. Soon thereafter the group began to show some hostility toward her because of her many insights. Mrs. G had become threatened by these expressed negative attitudes. In spite of these expressed negative attitudes the group continued to give her a high rating which bolstered her self image. As a couple they also showed marked progress. It is interesting to note that shortly after this evaluation, Mr. and Mrs. G felt they were ready to function on their own and hence they requested to leave the group. They attributed some of their progress to the benefits gained from participating in the group.

So far we have reported on the various warm-up techniques used with a couples' group, the first writer also employed such techniques with a mixed group at the Mental Hygiene Clinic. This open group has been meeting Wednesday evenings for the past two years; it involves 12 couples and 12 "single" men with an average attendance of 4 couples and 4 "single" men. To tie this rather

heterogeneous and irregularly attended group together, it was decided each group member was to assume an individualized task leading to self-improvement. It was to be completed and reported on at the member's next attendance. Unfortunately, only the more regularly attending members were able to profitably utilize their assumed tasks, the more elusive members continuing in their erratic ways. The choice of task did, however, present a useful indicator as to the member's awareness of personal difficulties and the feasibility of completing said task. Further, motivation for change, self-awareness and enhancement, group pressures and approvals were all revealed in this technique. This warm-up proved to be more diagnostic than therapeutic and was discontinued after four applications.

A more successful technique was that of asking each member to anonymously write a response to: "What kind of person is my spouse, and what does he/she want from me?" To collect the 24 responses required several sessions; thereafter the responses were read to the group members who correctly identified a good percentage and then the perceptions of each writer were discussed. The eight responding couples usually gave more realistic evaluations than did the eight "single" men. Both the degree of awareness of one's spouse and willingness to give to the spouse were positively related to the mental health of the respondent; the wives usually wrote more perceptive and extensive comments, one exception being the one female veteran whose husband responded more realistically. The three married men who always attended without their wives were much less reality-oriented, for lacking immediate consensual validation they utilized platitudes, pretenses and overt denial of domestic difficulties, although these were at times known to the therapist. In contrast, the two separated men wrote bitter comments implying they would never again embark upon another marriage. The three unmarried men wrote of idealized future spouses to whom they would, however, give very little. This very egocentric attitude probably explains why these men are still single. The total yield of this assignment was considerable and will be placed into our regular warm-up armamentarium.

Another technique employed to increase group cohesion, especially when new members or co-therapists (graduate students) joined the group was the verbal go-around, that is, presenting the group with a provocative question which each member had to answer. One such go-around involved the question, "What is therapy?", the answers reflecting what specifically each member wanted to gain from his group experience. The request, "define love" reflected the members' various abilities to relate with others. Quite revealing of basic dynamics were the replies to "What is my greatest fear." Finally, even the simple request to introduce oneself to a new arrival produced significant material, e.g., what about himself each member is able and willing to reveal, what he still worries about, what he has gained. Since the group has become quite cohesive and comfortable, the go-around responses have become gradually more open and detailed, therefore indicating further warm-up techniques are presently no longer necessary.

In fact, the group is now using similar psychodramatic techniques as have been applied in the Sunday couples' group.

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BEHAVIOUR THERAPY

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Because of the recurrent interest in behaviour therapy and behaviour modification the editors decided to include a letter from myself composed in 1963. It is still relevant and has not previously been released in this journal. Behaviour modification techniques in various forms are regularly used in state hospitals even for psychotic patients. The letter was addressed to the Editor of *The American Journal of Psychiatry* and contained in their issue for August, 1963, Vol. 120, No. 2, pp. 194-196.

SIR: Behaviour therapy which Dr. Eysenck recommends in his "Behaviour Therapy, Spontaneous Remission and Transference in Neurotics" (1) is not new to psychiatrists; transference, spontaneous remission and a-historical treatment have been evaluated repeatedly by them. Eysenck doubts the significance of transference: ". . . it is important to dissociate Tf (the facts conveniently summarized uder the heading 'transference') and Tt (the psychoanalytic theory of literal 'transference'). The writer would hold that Tf is a real phenomenon requiring an explanation but that Tt is a speculative theory without any sound experimental background. It is unfortunate that the name for Tf immediately suggests the truth of Tt: it might be better if a more neutral name were to be chosen."

Indeed, such a more neutral term has been coined by Moreno, in difference from the speculative Tt, and called "tele." "When a patient is attracted to a psychiatrist, two processes can take place in the patient. The one process is the development of fantasies (unconscious) which he projects upon the psychiatrist, surrounding him with a certain glamor. At the same time, another process takes place in him. It sizes up the man across the desk and estimates intuitively what kind of man he is. These feelings into the actualities of this man, physical, mental or otherwise, are tele relations." And, "if the tele process were a subjective system as transference—hit or miss guessing or vague intuitions—the amount of clicking and of chain and network formations in the configurations studied would not develop beyond chance. The increasing number of pair and chain relations with increasing maturing of the participants and the age of the configurations in which they are suggests that an objective social process is functioning. That the tele process represents an objective system can be deducted through quantitative calculations" (2).

To quote Gordon Allport(3), tele is " 'insight into,' 'appreciation of,' and 'feeling for' the 'actual makeup' of the other person. Thus defined it is indeed the foundation of all sound therapy, as it is of all wholesome human relationships. Occasionally it may grow out of previous transference situations but I suspect that normally tele is present from the outset and increases as sessions continue."

Eysenck explains further: "It is the purpose of this article to present a theory of 'spontaneous remission'; this theory is derived from a general body of knowledge sometimes referred to as learning theory." The learning theories of Hilgard, Hull and Kimble to which Eysenck refers, do not provide us with the best explanation of the processes leading to spontaneous remission. A "spontaneity theory of learning" is more suitable. Some of the tenets of the spontaneity theory of learning have been elaborated by Moreno: 1. The principle of a-historical treatment, and here-and-now(4). "Both Freud and Jung have studied man as an *historical* development; the one from the biological, and other from the cultural aspect. On the other hand, our approach has been that of direct experiment: man in action: man thrown into action; the moment not part of history but history part of the moment—sub species momenti." 2. Behaviour is a very abused term with multiple meanings. It is preferable to focus on acts, action and specific situations which manifest the behaviour of the patient concretely. According to the spontaneity theory of learning, whenever spontaneous remission takes place, it is through the autonomous experience and learnings of the patient (mental role reversal, mirroring, *etc.*), that the neurotic symptoms from which he ails are overcome or corrected *in situ*. Gradually the neurotic residua begin to vanish. The patient(5) "learns primarily through self-discovery. He has a better chance to learn if his responses are not inhibited by interpretive, analytical comments which stifle the possibilities for self experimentation."

Eysenck claims to have developed "a rational theory of diagnosis and treatment in neurosis which has been called 'behaviour therapy' and which purports to achieve results superior to those for which spontaneous remission can be held responsible." But the method better able to achieve such results is carefully calculated "spontaneity training," a form of "behaviour training" in which the factors operating in spontaneous remission can be evoked and reinforced.

Eysenck claims further "neurotic behavior consists of conditioned responses of the autonomic system and of skeletal responses made to reduce the conditioned (sympathetic) reactions." About twenty-five years ago, Moreno(2) postulated that neurotic behaviour is a maladaptive warming up process: "Spontaneous states are brought into existence by various (bodily) starters. The subject puts his body and mind into motion, using bodily starters (a complex physical process in which muscular contractions play a leading role), by mental starters (feelings and images in the subject which are often suggested by another person), and by psychochemical starters (artificial stimulation through alcohol, *etc.*)."

Behaviour therapy, to be meaningful in terms of clinical psychiatry, must be concrete. The conditional reflex principles in such a simple form as when ap-

plied to subhumans cannot be transferred to humans without thoroughgoing methodological change(6). "The treatment, according to psychodramatic principles, would not be limited to the enactment of a single version, but would let the subject (patient) pass through a large number of alternate situations, getting the cues for them from the patient or therapist. The factors in the situation would be greatly varied."

—J. L. Moreno, M.D., Moreno Sanitarium, Beacon, N. Y.

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Note by the Editor: Dr. Eysenck makes no reply.

ASSESSMENT OF DRAMA THERAPY IN A CHILD GUIDANCE SETTING

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I. INTRODUCTION

Our growing awareness of the wide prevalence of emotional disturbances, coupled with the shortage of trained personnel, makes it mandatory that new and varied approaches to mental health treatment be explored. Innovative programs, such as work in the expressive arts, offer promise for preventive and therapeutic programs for emotionally disturbed children. As Kathryn Bloom (7), former Director of Arts and Humanities, U.S. Office of Education, has observed, ". . . the arts, because they speak directly to the feelings, perceptions, and sensibilities of human beings, possess a capability for reaching children which is virtually unique. . . . Those who have worked directly with youngsters and involved them as participants in the creative processes of the arts believe that children can be reached in this manner when many other devices fail."

Many art forms are used in work with disturbed children. Art, dance, and music therapy are gaining respectability in the mental health field as valuable adjunctive treatment modalities. However, despite the acknowledged importance of dramatic play in the emotional life of children, drama as a treatment modality has received scant attention. In therapeutic contexts, the most widely used forms of drama are formal plays with and without prescription casting with adolescents and adults in treatment centers; patient-written and spontaneous plays (11); Moreno's psychodrama and role play (6); spontaneous and prepared puppet shows. Puppets as projective material have been used as a means of diagnosis and therapy and have been presented as plays to individuals and groups; see especially the work of Rambert (9), Woltmann (14). Classic psychodrama tends to focus directly on pathology and immediate sources of conflict. Children often lack the verbal skills to deal with such material or are too threatened to risk such an encounter. On the other hand, role play which focuses on reality-based group problem situations, is often part of individual or group psychotherapy. Drama therapy is broader in scope, encompassing not only role play, but a wide range of dramatic forms, including puppetry, movement and spontaneous improvisations of individual and group fantasies. Because of the absence of research in this area, there is a need to explore the ramifications of this approach, to test its usefulness and to validate underlying assumptions.

The present study is part of an ongoing expressive arts program at the

Pittsburgh Child Guidance Center, which is an outpatient treatment center for emotionally disturbed children, affiliated with the University of Pittsburgh School of Medicine. This program has had the objective of exploring the feasibility of using drama as a form of treatment with emotionally disturbed children. Initially the focus of the program was to prepare inarticulate noncommunicative children for psychotherapy. It was reasoned that dramatic play, which places a high premium on verbal exchange in intense interaction and expression of strong feeling, could help to prepare children emotionally for more traditional forms of verbal psychotherapy. The first venture in this area was a pilot study undertaken in 1964 with six emotionally disturbed latency age children. The purpose of this initial endeavor was to explore the immediate practical implications of this technique as well as to delineate the differences between this approach and other forms of group therapy. In reporting the results of this first pilot study, Shapiro (10) stated: ". . . significant behavior changes took place in the children, in fact, far beyond what had been anticipated at the outset. The children became highly verbal, communicated deep feelings and anxieties, and in their fantasy production expressed conflicts which are ordinarily quite difficult to reach." In subsequent experiences with other drama groups, an attempt has been made to conceptualize the theoretical rationale of drama therapy. The focus of the treatment and research aspects has been to determine populations for which this procedure is most effective, to individualize treatment for children with specific pathologies, and to establish valid assessment measures of behavior change. It is to the latter considerations that this paper is addressed.

For the purposes of the present study, drama therapy is considered to be a group activity in which the participants use an improvisational dramatic format to express and play out their wishes, conflicts and fantasies. In this activity, the therapist acts as a facilitator, helping the children to first learn to use the vehicle of drama, and then to understand and integrate the play experiences. The dramatic principles are essentially those first espoused by Ward (12) and later by Way (13), but with numerous adaptations and modifications necessary for work with disturbed children. The purpose of the dramatic play is to help the children to share feelings, and to gain increasing skill in making the emotional discriminations necessary for successful adaptation to his family, peers and academic environment. The treatment goal is not simply catharsis and release of feeling; instead, the primary task is to help the child to learn to play out and then to work through his personal problems. With the therapist's and the group's help, the child works toward insight and mastery of his difficulties in affective communication. In this approach, the group setting is viewed as a vital aspect of the treatment situation, as the children respond to and learn from each other in group interaction. Drama therapy is therefore conceived to be an educational and therapeutic intervention. It is designed to help children whose central difficulty is the inadequate and inappropriate expression of emotion to learn a progressive sequence of communication skills through dramatic play.

II. Description

The broad objective of the present study was to test the relative effectiveness of a program of drama therapy compared with two other types of group programs: an activity psychotherapy group and a recreation therapy group.

A. Subject Selection

Fifteen latency age boys, between the ages of seven years, six months, and eight years, six months were initially selected for the project out of a larger pool of a total child guidance center waiting list of this age group. These were children who would ordinarily be seen on a regular outpatient basis. Initially excluded from consideration via an individual psychiatric evaluation were psychotic, mentally retarded, and brain damaged children, as well as children in markedly unstable family environments. Because of the limited parental involvement, it was important to determine whether or not there was any likelihood of a family crisis which might necessitate intensive casework help.

The Rorschach Index of Repressive Style (RIRS) (3) was then administered to the fifteen boys who had been selected by the above criteria. This is a standardized quantitative procedure for evaluating the "free association" part of a Rorschach examination. According to Levine and Spivack (4) "... an RIRS score represents the extent to which an individual characteristically brings to bear his thoughts, feelings and memories in organizing his experiences and giving meaning to his world. An RIRS score indicates the extent to which images, emotions and past experiences are verbally labeled and thus available in consciousness in communicable terms." In this procedure the content of the Rorschach protocol is scored according to the degree of elaboration of the percepts, the extent of personalization and projection of fantasy material. Highly repressed individuals (low RIRS scorers) would give less elaborated, more general and undifferentiated types of responses, than the uniquely personalized and intimate percepts of a much less repressed individual (high RIRS scorer). This distinction can be better understood by a comparison of Rorschach responses actually obtained. To illustrate—"a person's legs"—versus—"Carol Burnett's beautiful legs." The former response might be characteristic of a child (a low RIRS scorer) who thinks concretely and/or in vague generalities which perhaps provide a certain distance between himself and the thoughts generated. The latter might characterize a child (a high RIRS scorer) who is more in touch with his feelings, which allows him to respond in a more intimate personal way. It is believed that both characterize differential modes of behaving that are reflected in social interactions and most generally in the children's life style.

The obtained RIRS scores were then used to determine the composition of the drama, activity, and recreation groups in the following manner. The RIRS scores were classified as high, medium and low. Boys with high, medium and low scores were randomly distributed equally among the three treatment groups

resulting in three groups of five boys each. An analysis of variance indicated no initial significant difference between the group means.

B. Procedure

Three matched groups, each consisting of five latency age boys, met weekly for one hour and thirty minutes and participated in one of the following:

(1) Group I: (Experimental) Drama Therapy Group in which creative drama principles were utilized.

(2) Group II: (Control) Activity Psychotherapy Group in which regular group social work principles were applied.

(3) Group III: (Control) Recreation Group in which the workers assumed the role of recreation leaders.

Prior to the beginning of the program, the group leaders discussed the differences and similarities of their roles and the specific interventions they planned for each group. The program and approach of the recreation group, for example, was patterned after that of a local YWCA. In preparation for their roles as recreation leaders, the two workers consulted with the Program Director of the local YWCA. They observed Y recreation leaders in action and used Y material as a basis for their planning. The activities consisted of crafts, games, and field trips with the entire twenty-week program planned in advance.

The drama group was similar to the activity group in that the intervention of the leaders and program planning was directed toward the specific therapeutic goals for each child. However, one difference between the activity and drama groups was that in the latter, programming focused on the exclusive use of some form of drama. The activity group, however, used a variety of crafts and games, depending upon the needs and skills of the group members. Also, while both the activity and drama treatment groups had specific therapeutic goals, the roles of the leaders and the focus of the sessions were quite different. For example, if the activity group members had a disagreement, the leader might focus the discussion on clarification of the problem and encourage the principals to communicate openly their grievances and miscommunications. In the drama group, the leaders would attempt to help the group to channel symbolically or play out the problem, abreacting the feelings first. Discussion and/or interpretation would follow, depending upon the leader's perception of the particular dynamics of the source of the difficulty. Should fighting occur in the recreation group, however, the leaders might discuss their understanding of it, or might simply deal with the situation by reiterating the "no fighting" rule. In weekly staff sessions, attempts were made to more sharply define and maintain these types of distinctions among the groups. To control as much as possible for individual differences in working styles as variables influencing unplanned changes in the children's behaviors, one of the therapists functioned as a co-leader in all three groups.

Three highly trained psychiatric case workers saw the mothers of the boys

every other week in three separate mothers' groups. To control for differences in individual case worker's effectiveness with the mothers, there was a heterogeneous grouping of the mothers, i.e. the makeup of each mother's group consisted of mothers whose children were in each of the three matched groups. The case workers had limited but uniform goals in working with the mothers. No attempt was made to investigate or modify idiosyncratic family psychopathology, but instead, group discussion focused on the children's participation in the groups and the similarities and differences of the children's maladaptive patterns of behavior. The focus of the work with the mothers was to help them to positively reinforce their son's involvement in the program through mutual sharing and support. Generally the mothers in all three groups had less contact with the social service staff than is the usual procedure in the Center.

C. *Assessment*

Evaluation of this study was performed independently by a clinical psychologist who was unaware of the group's composition. Neither the group therapists nor social workers took part in the assessment phase of the project. The following battery of pre- and post-evaluative measures was administered to all of the children in each of the three groups. 1) RIRS. 2) Measure of Verbal Fluency. 3) Semantic Differential. 4) Parent Competence Scale.

1) RIRS:

As was discussed earlier, the pre-test RIRS scores were used to determine the make-up of the three groups. Following the twenty-week program, the RIRS was administered again and an RIRS "change" score was computed for each child. This change score was the absolute difference between the pre- and post-RIRS score.

2) Measure of Verbal Fluency:

Verbal fluency was measured by assessing each child's response to a set of thematic pictures which was designed to elicit projective material through a verbal modality. The responses were recorded and an actual word count was made. The word count, assumed to be a reflection of the child's communication pattern, was employed as a qualitative measure of verbal fluency. To control for a practice effort, an attempt was made to match pre- and post-test, Michigan Apperception Test and Thematic Apperception Test pictures, which had physical and contextual similarities. In both the pre- and post-test phases, a blank card was also administered to generate a larger amount of verbal content.

3) Semantic Differential:

A semantic differential was specifically designed for this project to measure attitude changes of the subjects in all three groups. The semantic differential technique has been shown to measure three independent stable replicated dimensions within which meaningful judgments are made (8). These three are the evaluative, potency and activity dimensions. In order to measure these three

dimensions, each subject rated six concepts (me, grown-ups, feelings, sharing, imagination, other kids) which, selected on an a priori basis, seemed to reflect areas of expected change. These six concepts were rated on 15 seven-step bipolar adjective scales. The evaluative component is characterized by scales such as "nice vs. awful" and "good vs. bad." The potency factor is characterized by scales such as "strong vs. weak" and "heavy vs. light." The activity dimension is characterized by scales such as "fast vs. slow" and "peaceful vs. ferocious."

4) Parent's Competence Scale:

The parent competence scale was derived from a teacher competence scale prepared by Kohn & Silverman (2). This is a 72-item behavior rating scale which was completed by both the mothers and fathers. Briefly, the scale was designed to measure the child's mastery of major areas of functioning both at home and with his peers, and consisted of concrete descriptions of child behavior which the parents were asked to rate on a seven-point scale of frequency. For example, "child can be independent of you in having ideas about or planning work or play activities." The parent evaluations were rated along two independent dimensions. The first dimension is related to the parent's perception of his child's degree of interest and participation in a range of activities, versus the degree of the child's withdrawal and associated depression. The second dimension is related to a parent's perception of the relative degree of his child's cooperation and compliance compared to the child's anger and defiance in daily interpersonal relationships.

D. Hypotheses:

The following hypotheses regarding group treatment outcome were made:

1) Greater changes in RIRS scores would be obtained in the drama group than in the activity or recreation groups.
2) The verbal fluency test would show significant positive changes in the drama group as measured by increased word count but not in the activity or recreation groups.
3) The semantic differential scores would indicate positive changes as a result of therapeutic intervention, since semantic differential techniques have been shown to reflect therapeutic changes in personality. Significant changes would be expected in the drama and activity groups but not in the recreation group since the latter intervention is not theorized to be of a planned therapeutic nature. Previous literature suggests that the "me" concept is particularly sensitive to therapeutic impact (5).
4) The parent competence ratings would show positive ratings in all three groups, indicating that the structured group experiences for children led by sensitive adults can effect positive changes in behavior which are non-specific to the treatment techniques employed.

III. Results

Table I is a summary of the analyses of variance for Mean RIRS Change Scores, Mean Verbal Fluency Change Scores, Mean Parental (Mother) Competency Scores on Factors I and II. These results are discussed further in the following sections.

A. Rorschach Index of Repressive Style:

An analysis of variance of the "change" scores among the three groups yielded a result that approached significance in the hypothesized direction. Re-assessment of the data was suggested by artifacts in the grouping procedures. Although the make-up of the groups consisted of five boys in each group, three of the youngsters (one in each group) were unable to continue in the program because of various family crises. Therefore in order to re-balance the groups, it became necessary to include three children, one in each group, midway in the program at the tenth week session. It was decided to reassess the data excluding these three children since anticipated treatment effects might not have taken place in this fore-shortened period of time. This resulted in an N-4 in each group. This analysis of variance among the three groups (N-4) yielded results which were significant at the 5% level, with changes occurring in the drama group but not in the activity or recreation groups. These findings seem to indicate that the effect of the drama therapy experience was to lessen repression in individuals with low RIRS scores while the opposite effect was obtained for individuals with high RIRS scores.

B. Verbal Fluency:

Verbal fluency scores, treated by a repeated measure design analysis of variance, showed no significant difference between the three groups at the beginning of the program. Verbal fluency change scores were computed at the end of the program by combining the total number of words used in the two pre-stories and likewise combining the number of words used in the two post-stories. A change score was determined by obtaining the absolute differences between the pre- and post-score measures. Analysis of variance of the verbal fluency scores yielded results that were significant at the .01 level. Further analysis revealed that these results are mainly attributable to increases in the verbal fluency scores of the drama therapy group. There was a slight decrease in verbal fluency scores in the activity psychotherapy and recreation groups though this decrease was not significant.

C. Semantic Differential:

The semantic differential scale ratings were quantified by assigning values of 1 to 7 to each of the bi-polar adjective judgments: i.e., a rating of 7 was given to the good, strong and active poles of these adjective scales. The Wilcoxson sign test was applied to the pre- and post-differences among the groups by comparing the judgments of the three groups separately on the evaluative, activity,

TABLE I

Summary of Analyses of Variance for Mean RIRS Change Scores, Mean Verbal Fluency Change Scores, Mean Parental (Mother) Competency Scores on Factors I & II

			df	MS	F ratio
	RIRS	Between groups	2	4.2072	*5.0476
		Within groups	9	0.8448	
	Verbal Fluency	Between groups	2	60969.87	**8.42
		Within group	9	7237.35	
Competency Scores	Factor I	Groups	2	1560.70	1.78
		Trials	1	1020.83	3.85
		Groups x Trials	2	180.84	0.69
	Factor II	Groups	2	112.58	0.08
		Trials	1	403.33	1.10
		Groups x Trials	2	224.93	0.06

TABLE II

Wilcoxson Sign Test Analyses of the Semantic Differential Concepts Sharing, Me, Imagination, Other Kids, Feelings, Grown-ups For Matched Control and Therapy Groups

		CONCEPTS					
Groups	Dimensions	Sharing	Me	Imagination	Other Kids	Feelings	Grown-ups
Drama	Evaluative	NS	.05*	NS	.05*	NS	NS
	Potency	NS	.05*	NS	.05*	NS	.05*
	Activity	NS	NS	NS	NS	NS	NS
Activity	Evaluative	NS	NS	NS	NS	NS	NS
	Potency	NS	NS	NS	NS	NS	NS
	Activity	NS	NS	NS	NS	NS	NS
Recreation	Evaluative	NS	NS	NS	NS	NS	NS
	Potency	NS	NS	NS	NS	NS	NS
	Activity	NS	NS	NS	NS	NS	NS

* Significant at .05 level ** Significant at .01 level

and potency dimensions of each of the six concepts (me, grown-ups, feelings, imagination, other kids, sharing). The results of these sign tests are given in Table II. As can be observed in Table II, only five out of 54 of these signed tests were statistically significant at the .05 level, in this instance representing changes in a positive direction. These five were "Me" (Evaluative); "Me" (Potency); "Other Kids" (Evaluative); "Other Kids" (Potency); "Grown-ups" (Potency). The probability of obtaining five significant differences in the series of 54 tests is expected at the level of chance. It should be noted, however, that the significant differences all occurred with respect to the drama therapy group and were in the expected direction. There were no significant differences in either the activity or recreation groups. Results tend to very tentatively suggest an increased positive attitude towards self and other children as well as perceiving grown-ups as being more active following drama therapy.

D. Competence Scale

An analysis was made of the changes in the mothers' ratings of their children's behavior following the group experience. Both factors of the competence

scale were analyzed separately. Originally it was expected that data from both parents would be gathered. However, in 9 of the 15 families, the father was absent from the home, either initially, or at the end of the program due to divorce, separation, or desertion. Therefore, only the mothers' data was used. The analysis of variance of Factor I score differences yielded a trial main effect that approached significance in the expected direction. That is, as a result of the different interventions across all three groups, the mothers tended to rate their children as more healthy in terms of increased interest and participation, with less withdrawal and depression. A similar analysis of variance of Factor II rating score differences, yielded non-significant results. That is, differential treatment intervention did not seem to affect mothers' ratings of their sons' level of cooperation and compliance compared to anger and defiance.

IV. Discussion

The data suggests that the drama activity is an effective therapeutic technique and compares well with more traditional group therapy approaches. This study tentatively indicates that a child's level of affective and interactional communication can be positively modified as a result of repeated experiences in drama, acting out a variety of roles, both realistic and fanciful. It was found, for example, that one component of communication (verbal fluency) was significantly enhanced as a function of the drama experience. These positive changes in verbal fluency can be attributed to the drama experience, by the emphasis placed on mutual exchange of ideas and fantasies.

It is difficult, almost impossible, for children to express the quality of their "inner experience" of feeling and emotion through formal language. While the symbolism of words can help the child perceive his present external reality, speech alone may not be adequate to describe the child's often vague, nebulous, formless inner fantasies and images. This is especially true if the child is emotionally disturbed, and "out of touch" with his inner life. In the drama process, however, feelings are objectified via puppets, pantomime, improvisation, etc. Through such "playing out," with the concommitant impact on others and immediate feedback, the child is better able to assimilate the bits and pieces of his emotional experience. It then becomes possible to more meaningfully formulate and communicate these internal states in verbal terms.

The child participant also communicates feelings via gesture, facial expression, voice tone, volume and rate of speech. Part of the skill in playing a "role" depends on one's ability to emphatically portray the inner characteristics of that role in a way that can be understood by others. Thus, although major components may be conveyed through verbal content, other important aspects are communicated non-verbally, through movement, gesture, facial expression. Although the non-verbal components were not quantified, it was the impression of the group leaders that this aspect of the communication was also positively

affected by the drama experience. It could be observed that as the children went through the drama experience, the increased verbal output was accompanied by greater lability in facial expressions, less stereotyped and freer use of space, and more fluid body movement. Additionally, but not as well established experimentally, it appears that not only was the quantity of verbal output differentially influenced by the drama experience, but also the qualitative aspects of the child's language. In order to evaluate this component in a future program it might be advisable to develop the rating scales to evaluate these changes. In a pilot project, an initial form of observer behavior rating scale was developed, but because of low reliability, its use was limited. The low rating of reliability of the scale might have been a function of an excess number of ratings required of the observers, complicated by the ambiguousness of the non-verbal aspects of behavior.

The RIRS is a measure which is believed to be relatively unaffected by amounts of sheer verbal productivity, and is sensitive to the qualitative nuances of the child's responses. The findings indicated that the participants of the drama group had more significant changes in their use of languages, showing changes in both directions, depending upon the child's initial performance. That is, for children who were highly repressed, language became less stereotyped, more intimate, personalized, and less ambiguous, changes supported by the impression of the group leaders. Observations of the RIRS scores among the three groups showed that the range of scores was greater in the drama group than in the other two groups. Alternatively, one could hypothesize that the changes which occurred solely in the drama group represented regression to the mean, a phenomenon which would be represented most powerfully in the drama group because of the greater range of scores.

The study purported to measure changes in the attitudes of the children towards certain concepts such as me, grown-ups, other kids, imagination, feelings, as a function of the group experiences. Very few changes in the self-concepts of the children in any of the six concepts were obtained. DiVesta and Dick (1) obtained reduced reliability of scores among younger children. This finding might indicate that children below the age of nine may not yet have acquired the level of comprehension required in taking the semantic differential (8). In the present study, it appeared that a majority of the children (mean age of eight) could follow the instructions, and understand the procedures and vocabulary of the test. However, there were children who had difficulty with this task, and in certain instances, it was necessary to read the test to these children. This variability in procedure creates strong doubts as to the validity of this instrument with this young an age group.

One interesting finding from the competence scale indicates that mothers generally tended to find their sons more maladjusted than fathers. This was also suggested by data from the previous pilot study, and bears further investigation. These mothers apparently tended to see their children as less well adjusted between the two dimensions employed than the fathers did. There is an insuffici-

ent amount of father data which precluded more formalized statistical analysis of this phenomenon.

It should be noted that this study utilized a model which is a departure from the traditional child guidance concept of intensive work with parents. In this study, the work with the mothers was well accepted by the majority of the parents. The problem of working with the poorly motivated client is one that clinicians often face. Many parents are not able to work on a one-to-one basis in intensive casework, or resist being involved in the treatment process. As a result of the experience in this study several positive outcomes were noted with such parents. The child was helped, even though the parents were not given intensive treatment. With others, the diluted, non-threatening and supportive group experience served as a bridge, helped the highly defensive parent to see the need for help, established trust, and prepared the parent for one-to-one intensive casework.

The changes in verbal fluency made by the drama group children indicated that this form of treatment can help youngsters translate feelings and behavior into verbal terms. This is important not only for "clinic populations" but for other "hard to reach" children who need to learn communication skills. Through the drama experience such children can be exposed to the sequential process of communicating, each beginning at his own level of development. In view of the current professional manpower shortage in mental health services, drama groups conducted by trained adjunctive therapists could provide a measure of relief in the struggle to meet the increasing demands for such services. With increased pressure from the community for innovative school programs directly related to mental health drama programs of the type described could be welcome additions to the school's curriculum. Similar programs on an adult basis could and should be offered to clinicians, parents, and teachers to help them to fully understand the nature and implications of affective communication.

In conclusion, this study was designed to test the effectiveness of a program of drama therapy in contrast to two other types of group programs; activity psychotherapy and recreation therapy. Fifteen latency age boys were randomly assigned to one of three treatment groups. Pre- and post-testing was done by means of the RIRS, verbal fluency test, semantic differential, and parent competence scale. At the conclusion of the twenty-week program it was found that the drama group members made significant gains on the RIRS and verbal fluency test, while the control group members did not. No significant changes were noted for the semantic differential or the parent competence scale for any of the three groups. The study appears to validate the usefulness of drama therapy as a treatment technique for disturbed children.

REFERENCES

ELEANOR IRWIN is an Expressive Arts Therapist, PAUL LEVY is a clinical child psychologist and MARVIN SHAPIRO, formerly a child psychiatrist at the Pittsburgh Child

Guidance Center, is now Director of Children's Services, Peninsula Hospital & Medical Center, Burlingame, California.

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CONGRESSIONAL RECORD

AN ADDRESS BY SPIRO AGNEW, VICE-PRESIDENT OF THE U. S.

Washington, Thursday, November 18, 1971, No. 177

"Let me share with you a few excerpts from a recent report published in the NEA Journal, *Today's Education*, on future trends in education.

" 'Biochemical and psychological mediation of learning is likely to increase. New drama will play on the educational stage as drugs are introduced experimentally to improve in the learner such qualities as personality, concentration and memory. . . .

" 'The roles and responsibilities of teachers will alter. . . . The basic role of the teacher will change noticeably. Ten years hence it should be more accurate to term him a learning clinician. This title is intended to convey the idea that schools are becoming "clinics" whose purpose is to provide individualized psychosocial "treatment" for the student thus increasing his value both to himself and to society.'

"We don't have to wait 10 years for this to happen, ladies and gentlemen. It is already here in what some would term our more progressive public schools. Perhaps you have heard of the so-called 'psycho-dramas' that children of all ages are forced to act out in the classroom. Listen to this account that I read recently in a newspaper:

" '. . . teachers frequently ask them (the pupils) to act out such things as obtaining an abortion, inter-racial dating, smoking marijuana—and how their parents would react. Parents find even more objectionable "psycho-dramas" in which children act out actual incidents from the home, something which parents consider a clear invasion of their privacy. There have also been "talk-ins" where two or three children will go to the school counselor and answer highly personal questions, such as "What does your father wear when he shaves?" or "Do you love your parents?" One child was assigned an essay on the subject, "Why do I hate my mother more than my father?" '

"For example, instead of psycho-drama in the classroom let's restore conditions that permit and encourage learning. I saw an article in a Baltimore newspaper, a few days ago where city officials were calling for the installation of metal detectors at school entrances to prevent acts of violence by gun-carrying youngsters. Now when discipline and respect for authority deteriorate that far conditions have gotten pretty bad. But I'm sure they're no worse at schools in Baltimore than they are in many other cities of the land. I would think restoration of discipline and order ought to be a first priority—even ahead of curriculum —in the schools of this country. Because it's a simple fact that unless order is maintained there can be very little learning accomplished, no matter how modern or innovative the teaching techniques may be."

PROPOSAL FOR DIRECTOR-IN-RESIDENCE AT MORENO INSTITUTE

JONATHAN D. MORENO

Moreno Institute, Beacon, New York

As psychodrama increasingly becomes a household word, even for Spiro Agnew (see *The Congressional Record* quoted in this issue), we face the kind of difficulties not unusual to a world movement. Firstly, the leadership, the directors, are spread far and wide, each doing his or her own work and so tend to have less contact and cohesion with their colleagues and the World Center. Secondly, the World Center must begin to seriously take its place as the educational center for psychodrama, sociometry and group psychotherapy, while increasing the teaching privileges of its directors.

It is for these reasons I propose the following program which I am hopeful will answer many of the questions and satisfy many of the difficulties you have had since becoming a Director of Psychodrama. My particular thanks to Don Miller of Johnston College in California for his assistance in this project.

The Program

The World Center operates its training program on the basis of two week periods, separated by one or two weeks of inactivity. The first step in this plan would be for the director to determine in which training period(s) he would be available to act as the Director-of-Training in Beacon for that amount of time. He would have the same responsibilities as J. L. Moreno and particularly Mrs. Moreno have performed with regard to the training of the students when enrolled at Beacon. For its side, the World Center would provide the plant, facilities, food services, maintenance, etc. as it usually does, as well as a certain amount of advertising for student recruitment. A certain percentage of the tuition dollar of each student would accrue to the World Center, primarily to cover operating overhead costs.

The director would receive a percentage of the tuition of each student, as well as the right to be called a "Director-in-Residence" as soon as he becomes part of the program. As a Director-in-Residence, he is entitled to grant psychodrama credit at his institute or training center, provided it is recognized by the World Center. However, in order to insure quality of student ability as well as cohesion within the movement, each of his students will be required to be accredited by the World Center before being assigned to one of the four levels of competence in psychodrama. Details of accreditation are being worked out.

We believe that, at long last, we may be able to solve several critical problems facing us in one major program. The World Center will become more

productive and exciting than ever, and each of you will be able to enlarge your scope, fame and income.

Of course, many details remain to be worked out, but an initially positive response from you will allow us to move forward with specifics immediately. Perhaps in January 1974, our first Director-in-Residence will take his place at Beacon and begin the training of future Directors of Psychodrama, Sociometry and Group Psychotherapy.

MORENO INSTITUTE INC.

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CERTIFIED SINCE DECEMBER, 1971

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Flushing, N. Y.

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AL TROY, PH.D.
Charleroi, Pa.

CALENDAR OF EVENTS

First Postgraduate Director's Seminar, Beacon, N. Y., July 1-3, 1972.

The following graduates participated:

SYLVIA ACKERMAN
CHARLES BRIN
MARGARET CHEATHAM
CARL HOLLANDER
TOBI KLEIN
H. DONELL MILLER
NEVILLE MURRAY
AUGUSTINE RAMIREZ
JEAN WYCKOFF

The consensus on the seminar was that the participants felt it to be an ex-

tremely useful event and one which they wished repeated if possible around Christmas or New Year of 1972-73. Their several main concerns:

1. Group psychotherapy as an area deserves more attention.
2. Maintaining professional and personal contact with one another throughout the year.
3. Intense contact at the workshops so that continued cross-fertilization of ideas could take place.

In general, it could be summed up by quoting some of the directors:

"The workshop was exactly what I needed at the time to get out of the rut of working alone. Conversations with other directors were good 'head trips.' Getting to know new directors and renewing acquaintances with old friends was personally very meaningful."

"It's a great opportunity to meet with others from around the country and hear what they are doing. It's particularly enlightening to hear from people active in psychodrama. The sessions themselves and the processing afterwards serve as a nice review of techniques and theoretical material we've learned in our training. It's also a fantastic learning experience watching other directors, which is something I can never do at home. It never fails, I pick up something in every session. The highlight in terms of learning during that weekend was the focus on sociometry and its application."

Second Postgraduate Director's Seminar, Beacon, N. Y., December, 1972

To meet the emerging needs of directors who have already been certified in psychodrama, the Moreno Institute conducted an intensive three-day workshop from July 1 through 3, 1972.

Designed as a vehicle for cross-fertilization and for the interchange of theories and new ideas, the workshops draw on the on-going experience of professionals currently in the field. They also provide an opportunity to encounter in vivo a large number of colleagues with whose work you may be familiar but with whom you have had no previous opportunity to meet, share ideas and experiences.

This workshop, the first we have held thus far, went off very successfully. The consensus of participants was that this kind of reinfusion of energy and getting in touch with one another's current concerns and activities was what they were looking for.

We discussed the possibility of not waiting another year but scheduling the second one in winter. Another suggestion was that we plan either four days or a week, since it takes about three days for the group to jell.

We are herewith listing various alternatives for the next workshop and request that Certified Directors interested in attending check those alternatives,

preferably more than one, which would be most useful to them, so we can best plan to suit their needs and interests.

Suggested Dates

A.	December 29, 30, 31, 1972	(3 days)
B.	December 30, 31, January 1, 1973	(3 days)
C.	December 31, January 1, 2, 1973	(3 days)
D.	January 1, 2, 3, 1973	(3 days)
E.	December 29 through January 4, 1973	(1 week)

Associate Director-in-Residence, Beacon, N. Y.

A new function has been added to the training staff in the form of a residency opening for Associate Directors who wish to spend a year at the Moreno Institute as a faculty member. The year's residency was inaugurated in the course of 1971-72 on a trial basis. The first such resident was Joseph Power, M.A., who completed his year in June, 1972 and earned his certificate as Director.

Students who have reached the level of Associate Director and who are considering taking this unique opportunity to immerse themselves in the work and philosophy of the Moreno Institute while earning their final Certificate may send in their written application with an up-to-date curriculum vita. Every candidate will be carefully considered.

For the forthcoming year we are pleased to welcome Peter Rowan, M.S.W., to succeed Joseph Power in this capacity.

Training Workshop at 236 West 78 Street, N. Y. C., Oct. 4 - Dec. 6, 1972

Wednesday evening from 5:30 - 7:30 p.m. at the Moreno Institute, 236 West 78th Street, Corner of Broadway, New York, N. Y. 10024, starting Wednesday, October 4, 1972. Students will be required to attend 10 sessions (total of 20 hours) for *three credits* toward certification.

Enrollment limited to 12, to maximize and intensify interaction and learning.

Tuition: $135.00 for 20 hours.

Weekend Seminar, November 24-26, 1972

Intensive training seminars will be arranged, the first one tentatively scheduled for the weekend of November 24, 25 and 26, 1972.

Faculty

Led by Joe Power, M.A., a certified Director of Psychodrama and Group Psychotherapy. Mr. Power is a faculty member at the Moreno Institute in Bea-

con, and conducts psychodrama demonstrations at the Moreno Institute in New York City on Tuesday and Friday nights. He has been involved in the field of Psychodrama since 1967 and has just completed a year of residency at the Moreno Institute in Beacon, N. Y.

1972-73 Calendar, 259 Wolcott Avenue, Beacon, N. Y., for Training Periods

1972	May 4 through 17
October 6 through 26	May 25 through June 7
November 3 through 23	June 15 through 28
December 8 through 28	July 13 through 26
1973	August 3 through 16
January 5 through 25	September 14 through 27
February 9 through March 1	October 5 through 18
March 9 through 22	November 9 through 26
April 13 through 26	December 7 through 27

SPECIAL DIRECTOR'S WORKSHOP

June 30 through July 2, 1973

Qualifications for new Institutes as Branches of the Moreno Institute or Associated Centers.

A new Associated Center requires, for recognition by Moreno Institute, two Certified Directors on its staff who fulfill the following five criteria:

A. *Organizer*—ability to establish, organize and conduct an Institute.

B. *Creator*—creative achievement in the field such as: presentation of ideas in writing, books, pamphlets and articles with special emphasis upon originality of thought and research.

C. *Performer*—skill and competence as performers and practitioners in leading groups, with special emphasis on Directorial and Auxiliary Ego skills.

D. *Scholars*—in the field of sociometry, psychodrama and group psychotherapy; be well read in the field and able to present digests of the varieties of theories and techniques; scholars of the history of the movement. Understanding and representation of the philosophy.

E. *Teacher*—ability to teach the subject matter to students of various degrees of preparedness, with different professional backgrounds.

AMERICAN SOCIETY OF GROUP PSYCHOTHERAPY AND PSYCHODRAMA

31st Annual Meeting, Barbizon-Plaza Hotel, New York City, April 5-8, 1973

This year's program will include four areas:

A. Research and Theory in Psychodrama, Group Psychotherapy and Group Methods.

B. Psychodrama and Special Applications of Psychodrama.

C. Group Psychotherapy.

D. Other Group Methods.

All are encouraged to present contributions or do actual demonstrations. Members to the Society will receive program preference.

Please note a special all-day intensive PSYCHODRAMA TRAINING INSTITUTE will be held on Thursday, April 5, 1973 from 9:00 a.m. to 5:00 p.m.

For more information please call or write:

A.S.G.P.P.
39 East 20th Street
New York, N. Y. 10003
(212) 260-3860

NEWS AND NOTES

Dr. Fritz Perls and Psychodrama

We are increasingly approached with the question: "What is the relationship of Gestalt therapy and Psychodrama? In what connection did Perls stand with Moreno?" Dr. Eric Berne's assessment was stated by him in a review written of Perls' book *Gestalt Therapy Verbatim,* which appeared in *The American Journal of Psychiatry,* Volume 126: No. 10, April 1970, p. 1519-1520, from which we quote the relevant section:

"Dr. Perls is a learned man. He borrows from or encroaches upon psychoanalysis, transactional analysis, and other systematic approaches, but he knows who he is and does not end up as an eclectic. In his selection of specific techniques he shares with other 'active' psychotherapists the 'Moreno problem': the fact that nearly all 'active' techniques were first tried out by Dr. J. L. Moreno in psychodrama, so that it is difficult to come up with an original idea in this regard."

Tribute to Dr. J. L. Moreno, May 20, 1972

Upon the occasion of Dr. Moreno's birthday, the Moreno Academy celebrated an open house in the theater at Beacon, in which almost one hundred persons, students in residence, students from out-of-state, as well as friends and relatives from abroad, participated. The particularly meaningful central event was the unveiling of a bronze sculpture of J. L. Moreno, made by a young Bulgarian sculptor, which was being shown for the first time.

Informal tributes were made by students, friends and relatives and J. L. Moreno reminisced about his early youth, as well as reminding us of the tasks which still lie ahead.

Psychodrama, Volume I, New Edition

Beacon House is pleased to announce that *Psychodrama, Volume I* has just appeared in a fourth, enlarged edition. It is available in papercover and clothbound edition.

The Theater of Spontaneity

The second, enlarged edition of this book will be released by Beacon House early in 1973, in both papercover and clothbound form. This edition traces the history and development of the modern theater, from the 1920's to date showing the indebtedness to the Theater of Spontaneity as conceived by J. L. Moreno.