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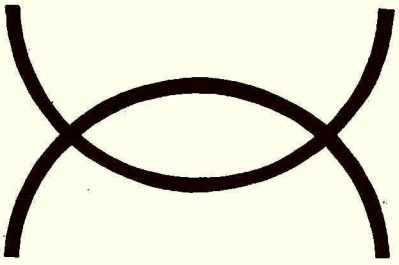

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GROUP PSYCHOTHERAPY AND PSYCHODRAMA

Volume XXV 1972 No. 4

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GROUP PSYCHOTHERAPY AND PSYCHODRAMA

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GROUP PSYCHOTHERAPY AND PSYCHODRAMA

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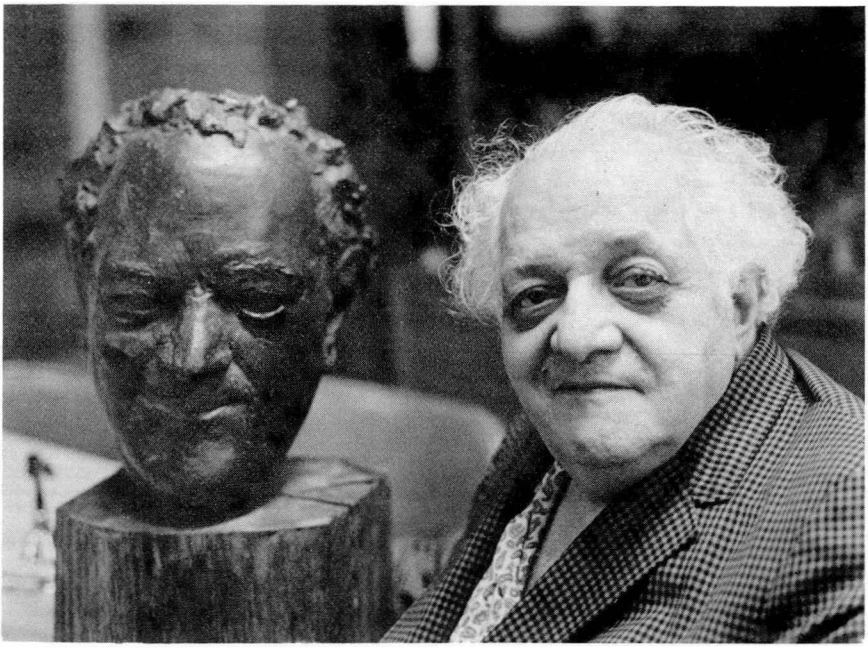
FOUNDED BY J. L. MORENO, 1947



J. L. MORENO, M.D., WITH HIS SCULPTURE

THE UNVEILING *of this bronze likeness took place on Saturday, May 20, 1972, at Beacon, N. Y., in the presence of approximately one hundred persons. A number of students of the Moreno Institute and members of the Moreno family presented informal addresses. J. L. Moreno welcomed the guests and regaled them with a few tales from his early life, concluding with reciting a poem he had learned as a child, in Rumanian, by Eminescu.*

THE MAGIC CHARTER OF PSYCHODRAMA

J. L. MORENO, M.D.
Moreno Institute, Beacon, N. Y.

A Simple Way of Restoring Harmony and Peace in a World of Unrest and Tension

Psychodrama is a way to change the world in the HERE AND NOW using the fundamental rules of imagination without falling into the abyss of illusion, hallucination or delusion.

The main barriers and challenges in the search for understanding, truth, and joy in our world are:

1. Sex
2. Race
3. Age and Ageing
4. Disease
5. Death
6. Fear and Frustration
7. Language
8. Animals
9. Objects, such as food, money, means of transportation, and computers
10. Human limitations and lack of unity with the cosmos

The human brain is the vehicle of imagination. Psychodrama, in training the imagination, overcomes the differences which hinder communication between the sexes, between the races, the generations, the sick and the healthy, between people and animals, between people and objects, between the living and the dead. The simple methods of psychodrama give us courage, return to us our lost unity with the universe, and re-establish the continuity of life.

The basic concepts of psychodrama are:

1. The warm-up, preparing for an act
2. Spontaneity and creativity
3. The encounter
4. Simulation
5. Concretization and acting out
6. The mirror
7. The double
8. Sensitivity training
9. Role playing and role reversal
10. Surplus reality

By means of these methods a man can play the part of a woman and a woman can play the part of a man; a black man can be a white man and a white man can be a black man; an old person can take the part of a child and a child the part of an old person; a man can be an animal; an object can be a man.

By means of these methods a healthy person may live more effectively, a sick person may learn to bear his misery, and the dead may continue to play a part in our lives. Fear is dispelled and human limitations are stretched. The astronaut becomes a psychonaut exploring the spaces of the mind.

This is the way psychodrama proceeds. Resolve not to render lip service to it but to live by it.

THE SELF DISCLOSURE ASPECT OF THE PSYCHODRAMA SHARING SESSION

ALTON BARBOUR

University of Denver, Denver, Colorado

"Incomplete terminations interfere with new beginnings."
—CARL HOLLANDER

Self disclosure has become an increasingly important area of empirical investigation in the behavioral sciences and area of exploration in the human potential movement. It is seen now as a variable which "mediates" a vast number of other seemingly unrelated variables such as communication accuracy, interpersonal perception, group cohesiveness, self concept, and confirmation. Inaccessible for description and experimentation until recently, self disclosure is now available to researchers and methodologists for development. A minimal accumulation of theory exists regarding self disclosure, but considerable data is being gathered currently, and it is anticipated that substantive research will aid in the formulation of theory.

Culbert (1968) has defined self disclosure as an individual's ". . . explicitly communicating to one or more others some personal information that others would be unlikely to acquire unless he himself discloses it." Culbert explained that the information must be "personally private," that is, it must be of such a nature that it is not something the individual normally would disclose to anyone who might happen to inquire about it. Of course, what is "personally private" for one may not be for another for a number of reasons.

Self disclosure is thought to differ from self description in that self description designates self data that an individual feels relatively free to reveal to most others. It includes information which an individual knows about himself and which may be readily perceivable to others, and by which he consents to be known such as marital status, occupation, physical characteristics, etc. By definition, self disclosure requires the presence of others or it becomes "self information." Normally self information precedes self disclosure.

Jourard (1964, 1968) is the name that dominates the literature on self disclosure. Working alone or in conjunction with others, he has explored the area in some depth. Jourard has been responsible for the development of a reliable 60 item instrument for the assessment of self disclosure and for considerable demographic testing.

In his book *The Transparent Self* (1964) Jourard has made some observations about self disclosure that are pertinent to the understanding of the

phenomenon. He says that the way to know oneself is to disclose that self to others. Meaning that one knows himself best through others and how they respond to him. If he discloses himself authentically, he gets that authenticity responded to; he sees the results of showing his "real self." A person who does not reveal himself to others gets this lack of disclosure responded to and grows more and more "out of touch" with the self. An individual who presents a "false self" gets the falseness responded to and receives the impression that others do not really know him. Others can know a person only to the extent that he discloses himself and can respond accurately only to the extent that they are provided with authentic data.

The results of much of the research in self disclosure seems sociometrically significant, and much of the analysis of the results seems pertinent to the understanding and practice of psychodrama. A protagonist in the midst of an enactment repeatedly makes decisions about the extent of his self disclosure. Disclosure is often the theme of a psychodrama. When the enactment is completed and the sharing session begins, the very substance of what is shared is constituted of self disclosure.

During the sharing session, each person has the potential for experiencing the relief of having harbored a secret and being able to reveal it in front of others and be provided with their responses. This usually results in being unburdened by the secret and at the same time discovering that others are not repelled by the disclosure of it. That instead of becoming less acceptable to the group for having said it, one may very well become more acceptable for having it disclosed.

Clearly, psychodrama is not only for the protagonist but for the auxiliaries and audience as well. Group members vicariously work out some of their own difficulties by relating to the psychodramatic experience of another person. In the sharing session, each person has an opportunity to integrate the action on the stage with his own experience. In a sense, he takes part of the psychodramatic action and incorporates it into his own life, and at the same time offers something of his experience to the group. In the giving, each person depletes himself of the "personal" character of what is revealed and enriches himself with the "universal character" of what the others have shared.

The sharing session allows the joining of group members' past experiences with the past experiences of the protagonist which were enacted as if in the present. The group members can come to appreciate which of their own past experiences are still unresolved or incomplete to the extent that they are activated by the psychodrama. The psychodrama has the potential for reawakening troubled areas and past difficulties of group members. These unresolved difficulties may be revealed in the sharing session and provide the substance for future psychodramas.

Each group member undergoes some self confrontation during the enactment of another person's psychodrama. He confronts: (1) "How is this similar to

my own experience?" and (2) "How would I handle this same situation?" In this way, each psychodrama generates other potential psychodramas providing the sharing session facilitates the transformation from identification to presentation to enactment. A potential protagonist who is not allowed to disclose may never enact. A potential protagonist who is allowed to "talk it out" may not feel the need for enactment. The sharing session provides the crucial interim for getting the protagonist down off the stage and back into the group and for getting another group member out of the audience and onto the stage.

Zerka Moreno has said that during an enactment, a protagonist psychologically denudes himself of previous concealment and exposes himself to group view. When the enactment is over, the protagonist has to return to the group nude. He needs to be clothed with the same type of disclosure that he has divested himself of. During the sharing session, each person has an opportunity to participate in the psychological clothing of the protagonist. Each person "clothes" by taking something of his own emotional makeup and providing the protagonist with it. Sometimes an abundance of sharing leaves each person in the group emotionally exposed, but provides an abundance of emotional clothing to be "tried on for size" and worn out of the room. The protagonist who has departed from the group for his enactment is allowed reentry into the group to the extent that the disclosure in sharing is similar in proportion and nature to the disclosure in the enactment. The protagonist has given and needs to be given back to. Giving back broadens the experience, making it more common and more universal.

Each person has different tolerance and capability for sharing. Each person gives what he is able to part with. A person who cannot relate to the enactment can share why he is unable to relate. However, if a person seems repeatedly unable to relate it is more likely that he is threatened and unable to disclose.

Generally speaking a new group member will be threatened by a group he joins, even if all of the other group members are new also. What a new group member is most threatened by is that he will be damaged or exploited. These threats or fears usually diminish in an atmosphere of sharing.

As persons share, each becomes more distinct, human, believable, and vulnerable. With sharing, barriers come down, cohesiveness grows, and anonymity diminishes. Each person establishes himself in the group with strengths, weaknesses, problems, flaws, imperfections, capabilities, and untapped resources revealed. As each person becomes more known, each person becomes less formidable, less isolated, less ambiguous, and less threatening. Instead, he becomes more sharply defined, more sympathetic, more supportive, and more in accord with each other member of the group.

Part of the "bonding effect" that becomes apparent during the sharing session results from a group awareness of the commonality of their experience. Although it is true that each of us is different, it is also true that we are all

alike in many ways and can identify and empathize with the psychodramatic experience of another. Because of our own backgrounds we can "understand" the experience another undergoes and can relate it to our own. As perceived differences between group members diminish through shared experiences and threat of damage or exploitation diminishes, closer personal relationships emerge. There appear even to be some "universal themes" enacted in psychodramas that virtually everyone present in the group can relate to in one way or another.

The sharing session also reemphasizes the group therapy nature of psychodrama. It reminds us that some other group has sickened or inflicted damage on the protagonist, but that the present group is capable of curing the sickness or healing the wounds. Optimum effectiveness in psychodrama requires the presence of a group and necessitates the effective utilization of the sharing session.

A poorly done psychodrama is likely to produce a poor sharing session evidenced by confused personal identification, guarded tentative comments, lack of insight, generalized coldness and distance, minimum self disclosure, and group disintegration. It is also likely that an effectively done sharing session will generate a number of good psychodramas because it will serve to prepare potential protagonists for eventual enactment by initiating their disclosure for the group.

Satisfying sharing tends to be of three kinds: (1) "This is something that I *have shared* with you." (That I went through again with you in your psychodrama.) (2) "This is something that I *can share* with you." (That I have not yet shared, but need to say to give you something of myself for what you've given me.) (3) "This is something that *you shared* with me." (This is something I got for myself out of what you went through.) Naturally there are combinations of the three.

One seemingly innocent version of sharing is: "I have gone through that too." (But I have worked it all out and am done with it.) This last statement may be genuine and sincere, but it can also represent what might be termed "pseudo-sharing," or sharing that allows an individual to say something in the group, but still remain superior to the protagonist and separate from the group, an individual without the same needs or difficulties that other group members may have.

Analysis, advice, judgment, and moralizing are non-sharing. They reveal nothing of the self. They contribute nothing to the ongoing aspect of the group growth or development. Such pronouncements, however wise or true, tend to "place periods where there should be commas" and close down matters which might profitably remain open. No group member should be placed in a position where he may evaluate another.

That which is divulged during sharing sessions is usually thought to be "group property" and is ideally available for the group to incorporate for the

personal growth of each of its members. This would hold true for the person who shared the information or feelings. Whatever is said honestly ought to be responded to honestly, dealt with honestly, and utilized honestly. When it is used in another psychodrama or processing session, care ought to be taken by the director to assure the giver of the information that the use of the information is descriptive or interpretative rather than judgmental.

The sharer himself has a highly subjective view of the significance of the information that he has shared. It may be accurate, but it may also be distorted or highly value laden. It would be an error to accept the description or conclusions of the sharer about his own experience without testing that experience in a psychodrama. One should not be too quick to conclude about the nature of a difficulty of a protagonist because of his description of it in a previous sharing session.

The sharing session provides a "warming down" period for the protagonist, the auxiliaries, and the audience. It is a "psychological breathing space" which allows each person to get out of his own individual mental psychodrama and rejoin the group. After a particularly compelling or cathartic session, it "wrenches" a group mentally and emotionally if they are dismissed too abruptly and sent from the scene of the action. Groups that lack closure will want to remain so individuals can interact with one another in order to integrate the experience in the psychodrama theatre with the world that they've come from and are going to return to. The time span of the sharing session serves as the interim between the enactment and the return to the non-psychodramatic world waiting outside to be "joined." There is an "incompleteness" apparent if individuals have not had the opportunity for sharing. Sharing provides for catharsis, but it also allows for closure. Content analysis samples would probably reveal that the sharing session has its own warm-up, "acting out," resolution, and integration just as the actual psychodrama session has. The sharing session also takes a classical psychodrama "full circle" in that the psychodrama begins with verbalizing (the interview) moves to action, and then ends with verbalizing (sharing).

The sharing session remains a little understood and little appreciated dimension of the classical psychodrama. The availability of information from social psychology about the nature of group behavior, from speech communication about message variables and outcomes, and from clinical psychology about the effects of self disclosure can contribute to an understanding of the sharing session and a more effective utilization of it.

SHARING SESSION GUIDELINES

1. The psychodrama is not over when the enactment is over, but when the sharing session is over. The responsibilities of the Director remain intact and operative throughout the sharing session.
2. Sharing ought not to be analytic or evaluative, even of other sharing.

Questions and intellectualizing should be discouraged.

3. Sharing should be urged, but not required. The easiest way to bring it about is by (1) clearly establishing the procedure as a norm, and (2) role modeling by providing an example of it oneself. Resistance is generated, even in the most cooperative group members, if there is (1) ambiguity about the procedure, (2) lack of a model, or (3) coercion.
4. It is necessary that the Director be alert to information divulged in the sharing session being retrieved and seemingly "used against" an individual at a later date. If it becomes the practice of the group to "pick up" on such information to make diagnoses, explain origins, etc., individuals will become more cautious in what they choose to reveal. The nature of the disclosure will have changed from one of "giving of oneself to another" to "exposing oneself for future assessment." Care should be taken to assure that participants in the sharing session will not regret having shared and will not become guarded and cautious in their sharing.
5. A Director should be alert to socio-emotional aspects of the sharing session and not be misled by content. How something is disclosed and what is evolving while it is being disclosed may be important cues to the development of the group and the needs of group members.
6. Critique, analysis, or processing of the psychodrama can interfere with optimum use of the sharing session and are more appropriately performed at distinctly separate sessions identified for that purpose.

SELF DISCLOSURE INVENTORY

1. How would I like to present myself to other people?
2. How do I actually present myself to other people?
3. What about myself do I regard as a handicap?
4. What feelings do I have trouble expressing or controlling?
5. What about myself am I especially proud of?
6. What are my feelings about my appearance?
7. What are my personal standards of attractiveness in others?

BIBLIOGRAPHY

CHITTICK, ELDON V. AND PHILIP HIMELSTEIN. The Manipulation of Self-Disclosure. *The Journal of Psychology*, 1967, 65, 117-121.

CULBERT, SAMUEL A. *The Interpersonal Process of Self-Disclosure: It Takes Two to See One*. New York: Renaissance Editions, Inc., 1968.

DELEON, PATRICK HENRY. Concomitants of Self-Disclosing Behavior. *Dissertation Abstracts International*, 1969, (May), 30, (11-B), 5235.

DIMOND, RICHARD E. AND DAVID T. HELLCAMP. Race, Sex, Ordinal Position of Birth and Self-Disclosure in High School Students. *Psychological Reports*, 1969, 25, 235-238.

FROMM, E. *Man for Himself*. New York: Rinehart, 1947.

GOFFMAN, E. *The Presentation of Self in Everyday Life*. Garden City, New York: Doubleday, 1959.

HALVERSON, CHARLES F. JR. AND ROY E. SHORE. Self-Disclosure and Interpersonal Functioning. *Journal of Consulting and Clinical Psychology*, 1969, 33 (2), 213-217.

HIMELSTEIN, PHILIP AND WILSON W. KIMBROUGH, JR. A Study of Self-Disclosure in the Classroom. *The Journal of Psychology*, 1963, 55, 437-440.

HORNEY, KAREN. *Neurosis and Human Growth*. New York: Norton, 1950.

JOURARD, SIDNEY M. Age Trends in Self-Disclosure. *Merrill-Palmer Quarterly*, Beh. Divi., 1961 (a), 7, 191-197.

JOURARD, SIDNEY M. *Personal Adjustment: An Approach Through the Study of Healthy Personality*. New York: Macmillan, 1958.

JOURARD, SIDNEY M. *Disclosing Man to Himself*. Princeton, New Jersey: D. Van Nostrand Co., Inc., 1968.

JOURARD, SIDNEY M. Self-Disclosure and Other-Cathexis. *The Journal of Abnormal and Social Psychology*, 1959, 59, 428-431.

JOURARD, SIDNEY M. Some Implications of Self-Disclosure Research for Counselling and Psychotherapy. *Counselling Center Discussion Papers*. University of Chicago, 1961, 7 (14).

JOURARD, SIDNEY M. *The Transparent Self*. New York: Van Nostrand Reinhold Co., 1964.

JOURARD, SIDNEY M. AND M. J. LANDSMAN. Cognition, Cathexis and the "Dyadic Effect" in Men's Self-Disclosing Behavior. *Merrill-Palmer Quarterly*, 1960, 6, 178-186.

JOURARD, SIDNEY M. AND PAUL LASAKOW. Some Factors in Self-Disclosure. *The Journal of Abnormal and Social Psychology*, 1958, 1, 56, 91-98.

JOURARD, SIDNEY M., AND RICHARD M. REMY. Perceived Parental Attitudes, the Self and Security. *Journal of Consulting Psychology*, 1955, 19, 364-366.

JOURARD, SIDNEY M., AND PATRICIA RICHMAN. Factors in the Self-Disclosure Inputs of College Students: *Merrill-Palmer Quarterly*, Beh. Divi., 1963, 9, 141-148.

LEONARD, GEORGE B. *Education and Ecstasy*. New York: Dell Publishing Co., Inc., 1968.

MELIKIAN, LEVON H. Self-Disclosure Among University Students in the Middle East. *The Journal of Social Psychology*, 1962, 57, 257-263.

MORENO, J. L. *Psychodrama*, Vol. I. Beacon, N. Y.: Beacon House, 1964, 1972.

MORENO, J. L. The Roots of Psychodrama. *Group Psychotherapy*, 1966, 19, 140-145.

MULLANEY, A. J. Relationships Among Self-Disclosive Behavior, Personality and Family Interaction. *Dissertation Abstracts*, 1964, 24, 4290.

NEWCOMB, T. M. *The Acquaintance Process*. New York: Holt, Rinehart and Winston, 1961.

PEDERSEN, DARHL M. AND KENNETH L. HIGBEE. Personality Correlates of Self-Disclosure. *Journal of Social Psychology*, 1969, 78, 81-89.

RIESMAN, D. The Lonely Crowd. New Haven: Yale University Press, 1950.

ROGERS, CARL R. *On Becoming A Person*. Boston: Houghton Mifflin Co., 1961.

ROGERS, CARL R. *Person to Person: The Problem of Being Human*. Lafayette, California. Real People Press, 1967.

STANLEY G. AND A. F. BOWNES. Self-Disclosure and Neuroticism. *Psychological Reports*, 1966, 18, 350.

VONDRACEK, SARAH INGRAHAM COOKE. The Measurement and Correlates of Self-Disclosure in Preadolescents. *Dissertation Abstracts International*, 1970 (May) 30, (11B), 5230.

WIGHT, ALBERT R. Participative Education and the Inevitable Revolution. *Mimeo Sheet*, N. D.

WORTHEY, MORGAN, ALBERT L. GARY AND GAY M. KAHN. Self-Disclosing as an Exchange Process. *Journal of Personality and Social Psychology*, 1969, 13, 59-63.

ROLE REVERSAL BETWEEN PATIENT AND STUDENT IN PSYCHIATRIC NURSING

JOSEPH L. PRICE

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Baccalaureate level nursing students must rotate through an integrated psychiatric clinical experience just as they do the medical, surgical, obstetrical and gynecological areas. Our psychiatric nursing experience requires that the student relocate for a summer at the State Hospital some three hundred miles from the campus. During this intensive period of education, the student nurse is exposed to daily lectures, seminars and tape analysis sessions covering the broader aspects of psychiatric nursing. In addition, the student spends one hour daily in therapy with a patient of his choice.

One particular type of tape analysis session constitutes an experience I have called Interpersonal Process Recording (IPR). It is in the IPR session that the student meets with his patient and clinical supervisor for the purpose of having all three analyze the audio tape recording made by the student and patient during the regular daily therapy just prior to the IPR session.

The IPR session serves a multiple educational purpose. First, it allows the clinical supervisor to become familiar with the patient and his clinical dynamics. Second, it provides an opportunity for the patient to meet personally with the student nurse's "teacher." Third, there are probable therapeutic values to the patient listening to his own catharsis during therapy, *expost-facto*. Fourth, and similar to the third point, the value garnered by the student nurse in listening to his own approach to therapy is immeasurable. Finally, the feedback that can be given to the student nurse and the patient by each other and the clinical supervisor seems to be of great importance.

I found that the spontaneous utilization of role reversal between student and patient or clinical supervisor and patient during the IPR session brought about some interesting empirical results. Most obvious, of course, is the possibility of each person experiencing the other more fully and completely by reversing roles. The opportunity for the student to experience increased awareness of the patient's feelings, thoughts and actions is extremely helpful. In addition, through the use of role reversal in the IPR session the patient can begin to deal more directly with impinging pathology. For example, the depressed patient who is having difficulty making choices and decisions in regard to his life, who can't seem to cope with being in control of himself and successfully handle that powerful control, deals much more effectively with the dynamics of control when he is, through role reversal, acting out his perception of the student-nurse therapist or the clinical supervisor. In the milieu

previously described, patients seemed to enjoy the use of role reversal in the IPR session. The safety of the environment as it was established by the student and clinical supervisor seemed to increase the patient's willingness to engage in this somewhat unique approach to psychiatric treatment and combined student supervision. The results suggest that both the student nurse and the patient can begin to accept increased responsibility.

PSYCHODRAMA AND GROUP THERAPY WITH YOUNG HEROIN ADDICTS RETURNING FROM DUTY IN VIETNAM*

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SUMMARY

This paper describes the use of psychodrama and group therapy with young heroin addicts returning from duty in Vietnam. Psychodrama and group therapy have been found to be helpful in both evaluation and treatment, and several case illustrations are presented. Included is some practical and theoretical discussion. I am convinced that psychodrama and group therapy can be of continued help in our future efforts with this agonizing problem. Reappraisal and sharing of techniques seems vital in this endeavor. At one year follow-up, via telephone interview, both men of the case presentations, and one mentioned briefly in the discussion section, are free of heroin use.

Shortly after reporting for military duty I learned I was to be the medical officer in charge of a newly established ward for returning drug abuse patients. Psychodrama and group therapy sessions became an integral part of our therapeutic and evaluation program. It became apparent that psychodrama was a helpful treatment modality for our patients and for the young heroin addicts in particular. I would like to describe two instances of the vivid helpfulness of psychodrama in the lives of our patients.

Grateful acknowledgement is herewith being made to Dr. Gerald Brownstein, Pat Mailander, Steve May, Robert Knight and the dedicated staff of Ward 5 South, without whom the author could not have carried out this work.

CASE I

Mr. P. is a 19-year-old man who became firmly addicted to heroin during his tour of duty. He had tried to quit several times on his own but returned to the drug upon experiencing severe symptoms of withdrawal. Three weeks after completion of detoxification procedures he suddenly presented in a very distressed state for the ward psychodrama that morning. He was pale, sweating, restless and appeared extremely fearful and physically ill. (Physical examination and careful medical testing later in the day were entirely negative.) He

* The opinions or assertions contained herein are those of the author and are not to be construed as official or necessarily reflecting the views of the Medical Department of the Navy or the Naval Service at large.

explained to the group that he had had a dreadful dream the past night. The director asked him to come to the psychodrama stage and the dream was brought to life. In the dream he had completed his treatment program and was returning home. At the front door he was confronted by his angry father. With the help of fellow patients and staff the tumultuous encounter and eventual physical violence were re-enacted. At one point, while role reversal took place between the patient and his father, it was revealed that the father's beloved younger sister had been a heroin addict. She had died of suicide in a distant city, alone and unknown. She had failed to kick her heroin habit at several treatment programs. The patient seemed struck with a realization (which later was found to concern his father) at this point in the drama.

The next and final scene took place in the room of the patient's younger brother, who is 15 years old. This younger brother had always looked up to the patient and idolized him in earlier years. He had known of the patient's drug abuse in high school and the recent heroin addiction. The patient had tried to discourage his brother about using drugs but had learned via a recent letter that his brother had, himself, begun using heroin.

In the dream the patient had gone to his brother's room to try to talk sense to him and get him to quit heroin. Suddenly, while he was talking to his brother, the dream shifted and they were injecting heroin together. "Oh, no, it can't be!" he gasped.

The last scene ended with a tearful soliloquy by the patient in the guilt-filled land of his loneliness. He had awakened in a cold sweat and had to waken a buddy on the ward to talk of his agony.

The spell-bound audience group gradually rose to an empathetic feedback of helpful support to the tearful protagonist. He saw for himself that part of his father's extreme anger at any hints of drug use was related to his own agony of memory with regard to his sister. The patient had always seen this as his father's inherent hatred of him. In a supportive way some group members pointed out that he might be partially responsible for his brother's problem, but there were many other factors involved. It was tough enough for him to kick his own habit, much less heap his brother's problem on his already sagging shoulders. A fellow patient astutely observed that even though this drama and dream were upsetting, it might be better that he face such things here and now on the ward. To face them later at home, alone, might have been too much for one man without resorting to heroin.

Shortly after this psychodrama the patient was noted to be relaxed, smiling and visibly relieved, as evidenced by his bodily state and verbal productions. This experience and additional work in small group therapy sessions led to other psychodrama sessions where father and brother were dealt with further. It certainly seems that such a dream became a therapeutic opportunity and possibility, rather than a stored up agony in the oblivion of things unmentioned.

CASE II

Mr. C. is a 20-year-old man from a large city ghetto. He had described, in general terms, the financial, social and family problems he faced at prior therapy groups. This morning he anxiously mentioned a crucial matter. His identical twin brother was also a heroin addict. His more outgoing, aggressive brother had become addicted shortly before the patient. He feared going home to this situation for many reasons.

In the psychodrama his return home was vividly portrayed. The patient set out to help his brother by verbal encounter. Repeatedly, the more aggressive brother out-talked or out-maneuvered the patient. Role reversal and doubling revealed many interesting things; one aspect was the intense bonds that exist between these twins. The love, dependency and concern were apparent, but also the ambivalent fear, competition and hatred. The twin brother had failed at several treatment attempts and scoffed at this, our patient's first attempt. At repeated returns to this encounter the brother stubbornly and sarcastically refused to respond. The patient said this psychodrama seemed "phony" because the antagonist didn't look like himself and didn't use all the non-verbal communications that he and his brother used.

The director pointed out that the intensity of this relationship and his failure to convince his twin in the psychodrama indicated that the importance of this situation should not be underestimated. Even various substitutes from the ward group could not convince the twin to change his ways in subsequent returns to the scene. Some fellow patients expressed the thought that he might have to stay away from home for awhile so he could gain strength on his own. He suddenly expressed, with tears, his gratitude to them. He had quietly come to this conclusion, but thought they would consider him a coward and a traitor for doing this. Again the ward group showed intense attentiveness to this shared dilemma. Mr. C. had always expressed skepticism that fellow patients or staff could ever really understand his life in the ghetto. After all, they had never been there. That day at the psychodrama, we had all been there with him. If he does choose to return there, his steps might not be so lonely.

DISCUSSION, CONCLUSIONS AND FURTHER OBSERVATIONS

In reviewing our experience with the drug abuse patients thus far, several things stand out.

We have found ourselves talking to patients about "turning on to life" or seeking a "natural high" when confronting their life situation. I have come to describe the situation of the psychedelic drug or heroin user as the "Alice in Wonderland Syndrome." These human beings have so habitually sought refuge in the vivid, but artificial, land of the "trip" or "rush," that with time they literally find the everyday experience of living boring. This is a subtle tragedy, and we have struggled with how to jolt these young men from their

state of self-induced anesthesia to life. In essence, we seek to help them substitute a healthy addiction for an unhealthy one. Heroin is, hopefully, replaced by addiction to creative experience in living with people. Thus, the cornerstones of psychodrama theory, as vividly described by Moreno (1964), come into vital focus in such a treatment endeavor. These concepts are spontaneity and creativity. Dr. Moreno states: "We have called this response of an individual to a new situation—and the new response to an old situation—spontaneity. Spontaneity is the factor animating all psychic phenomena to appear new, fresh, and flexible. It is the factor which gives them the quality of momentariness (without drugs) . . . With a total loss of spontaneity goes a total loss of creative existence."

These young men, as a result of the habitual retreat they have made, are really rigid despite chronologic youthfulness. I am impressed that psychodramatic treatment can be a vital component in the ongoing therapy process for young heroin addicts. As the above cases illustrate, the psychodrama stage provides a unique opportunity to "turn on to life."

At a less theoretical level we have found psychodrama useful. Very practical life situations can be helpfully and vividly approached via the psychodrama stage. With our patients we find that military duty, future job and future home and family situations can be set up to be looked at and dealt with in psychodrama. There, is hopefully, a psychological desensitization to future stressful situations that conceivably could lead to self medication with, or despairing turn toward, heroin. As one of our patients said, "Even though this psychodrama was upsetting for you, man, it might be better for you to face that stuff here and now on the ward." To face them later at home alone might have been too much for one man without resorting to the balm of heroin. In one instance we set up a man's agonizing confession of heroin addiction to his unknowing wife who had been waiting patiently at home for him. Her tears, anger and agony pervaded the stage that day. With other patients we focused on such scenes with parents.

Many patients frequently dream directly or symbolically about taking heroin. Occasionally they actually awake guilt ridden, terrified or with felt drug effects the next morning. This is illustrated by the following patient's history.

CASE III

The case history concerns a 19 Y.O. black young man who had been on our ward for three weeks and had ceased heroin and cocaine the day of admission. He had used heroin and alcohol heavily ($120/day U.S. prices) for at least one year prior to admission. The patient's family had fought hard to arrive at a middle class racially mixed neighborhood. His father was a hard worker, excellent role model and tender with the patient, helping in the establishment of their close father-son relationship. Part of their enjoyable activities together

was hunting and the study and enjoyment of careful gun use. Father's moments of stern and careful instruction of his son would center on the meticulous care of and attitude of safety toward guns.

The day of psychodrama to be discussed was preceded by the usual ward "sea stories" and rebellious statements toward the military. When the director arrived a non-directive, unstructured, warm-up was undertaken with some casual banter with the audience.

He noted the patient to be present in a visage and posture that indicated he was experiencing "psychic pain." The patient was perspiring, shaky, shifting position and shaking his head with later holding of his head in hands.

Fortunately, the patient quickly stated to the director, "I don't feel good but I got to tell you and the community about the dream I had last night." The scene was set meticulously and an initial soliloquy used to talk in depth of the friend to eventually appear in the scene.

As the scene unfolded in its poignancy, it became apparent that the dream awoke him abruptly and had caused the patient to awaken his roommates for support and counsel in his horror.

It seems that in his dream world he found himself looking through the telescopic sight of a deer rifle, only to see with terror the smiling face of his very best friend. He was unable to stop as he slowly but relentlessly squeezed the trigger of the powerful rifle. The shot struck his friend in the left chest and groin at the same time. Tears burst to the patient's eyes. Astounding to the patient was the subsequent twisted but clearly ecstatic ("almost sexual, doc") smile of his friend he saw transfixed in the telescopic scope. Then he awoke in the cool sweat of his confusion, guilt and turbulent trauma.

Role reversals, soliloquy, returns to the scene and doubling further clarified feelings and involved the attentive (unusually quiet and serious) audience.

At the "Love-back or audience feed-back" finale of the psychodrama a bright fellow patient observed with striking clarity: "It takes no shrink to see that that best friend of yours in the dream is really you, man. Each time you shoot up heroin, man, you shoot up yourself." A staff member pointed out that the smile on the face of the friend in the dream was typical of the pleasurable experience right after injecting heroin, unless nausea occurs, as sometimes happens.

A psychologist observed that the bullet striking at the groin as well as the heart fit with the recent lectures we had given regarding cardiac and sexual complications often brought on by heroin and needles (endocarditis, skin infections, etc.). The patient in fact, had been impotent since his heavy heroin use and his girlfriend had become ill with venereal disease while prostituting for the money to support her heroin addiction.

The remainder of the feed-back part of the session was characterized by empathic comments and sharing of related experiences. Indeed, I believe this

man will not be the same after the anxiety, sharing and personal opportunity for experiential impetus for change which occurred that day.

One young heroin addict, who also used LSD, brought up the frightening flashbacks he had experienced while on duty in the engine room of his ship. The engine room, with its demand for accuracy in reading pressure gauges, is a frightening place to encounter such flashbacks. This flashback situation really came to life with its fears, guilts and human concerns. Such lively portrayals add to and mesh with group therapy approaches. If appropriate, a small group therapy can temporarily break up and go to the psychodrama stage to look at an important situation. This is always at the leader's discretion. Many of our patients who tend to "act out" rather than verbalize or intellectualize seem to enjoy and be more attentive to psychodrama sessions than to traditional small or large groups, which we also use. Our preliminary observation is that such "acting out" on the psychodrama stage tends to decrease our patients' acting out on the ward. Some catharsis of transferential hostility, anger and frustrated dependence seems to be involved. A persistent theme is an intense bitterness toward the Navy or society in general. We feel this is a true transference to the institution (Gruenberg, 1967). Because the military is seen at the same time as an agent of discipline and authority, as well as a total care institution, it tends to rekindle buried or smoldering conflicts with parents. In a surprisingly frequent number of cases a parent has been directly, vicariously, or indirectly involved with drug abuse. The alcoholic parent seems to be the most frequent, but a parent as physician, pharmacist, drug salesman or drug store clerk is frequent. Unfeeling, unjust discipline is occasionally found in the military. (It is usually from those who feel inadequate and use the system of military discipline for their own security operations.) However, we have examined such situations in group or psychodrama. It is, in most cases, inevitable that behind such hassels with superiors are disguised remnants of either cruel and rigid, or totally unconcerned and permissive, parentally set limits of their past. Thus, the military is hated and rebelled against or desperately sought out to set limits or to care, like some veiled and searching psychological reincarnation experience. Those who successfully find the long lost parent in the military we apparently never see.

When angry transferences blaze in our groups or psychodrama, they are true threats toward dangerous group regression. Thorpe and Smith (1953) have described group "traditions" that help at such crises. They are (1) the problem exists within the individual and not necessarily in society; (2) the group does not judge or punish but examines and explores behavior; (3) the use of drugs is only a symptom—the real problem is the person; (4) the past is related to the present and the future; (5) upon investigating differences between patient and staff, the latter effect is dissociated while the patient's participation is explored; (6) differences on the ward are to be brought to the group; (7) the more you participate in the group, the more you get out of it;

(8) leaders on the ward can and should be questioned as to their motivation; (9) the group works with differences; it is not a "mutual admiration society." These traditions conveyed in word and attitude are remarkably helpful at times of group crises.

CONCLUSION

In conclusion, we have also observed that the psychodrama state is a diagnostic laboratory par excellence. One of our ward's functions is evaluation, as well as treatment psychiatrically. Thus, we feel that we are better able to observe our patients' worlds as they really are. "Show us, don't tell us!" and "You are actually there now" are common reminders during psychodrama sessions. Because many of our patients have been impulsive actors rather than verbalizers or philosophers, we feel this is especially true on our ward of heroin addicts and drug abusers.

As Santayana once said: "Those who fail to know (and master) the past are doomed to repeat it." Those of us involved in the psychodrama will never be the same for it.

REFERENCES

GRUENBERG, E. M. "The Social Breadown Syndrome. I. Some Origins." *American Journal of Psychiatry*, 1967, 123:1481-1489.

MORENO, J. L. *Psychodrama*. Beacon, N. Y.: Beacon House, Inc., 1964, pp. 12, 47, 50, 102.

MORENO, J. L. "Psychodrama and Group Psychotherapy." Paper presented at the American Psychiatric Association Meeting, Chicago, Ill., May 30, 1946.

THORPE, J. J. AND SMITH, B. "Phases in Group Development in the Treatment of Drug Addicts." *International Journal of Group Psychotherapy*, 1953, 3:66-78.

STRUCTURING PERCEPTIONS OF GROUP PROCESS

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An adaptation of Cattell's (1948) definition of group can provide a frame of reference for the group worker to organize his perceptions of process. Cattell's article, originally addressed to social psychologists, requires some modification if it is to be a model for viewing the face-to-face group.

Cattell held that three panels, or aspects, must be taken into account in defining a group: (1) syntality traits; (2) characteristics of internal structure and (3) population traits.

Syntality refers to the group acting as a group. It is behavior or inferences drawn from behavior from which the group is perceived as acting as a totality upon its own environment or, conceivably, on the environment of other groups. The casual observer who remarks that a group is "active" or "aggressive," for example, is offering commentary about group syntality. The observer is abstracting from the behavior of individual members a sense of the group acting as an entity.

Syntality may be compared with the Gestalt principle that the whole is greater than the sum of its parts. Syntality, "group personality," is more than a summation of the behaviors of individual members.

The idea that a group acts as a unity is reflected in the work of group theorists. Bion (1952) described group culture; Bennis & Shepard (1956) advanced a theory of group development and Schutz (1960) saw a parallel between individual and group development.

Cattell's second panel, characteristics of internal structure, refers to the formal and informal networks which affect relationships among members.

Forming committees to mobilize and channel individual energy for the attainment of a group objective is an example of a formal group structure. Crystallized and widely accepted norms, i.e. shared expectations for behavior, such as a value for openness of communication, is an example of an informal structure.

Both the formal and the informal networks can influence syntality. A group which expedites work through sub-committees comprised of knowledgeable and compatible individuals might well be perceived as active. A group in which the norm is goal accomplishment might well be perceived as an aggressive group.

Tables of organization and Roberts Rules of Order are examples of responses to needs of individuals to develop formal structures within a group.

Group theorists have paid attention to informal structures, as well. For example, Jackson (1960) offered a schema which conceptualizes group norms; Gibb (1960) has studied the behavior of individuals as it is related to group climate and Moreno (1934) devised sociometry as a means to identify those social realities within the group which affect relationships among members.

Finally, Cattell used the panel population traits to define the average or modal member of the group. For Cattell, population traits were individual characteristics averaged.

Were the casual observer to learn, for example, that the average member of a group was more industrious than might be expected in most groups, that knowledge might help him to understand why he had perceived the group as active. Were the observer to learn that on the average members of a group had higher achievement needs than one might expect to find, that information might help him to understand his perception of aggressiveness.

Schutz's (1960) FIRO-B inventory, which purports to measure three interpersonal needs along the dimensions of behavior expressed toward others and behavior wanted from others, can be used to determine population traits and to see a relationship between those traits and group syntality traits.

Still other group theorists, perhaps not so measurement-oriented as Cattell, seem to address themselves to population traits from directions other than the arithmetical means.

Owing largely to Redl's (1942) explanation, some theorists have speculated that members' common response to one, central person is a sufficient condition for group syntality. The common response, e.g. love, is the population trait.

For example, political action groups have been known to form with the only bond uniting members their shared feelings toward a particular candidate. Remove from focus the candidate, the central person, and the group is no more.

Bion explained population traits in terms of valency, which he defined as member readiness to participate in a particular group culture. Cultures, for him, appeared to be a function of a certain valency predominating at a particular moment. When the predominant valency, i.e. the population trait of influence, was dependency, Bion saw the group acting as if its survival could be attributed to the strength of someone outside of the group. In the Bionic tradition, then, population trait refers to a common need, not typically in conscious awareness, which influences group syntality in a particular moment of group history.

Finally, another group of theorists have paid attention to member behavior, e.g. Benne & Sheats (1948), organizing these into roles designed to facilitate (1) task achievement, (2) group harmony or (3) personal service. Were member behaviors typically viewed to expedite goal attainment, one might expect group syntality traits to include aggressiveness. Were member behaviors typically viewed to be fostering harmony, group syntality could be expected to include friendliness and were member behaviors viewed to be satisfying

needs of the individual, group syntality might be seen to include the traits of hostility.

Population traits have been accounted for from four standpoints: (1) the arithmetic mean of particular characteristics of members, (2) the members' shared feelings about a central person, (3) the members' predominating feelings at a given moment in history and (4) the goal directedness of role behavior.

The group worker can use the adaptation of Cattell's three panels in two ways: (1) to organize in a consistent way his own perceptions of group process and (2) to evaluate the completeness of theories attempting to explain group process.

In the first instance, the group worker can bring group process into his own awareness by trying to identify group syntality traits. Then the worker, operating from the perspective of the group acting as a totality, can examine characteristics of internal structure and population traits in order to understand how these two panels encourage and maintain group syntality.

Essentially, the group worker, using Cattell's panels, asks several questions: How would I describe this group acting as a group? What networks and what population traits tend to support the group in this syntality?

The worker may evaluate the completeness of other theories by examining them in the light of the three panels. He will probably discover that many of these theories seem to describe syntality but tend to omit details with regard to either characteristics of internal structure or population traits.

REFERENCES

BENNE, K. D. AND SHEATS, P. Functional Roles of Group Members. *Journal of Social Issues*, 1948, 4, 42-49.

BENNIS, W. G. AND SHEPARD, H. A Theory of Group Development. *Human Relations*, 1956, 9, 415-457.

BION, W. R. *Experiences in Groups*. New York: Basic Books, 1959.

CATTELL, R. B. Concepts and Methods in the Measurement of Group Syntality. *Psychological Review*, 1948, 55, 48-63.

GIBB, J. R. Sociopsychological Processes of Group Instruction. IN: N. B. Henry (ed.) *The Dynamics of Instructional Groups*. NSSE Yearbook, 19, II, 1960, 115-135.

JACKSON, J. M. Structural Characteristics of Norms. IN: N. B. Henry (ed.) *The Dynamics of Instructional Groups*. NSSE Yearbook, 19, II, 1960, 136-163.

MORENO, J. L. *Who Shall Survive?* New York: Beacon House, 1934.

REDL, F. Group Emotion and Leadership. *Psychiatry*, 1942, 5, 573-596.

SCHUTZ, W. C. *FIRO: A Three-Dimensional Theory of Interpersonal Behavior*. New York: Holt, Rinehart & Winston, 1960.

SERIAL PSYCHODRAMA WITH ALCOHOLICS

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Spurred by my own intense psychodrama experience at Beacon, I returned to my duties as psychiatric consultant with hopes of beefing up psychodrama on our Alcoholism Division. Allied with my intentions was a climate of familiarity with psychodrama on the Division. However, in actual practice, for various and sundry reasons, full and regular psychodramas were being used less and less. As a consequence, many staff members felt rusty and insecure in psychodrama techniques. Sporadic psychodramas often were incomplete and ineffectual. Both staff and patients lost confidence in its effectiveness. Thus a vicious cycle was set up.

Luckily, the Division Chief and his assistant were both psychodrama enthusiasts and were receptive to my enthusiasm. Also, a social worker gave her whole-hearted support and in fact was my most effective ally. Result: a small core of staff agreed to do daily psychodrama for two weeks with our readmit patients, who are the most chronic. We followed, as closely as possible, the format I had been so favorably impressed with at Beacon. We committed ourselves to two psychodramas a day for two weeks. We minimized warm-ups, encouraging patients to volunteer as protagonists and then select the director of his choice. The group was not strictly closed but had a core of about twenty consistent patients. Staff consistency was not 100%, but close.

Initial reaction, when our intention was announced to patients, was strong resistance, fear and negativism. One patient succinctly summed it up that of all the techniques and approaches listed on an admission questionnaire psychodrama was the one and only technique he said he wanted NOTHING TO DO WITH! Staff resistance, for the most part, was more indirect but almost as intense and dogmatic!

As our psychodrama experiment progressed, patients by day two or three had reversed from resistance, negativism and indifference to endorsement. Invariably, at each new session, some patients were already assembled around the stage when we arrived. Staff went along with unstructured warm-up and volunteer protagonist who then chose his director. However, some were anxious or uncomfortable with the arrangement throughout the entire two weeks. My reason for preferring this arrangement remains that it allows the patient to select a director he trusts and needs most at that time and this combination favors a more productive working relationship. With the frequency of dramas, patients were quickly exposed to styles of various directors and this aided them

in selection. This was seen initially by some staff as competition or a popularity contest. However, as the pace picked up and we all felt we were contributing and working pretty much at peak level, selection of a colleague as director was viewed with relief rather than jealousy. Staff team work and morale increased.

The tendency of some staff to rescue patients from painful situations almost sabotaged the model on several occasions. This was especially critical after the first "heavy" session. Patients at the next session attempted to deflect further heavy sessions with bids to listen to music or go to the O. T. Shop. The protagonist of the previous session felt compelled to apologize for getting into some morbid material, especially just before Christmas. Nevertheless, he couldn't resist telling the group, rather defiantly, that he for one felt much better after his heavy session. During this critical warm-up, staff supported the norm of catharsis. I used the analogy of incision and drainage of an abscess, letting out pus under pressure and the tremendous sense of relief. I likened psychological hurts to the pus and psychodramatic catharsis to the physical relief when abscess is incised and drained. We also referred to the grief model which is presented weekly, reiterating that alcoholics frequently bypass hurt, anger and guilt associated with a loss by using alcohol to anesthetize it, rather than experiencing it and working through it. As the resistance began to abate, we half jokingly designated one wall as the "wailing wall" and another wall as the "chair-throwing wall." We invited patients to use them between sessions if impelled. The session that followed proved to be another heavy one with hardly a dry eye by terminus. But, this time, no one fled in disgrace or embarrassment. In fact, the director skillfully used a sobbing observer to play the role on stage.

Another norm we attempted to set up was to have patients get themselves "psyched-up" to work on something and attempt beforehand to focus in on one particular area, loss, person, crisis, trait, etc. Indeed, quite a few demonstrated that they attempted this outside of the psychodrama theater. Some reflected in solitude. More often they seemed to put things together in long rap sessions at the halfway house where most were residing.

A final norm which I suggested on the first day was that, especially as sessions got heavier, people recognize that they may be preoccupied and accident-prone immediately after a drama and in these states, avoid driving, working with power tools, etc. (Some were on day care and returned home evenings to their familes or hobbies.) Confidentiality was an unstated norm until the final session when the last and most reluctant protagonist asked for it to be verbally agreed upon. In respect for this norm, this article contains no personal content from any of the psychodrama sessions.

Results? At this time, the only things that can be evaluated are group process and patient's testimonials. It is too soon to have any evaluation of impact criteria such as job or family stability, sobriety, etc. The group rather quickly became tight-knit and cohesive with a high level of trust and sharing.

In my opinion, these were more genuine and solid than what occurs in our usual daily group therapy sessions with this readmit group. There were cumulative effects which triggered and facilitated dramas as we went along, e.g., scenes portrayed, comments in sharing often stimulated others until we had a steadily growing, rich sociometric network. As tele increased, auxiliaries were selected more spontaneously and needed less warming up. Reactions within the dramas became fuller. Staff also noted a patient who had not come full circle in his own drama finishing out in a subsequent drama in an auxiliary role. Another patient attempted new behavior (right out of her own surplus reality scene) in a critical conjoint interview with her husband and a staff member after hours one day. In other words, patients were trying out new behavior which had been explored or suggested by their own dramas! A staff bonus emerged in that, because of the frequency of the dramas, staff had more opportunity to expand skills. Those who ordinarily direct (and were scarce) had chances to enjoy auxiliary work. Conversely, a social worker who had done competent auxiliary work for years but had always been intimidated by directing was requested by a volunteer protagonist, responded and did a commendable job. Staff rehashes followed each session. Staff who previously had been hesitant but curious became involved and gained new skills through experience and tutelage.

Another auxiliary benefit, possibly, is that patients who were unmotivated to work on their problems quickly drifted out of the hospital. As our Division is frequently flooded with unmotivated patients committed by the courts or by patients merely seeking stabilization but no therapy (e.g., snow bunnies), intensive psychodrama tended to deflect these people to more appropriate places. It appeared to me that we did get a few unmotivated patients hooked on psychodrama and redirected into therapy.

Disadvantages were two in number. Number one was the emotional draining on the staff. This may become less the more we are exposed to psychodrama and the more facile we become. Staff has already embarked on a psychodrama training workshop once a week; in addition, we have agreed on continuing the two-week intensive psychodrama format with two weeks on, two weeks off. This allows patients to integrate some of their learning in regular group sessions. It also will allow staff to recoup and catch up on neglected chores. Number two disadvantage: day care patients felt it was too intense. Perhaps in the future, we can carry all of these patients on 24-hour care during their intensive psychodrama experience.

Granted that patient's testimonials are not an accurate indication of prognosis. Nevertheless, for the sake of completion, I would like to include some mention of them. For the most part the patients felt this was the most therapeutic experience they had ever had. Many had been here and elsewhere in alcoholism programs six or more times. One patient stated that this had been the most meaningful of 22 hospitalizations!

I would like to conclude with a brief word about dynamics. My observation through five years as consultant on our Alcoholism Division is that one of the strongest common denominators in many alcoholics is passivity. Another, as many attest, is denial. The psychodrama provides an ideal vehicle for reversing both of these. Another dynamic is the tremendous opportunity in psychodrama for the alcoholic to work through unfinished grief, both with catharisis and concretizing techniques.

NOTE ON PSYCHODRAMA, SOCIOMETRY INDIVIDUAL PSYCHOTHERAPY AND THE QUEST FOR "UNCONDITIONAL LOVE"

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It has long been asserted by psychotherapists that the patient is really coming to psychotherapy because of unfulfilled or incompletely filled needs for love. The conscientious psychotherapist must, at one time or another, question himself or herself as to whether this need is truly being met in his or her role of therapist. We know that sociometrically there are patients we prefer to others; it would be dishonest not to declare this to ourselves, even if we do not do it to the patient. One solution to this problem has been advocated by the practitioners of the "love therapy" school, who go the whole way with their patient, even to the point of becoming lovers.

What is the psychodramatist's view of this approach? One of the problems we face is that, by being psychotherapists to others, we are also vicariously being therapeutic to ourselves. How then, is it possible to know when we are transgressing from the professional role into the personal? This problem becomes more and more acute as ever-greater freedom of bodily contact is being permitted.

We find, in practice, that the existential pain for the great majority of people who come to us out of their need, is not to have had "unconditional love" as a child. It is every child's natural birthright but very few of us ever receive it. How many of our patients come, then, in search of this unconditional love which makes no other demand of them than that they be themselves, whatever they may be? Our task is largely one of "healing the hurt child" inside. Do hurt children want sexual contact with adults? Hardly. On the contrary, this is one of the most frequent areas of their pain. They have had relationships foisted onto them by their parents, sexual or otherwise, for which they were not prepared, and which they did not enter into as "consenting adults." This is not merely a legal or ethical problem. It is routine fare for the psychotherapist. How then, can we rationalize that this hurt child needs a good sexual partner? How is it that we overlook completely the need to be first unconditionally accepted, loved and cherished, not merely in a cold, therapeutic relationship, but as two human beings, facing their common pain?

How and where can this best be attained? What is the most productive setting for achieving this worthy goal? And who and what are the forces that best bring it about?

The hurt child who comes to us is looking for a way to correct past and present misfortunes in not finding suitable parents, a loving home, compatible siblings, warm lovers, etc. That these may be found in a group has been common knowledge ever since Moreno began to work on the premise that the problems of living are interpersonal and intergroupal and set about organizing groups sociometrically, that is, on the basis of mutual choices. Each person in the group was there because he so decided, not because he was tolerated or pushed into the group. This group, and others to which he chose to belong on the basis of the criterion extant in the group, became his "sociometric family." Today, encounter groups speak of "The Second Family" group, but since they do not organize these groups sociometrically, it is still not what the sociometrist has in mind and falls short of maximizing involvement and mutual responsibility. Assignment is not made on the basis of mutual choices for partnership in the group, but on whoever enrolls for it, hit or miss. The assumption is that whatever happens in the group is productive. Moreno has long pointed out the fallacy of this type of thinking. It has little more to commend itself than the natural family group has now, to which the cosmos assigns us hit or miss and which may or may not be a good sociometric assignment for us.

Nevertheless, the group psychotherapist, even without sociometry, has great advantages over the individual therapist, just because he functions within a group. In the group setting, the therapist's behavior is constantly being assessed and, provided he is a peer and not merely a superior in the group, the members of the group will soon let him know if he betrays himself as being seductive or hostile to one or another group member. The psychodramatist has the additional advantage of being a protagonist in the group, as well as being in the role of director or guide or facilitator. Thus, when he or she is confronted by the group about his or her behavior, it is the director's right to request a session as a protagonist, in order to deal with this recurring problem.

One interesting aspect of this assessment process was brought to my attention by a patient, who actually did not like groups. She was the oldest child of a large family, with much neglect and a great deal of suffering because of incomplete relationships with her parents, especially her mother. She came to psychodrama therapy after thirteen years of individual therapy which had helped to keep her out of mental hospitals, but which still left her feeling unfulfilled. After shopping around for a number of months, she chose to join one of my psychodrama therapy groups. She explained to me that, although she was not a "group person," she decided to join this one "because that way, if I see you are honest with all the others, I shall trust your honesty with me. Without being able to weigh this, I could not trust you."

I think this is one of the best recommendations for group treatment, though I realize many therapists question the validity of patients' evaluations. However, they must use it for themselves; how else could they gauge the effect of their own work? Especially in individual therapy, such evaluations are largely

subjective. In the group, the other members help to keep an open eye and ear for the ongoing processes.

Is it then, not fair to say that the therapist should question him or herself before entering into what he chooses to interpret as a "love relationship"? To what extent is he basing this enterprise on his own needs? Are we being honest if we undertake this without remembering the "hurt child?" Are we adding to the child's hurt by entering into such a relationship? Is this not a repeat performance? Shouldn't we be as severe with ourselves as the child was with the original parents?

I believe that psychodrama goes far in resolving these questions. It makes possible a level of involvement over and beyond the sexual, on the part of all participants in the session, which puts the child who is questing for unconditional love into the most favorable limelight. In the past-action sharing the group members reveal their own hurt child and in so doing, again are able to obtain a small part of that unconditional love within a warm family group for which every human being hungers.

To a considerable extent this phenomenon accounts for the growing number of adherents and practitioners of psychodrama.

ACTION METHODS FOR POLICE IN A PROGRAM OF OPEN ADMISSIONS TO COLLEGE

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The brilliant pioneering work of Dr. J. L. Moreno has made yet another major contribution to the higher education of police officers.

John Jay College of Criminal Justice, The City University of New York, was originally designed with the notion of providing higher education opportunities for persons involved in law enforcement activities. Towards this end a faculty of highly experienced and equipped people teach within a format which offers the same course twice a day to allow for the changing shifts of the police officers in the City of New York. Moreover, courses are particularly designed toward the end of affording a Baccalaureate, Associate and Master degrees in Criminal Justice, and at present, plans are well under way at this time toward offering a Ph.D. In recent years other majors have been made possible in the areas of Arts and Languages; Behavioral Science; Government, History and Economics; Science and Mathematics, in addition to the basic offerings of Law and Police Science.

Two events last fall highlight the increasing range of responsibility to society evidenced by our institutions of higher learning. One was the admission to our college of approximately 1,000 open enrollment students last September. This figure is being raised to an anticipated 1,800 for next September. In addition to this, every police officer as part of his training has been required to come to John Jay College for one day of instruction in Psychology, Sociology and English every week for a full semester. This figure is being increased both in numbers of police in training and in time spent at the John Jay College. In September new recruits to the Police Department will probably spend 2½ days per week in college for one semester. This type of student population coupled to the demands of our rapidly changing society necessitates the utilization of teaching methods that have several objectives that appear important at this time, they are:

1. To facilitate the educational process with many people who previously thought they may have seen the last of a classroom situation.
2. To facilitate communication among groups whose verbal skills may not be commensurate with earlier student populations.
3. To shift their self-concept toward the end that continuation in a college framework after their initial exposure is facilitated.

Effort was made to meet these objectives in the following manner:

1. The shock of finding themselves back in a classroom was partially mitigated by allowing the students to ventilate their initial consternation. A polarized type of adaptation with most of them seeing themselves as light years apart from the inhabitants of Academe was shifted by doing some early role reversal work and by the instructors' orientation toward an affirmative and highly accessible approach.

2. Again role training whenever possible was utilized as an adjunct to the conventional academic model. In at least one instance there appears some evidence that in time the conventional academic model might be superseded. Action methods were adapted to courses in speech; these proved to be very effective. It was noted that the gains in speech facilitated by a very few sessions of role training transcended the gains in a prolonged course of academic instruction. At this time then the focus will be on the relevance of action methods to the overcoming of resistance to education in people who are attending college and to an analysis of some factors that appear associated with continuation in college. In this latter connection it must be pointed out that correlation does not imply causation.

3. Once the compulsory one semester stint at John Jay was over, it was hoped that the police would continue to attend on their own volition. There were several reasons why we felt this way—for one, we noted a diminution of authoritarianism. This is particularly desirable in these days of confrontation where an irresistible force meeting an immovable object could well be the prescription for chaos. In addition in a society becoming ever more technologically oriented and boasting of an evergrowing population exposed to higher education, having a non-college trained police force can contribute to a depressed self-esteem on the part of the individual police officer as well as fostering enormous lacunae in the rapprochement between the police and the public whom they are sworn to protect. In this context, we see action methods as serving a tremendous need and filling a large education gap which has long begged for practical solution.

THE PSYCHODRAMATIC PHENOMENON OF "ILLUMINATION"

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The psychodrama originated in the theatre. It uses modified theatrical techniques. It is spontaneous theatre, acted by patients and therapeutic personnel; its goal is therapeusis.

The patient improvises. He acts without a written text. Unlike in the theatre where the actor is subservient to the director, in the psychodrama the patient guides the director. Thus, the relationship between action, events and emotional involvement is far more immediate for the patient than for the actor in the theatre. In the psychodrama the patient is the creator, the actor and the producer of the material.

"Creative spontaneity is a principle evoking catharsis which is realized in the flow of action," according to Moreno.

In psychodrama the creative spontaneity of the patient is evoked. In addition, the presence of a group further stimulates the patient-actors. All of them are encouraged and challenged. They take their own world into the drama, relive past events or realize fantasies not yet experienced. In the contents and modulation of language, completed by mimicry and action of the body, in complex, completed action, they meet themselves.

Motoric action previously suppressed by fear and conflicting emotions, is encouraged and further developed in psychodrama; a personal movement or a particular movement of the partner often releases the related emotion. Because the emotionally charged experience is somewhat altered in the psychodrama it is more easily tolerated by the protagonist.

Thus, action often reduces emotional tension. The tragedy lived out on the stage merely remains stage-tragedy. This facilitates or actually makes feasible the psychodramatic encounter. The classic example is the application of Moreno's first therapeutic psychodramatic intervention in the case of the actress Barbara and her poet George, in the Stegreiftheater in Vienna.

Sometimes, probably as a consequence of the release of spontaneity, an increase of emotion results in the psychodramatic encounter. Deeply charged emotional reactions may occur; these are welcomed by the psychodramatist for their therapeutic effectiveness. "Acting out" and "psychodramatic shock" have their proper place here.

Many a psychodramatist knows of such reactions from his own experience,

but according to our knowledge, have never been described in the literature. Herewith follow a few examples:

A neurotic male patient plays a scene in which he speaks with his "father" about his professional interests. Suddenly he starts to stroke his body with his hands. He interrupts the dialogue, slides onto the floor and starts to speak in a very different voice, producing a childish lisp. In the ensuing explanation he recalls that as a child, one time, after defecating, he besmeared his entire body with faeces. He thoroughly enjoyed doing this but his father took him to task and punished him for it.

A schizophrenic male patient abruptly gets up and moves away from the group, begins to act out a pantomime. He describes coloured clouds which he is seeing in a dream and which depress him very much. At the end of the pantomime he bursts into laughter. Afterwards he recalls that this is a repetition of an actual childhood dream.

A female patient enacts one of her recent dreams. In it, a man speaks to her, summoning her to come close to him. All of a sudden she changes the intonation of her voice, speaks gruffly and makes clearly masculine movements. In tears she tells us that her uncle who played with her in her childhood spoke and acted with her in this same manner.

By such specific happenings, the patient is thrown into an entirely unexpected situation and is carried by the warm-up to continue and complete this action although it appears quite new to him. These psychodramatic phenomena are like an illumination. It is as if suddenly a spotlight is switched on; psychic contents of the patient, thus far hidden in the dark, appear in the limelight of his consciousness. They push to the surface, impress themselves upon the patient as somehow being important and are then completed by the patient in action, although they are often quite unaware of what is happening to them. They lend themselves easily to further exploration for therapeutic possibilities.

The wholesome effect of such emotional recollection is well known and is part of the experience of all psychotherapists. In the cases described above, however, the motoric aspect plays an important role because it releases this recollection in toto and itself forms an essential part.

Referring to the German word "Erleuchtung" and the idiomatic expression "it began to dawn on me", we like to call this phenomenon "Beleuchtung" (Engl. illumination). We made the following observations in reference to this illumination:

1. The illumination phenomenon appears suddenly, without warning.
2. It reveals to the patient and the therapist previously unremembered facts.
3. It starts with some motoric action and tends to lead to further dramatic development.
4. For the patient it is connected with a very deep emotional storm.
5. A repressed event of early childhood is usually uncovered.
6. It can occur with all types of personalities.

7. It may be found in every patient of the psychodrama group.
8. It leads to clear therapeutic progress.

As an antishock to the emotional outburst, the repetition of the scene with the support of a double proved quite successful. At the end of the session we produced a closure scene which has no connection with the illumination.

The psychodramatist should not lose sight of the illumination. It originates from the spontaneity of the patient and should be ranked with other, already known psychodramatic phenomena. It adds new dimensions on the rich possibilities of psychodrama. However, it also points to the need for thorough psychodramatic training on the part of the therapist-director.

PSYCHODRAMA AS A TOOL FOR GROUP DIAGNOSIS

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> In our country today there is an enormous waste of human energy, resources, and talent. Great numbers of our people, the vast majority of whom have been born into poverty, do not fulfill their potential in ways useful to themselves and to society. . . . Our public schools, as mirrors of our society, have played a significant role in creating the conditions that have led to the waste of talent and ability and to the subsequent loss of dignity and self-worth on the part of millions of our citizens.[1]

It is about the above educability gap that I direct the following article.

Recently, I had the opportunity to give a demonstration session of psychodrama for a group of seventy college-age youth at a national leadership training institute in Northern England. The training institute not only mirrored aspects of English society but was a great hallway of reflectors in that it purported to teach leaders how to lead and how to teach other leaders and so on. As potential societal mirrors, these students, and many like them, have an overwhelming responsibility to fulfill. In view of this, I reflect on a uniquely schizoid experience spent with the group; an evening of psychodrama which was a dichotomous success and failure. Consideration of these extremes, each speaking to the other, caused me to look at the relationship of group performance and the leadership abilities of the participants. Before giving my own subjective impression of one experience, I would like to spotlight related studies by Kahn and Katz[2] investigating the relationship between leadership and group performance. In essence, the findings were as follows:

1. Supervisors of more effective groups were better able to play a differentiated role than the supervisors of the less effective groups.

2. The better supervisors delegated authority to others more than the poorer supervisors.

3. The more effective supervisors were more supportive in their relationships with their subordinates and gave more attention to creating motivation.

4. The supervisors of the more effective groups had work groups which had developed greater cohesiveness among members of the group than those groups which were doing a less effective job.[3]

Learning to observe oneself in interpersonal behavior is a difficult task. It is necessary to do so in order to effectively carry out the above findings.

It was my impression, corroborated by reports from the students, that these leaders-in-training who participated in the demonstration had not, heretofore, had the opportunity to sufficiently assess and refine their behavior as participants or as leaders. The psychodrama session began to provide that opportunity of intimate emotional exchange and both intra- and interpersonal exploration. On this level of demonstrative involvement, the session was a success. Some students said that they learned more in one evening than in the totality of courses offered. The resounding failure looms its head in the fact that the educability "gap" was revealed to be a chasm. It became obvious from the session that the leaders had not led, had not been led, had sparse conception of the role of group leader or group member and had little or no feeling of either role. The revealed "gap" and the "revealer", being the psychodrama session itself, both subject themselves to statements of John Rich in *Education and Human Values.*[4]

> Informal groups develop more or less spontaneously to fulfill social needs that remain unfulfilled by management practices. Management, fearing that informal groups may divert or subvert operations within the organization, may apply pressure to keep the groups under administrative control. However, the informal groups strengthen themselves to resist the pressure, and if more pressure is then applied, they tend to become even stronger . . .

Recognizably, the above situation occurs in organizational settings and well might have occurred had we continued the psychodramas—perhaps not.

There are many questions that arise as a result of the gap. What had these students *not* been learning? Why should a group, at the end of their training in group dynamics and leadership be unsophisticated in group participation and, themselves, admit to being unastute observers? Is it possible to reduce the unpreparedness of group leaders by close observation of their own behavior toward each other? The answer would seem to be a simple, yes. Yes, is too simple, however, to rectify the situation for those of us involved in the essence of human communication. I offer a closer look at observational tools or measuring sticks that may help to diagnose a kind of group pathology; a closer look at a group's facility of participating, in an effort to take the temperature of the skill level of the leaders-in-training.

Consider the following in relation to a psychodrama session:

Attendance: Far in advance, both faculty and students were invited to attend a demonstration of a methodology relatively new to them, psychodrama. Attendance was voluntary. Roughly 70-80% of the students came. None of the faculty attended.

Seating: The room was arranged with a semi-circle of chairs facing a stage area. Most of the leaders-in-training chose seats in the back rows, brought in more seats and added them to the back rows and left the front rows empty. Was it the director's behavior or the behavior of the group members? Upon entering the room, none of the members walked across the stage area except one who

sat on the chair on the stage (that is, a designated part of the room left clear, not a raised level) and pantomimed playing a tom-tom drum. The group laughed and called him derogatory names. He strode across the stage to his seat in an indecisive, sheepishly defiant manner.

Initial sound level and physical appearances: Much laughter, poking and anxious chatter was observed. Many people had their legs crossed and arms folded. The leaders-in-training looked physically uncomfortable. Were they fearful of the unknown? Were they anxious about participating with their classmates, or was, simply, the anticipation of group involvement the producer of dis-ease?

Manner of participation in the warm-ups: It is said by Moreno that spontaneity begets spontaneity. Give and ye shall receive. I believe it can also be said that in the early stages of a group experience, hostility begets hostility and gentility begets gentility. In these particular warm-ups, tremendous physical aggression was shown by the group which included two nuns in habit. At one point, and resulting from a discussion, two circles were formed. In each, participants locked arms and formed human traps which individual members tried to get into or to get out. (This technique was originally developed by Hannah Weiner.) Two circles were also formed to allow a member, standing in the middle, to lean back and he was supported and/or lifted by the strength of the circle. This technique is often used to measure or develop group trust. In these particular circles, a curious behavioral repetition occurred. The member being supported was more often dropped on the floor than not, or experienced fear in trying to let himself be supported. There was much giggling and physical aggression shown here, as well as a unique lack of cohesiveness and cooperation in the expenditure of energy to support the group member. This also occurred when the group joined together as a whole.

In J. L. Moreno's first book, *The Words of the Father*[5], he reverses roles with God and speaks:

> "Remember, this is Satan's law—Kill your neighbor before he kills you; be the first to kill.
>
> "This is my law—Love your neighbor before he loves you; be the first to love."

Wearing the discomfort of participating one with the other, the leaders-in-training seemed to have yet another law: Reject your neighbor before he rejects you; be the first to reject.

A high point of the entire session was the following: five volunteers were asked to come onto the stage area, to express anything they felt to each other or to the rest of the group and to use the room and furniture in any way they chose. They were asked not to use words but they could use sounds. In this warm-up, often a leader emerges, dyads and triads develop and frequently the behavior becomes creative and meaningful. Fifteen to twenty people may become involved, experiencing a variety of emotions from fear to anger to affection,

etc. The group of leaders-in-training, after fifteen minutes, were asked to discuss what they saw and felt. Most denied feeling anything much or had difficulty putting it into words but said they "enjoyed it." The on-lookers discussed such things as, "Sam took a chair and gave it to Joe." "Joe didn't want it." "Susan put her hand on Joe's shoulder and looked strange." Many peripheral observations were made with little depth of feeling or thought as to why the action occurred. There was almost no mention of emotional response. Later the director asked, "Did a leader emerge?" No one knew, but . . . they began to think about it. Several opinions were offered as to who was the leader, but no thoughts as to the type of leadership, or the relationships of the participants to him, was mentioned. Sociometric choices or rejections of the sub-groups were not observed by the group when questioned, but . . . they began to think about them. The fact that the leaders-in-training noticed very little about leadership, followingship or about their own participation became increasingly glaring to us all. We had an encounter with the absence of wisdom, ". . . eye to eye, face to face . . ." (J. L. Moreno).

Spectator comments and participation: Spectator involvement and catharsis evolves in a variety of ways both silently and verbally in a group. The leaders-in-training, though "involved" in the action, periodically heckled both the protagonist and the auxiliary egos much like the unusual baseball team, not caring about the best efforts of its most competent and sweating batter. The director used anxious hecklers as doubles or auxiliary egos but a unique disrespect for sociometrically rejected participants was noted. It was as though the participants wanted each other to only exist negatively or, easier yet, not to exist at all. Had the leadership institute become a meaningless social machine?

In his chapter on Technocracy and Dehumanization, Yablonsky writes:

> People 'involved' with and subjugated by social machines tend to have a sense of personal disassociation from human groups and their society. They tend to feel disaffiliated and apart. In brief, they have a sense of alienation.[6]

After the action portion of the session, there was a touching reversal of respect shown for the participants. However, during the session, there seemed to be a need to be involved by verbalizing a denial of involvement. The tolerance level of member for member was often at a low ebb. I do not believe that this was due to disinterest in the content, as clues of disinterest such as walking out, unrelated talking, shuffling about, bored and sleepy faces become quickly evident. This did not occur but rather an undivided, respectless attention prevailed, traceable in the minority, though enough to feel the intensity of its disturbance.

Desire to share and ease of sharing personal experience with the protagonist: The sharing portion can often be a barometer of emotional temperature felt in individual group members as a result of the psychodramatic session. The depth of involvement may be shown in a verbal or non-verbal way; each may

have varying degrees of meaningfulness to group members depending on the *tele* developed by each for the other. The leaders-in-training had great willingness to share. The newness of this experience for many group members was striking to me and to them. There was beauty in faces startled by their own words, and by their own non-words.

REFERENCES

1. HICKERSON, NATHANIAL. *Education for Alienation.* Englewood Cliffs, N. J.: Prentice-Hall, Inc., 1966, pref.
2. KAHN, ROBERT L., AND KATZ, DANIEL. "Leadership Practices in Relation to Productivity and Morale." IN: Dorwin Cartwright and Alvin Zander (eds.) *Group Dynamics: Research and Theory.* (Evanston, Illinois: Row, Petersen and Company, 1953), pp. 612-627.
3. MANN, FLOYD C., "Toward an Understanding of the Leadership Role in Formal Organization." IN: R. Dubin, G. Homans, F. Mann, D. Miller. *Leadership and Productivity.* San Francisco: Chandler, 1965, pp. 78-79.
4. RICH, JOHN MARTIN. *Education and Human Values.* Don Mills, Ontario: Addison-Wesley, 1968, p. 71.
5. MORENO, J. L. *The Words of the Father.* Berlin: Gustav Kiepenheuer Verlag (first German Edition) 1920; Beacon, N. Y.: Beacon House (American Editions) 1941, 1970.
6. YABLONSKY, LEWIS. *Robopaths.* Baltimore, Md.: Penguin Books, Inc., 1972, p. 77.

A VICARIOUS PSYCHODRAMATIC TECHNIQUE FOR MODIFYING CHILDREN'S BEHAVIOR IN THE CLASSROOM

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Recently the author introduced the technique of "Behavioristic Reviewing", an approach for dealing with aggressive behavior in children (1972). The approach combined the technique of behavioristic psychodrama in which the teacher involved a child in play acting a prescribed behavior which is considered inappropriate and the technique of self-monitoring behavior which emphasizes self control by having the child set up conditions in his environment to bring about specific behaviors in himself.

The technique of "Behavioristic Reviewing" is a very effective one, especially when dealing with aggressive, anti-social behavior. However, the technique could possibly cause a more serious problem to develop, especially if the youngster manifesting such symptoms does so because of a deep rooted neurotic personality disorder.

In lieu of the above, the author devised a vicarious psychodramatic approach which could be used to modify different behaviors and at the same time not be as threatening to a particular youngster or teacher.

The vicarious psychodramatic technique in no way singles out a particular youngster in the class, even though the teacher may emphasize a behavior that one or several students are manifesting and that she feels should be modified or changed.

METHOD

To illustrate the above technique, one approach is described. Let us say that Mrs. Smith, a third grade teacher, wishes to modify the aggressive behavior of a boy in her class whose name is Jim. Mrs. Smith makes up a story about a boy named George who is quite aggressive and who constantly picks on members of his class. The teacher elaborates on such behavior being manifested in various settings, as on the playground, in the cafeteria, in the gym, on line, pushing and shoving in the hallway, etc.

The teacher then has several children in the class (excluding Jim-George) act out the story in front of the classroom. The next step is for the teacher to encourage the class to analyze the aggressive behavior and the reasons as to why a child would manifest such behavior. When the discussion lags the teacher selects other students to dramatize in front of the class positive alterna-

tives which the aggressive child could use to attain better acceptance by his peers. Among these, Jim-George might well be engaged. The class members then discuss the entire story and perhaps even write short themes about aggressive behavior.

The teacher can apply such a vicarious psychodramatic technique to other behaviors, such as stealing, tattling, clowning, withdrawn behavior, dependent behavior, etc.

The above approach can be implemented by the classroom teacher with little guidance from the school psychologist.

This overall approach is not threatening to either the child or the classroom teacher, and similar to behavioristic reviewing, this approach seems quite effective when utilized in the presence of the peer group.

Because of the shortage of professionally trained psychologists, counselors and school social workers, the classroom teacher is called upon more and more to manage and remediate behavior problems within the classroom situation. The vicarious psychodramatic technique is an example of another approach the teacher can include in her armamentarium in coping with behavioral problem children.

REFERENCES

FERINDEN, W. E. Behavioristic Psychodrama: A Technique for Modifying Aggressive Behavior in Children. *Group Psychotherapy and Psychodrama*, 27 (3-4) Winter 1971.

FERINDEN, W. E. Multidimensional Approach in Resolving Racial Tensions in the Schools Utilizing Psychodramatic Techniques. *Group Psychotherapy and Psychodrama*, 23 (3-4): 91-96, Winter 1970.

FERINDEN, W. E. Classroom Management Through the Application of Behavior Modification Techniques. Linden, New Jersey: Remediation Associates, Inc., 1970.

GITTEMAN, M. Report on the Work of the Medical Committee on Human Rights in Mississippi. Paper read at Albert Einstein College of Medicine in New York, November 25, 1964.

MORENO, J. L. "Psychodrama." *American Handbook of Psychiatry*. Edited by Arieti, S. New York: Basic Books, 1959 (Ch. 68).

MORENO, J. L. The Concept of Sociodrama. *Sociometry*. VI (4): 434-449, Dec. 1943.

REDEMPTIVE ENCOUNTER: ITS USE IN PSYCHODRAMA, ANCESTRAL SOCIODRAMA AND COMMUNITY BUILDING*

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Psychotherapy is based on the concept that the significant encounter is the essence of the healing process.[1] Moreno has defined the encounter as:

> A meeting of two: eye to eye, face to face.
> And when you are near I will tear your eyes out
> and place them instead of mine,
> and you will tear my eyes out
> and will place them instead of yours,
> then I will look at you with your eyes
> and you will look at me with mine.[2]

There are many overtones to the way the word encounter, is understood. Basically it is a meeting of two, with an opportunity to reverse roles. But the two people can only look at each other with the other's eyes when the relationship is basically equal, that is, both have the same amount of aliveness. There are obvious problems in encountering God, nature, and animals, in the sense described by Moreno, but also problems with people. What if one person goes through life feeling more dead than alive? What happens to the encounter then?

The encounter also needs a place where the two can meet. The place must provide enough time and stability to let this process happen. At this moment in history we are very much aware of the threat to the continuation of life itself, both from all environmental hazards and the ever-present danger of nuclear war.

While the responsibility for a therapeutic encounter is encouraged and understood to be between the two people who are meeting, the responsibility for the continuity of the *place* of the meeting is clearly in the hands of the therapists. It is a little like old-fashioned wars. One could keep on fighting and killing because it is God that keeps the world going. Mankind is not powerful enough to destroy life. But does this approach prepare people for life today?

Responsibility for the continuation of the universe needs to be part of the

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process of the encounter. The knowledge that one has the responsibility of keeping life going influences and changes the interaction of the encounter. Two people will fight differently in a rowboat than on land.

If 'a truly therapeutic procedure cannot have less an objective than the whole of mankind[3], then therapeutic processes cannot be divided from social aims. What goes on as a method of therapy has to be good for the society at large.

MEANINGS OF ENCOUNTER

The origin of the word encounter is the Old French word 'encontre', meaning opposite, and carries with it a meaning of meeting with an adversary—to confront as in a battle, to assail.[4] It is a very different definition from a meeting with an opportunity to role reverse. Yet, several contemporary experiences help people understand it as an encounter-as-in-a-battle, rather than a meeting or an intensive group experience.

This popular understanding of an encounter-as-in-a-battle has support from numerous group process experiences. In the intensive group experiences of the Basic Encounter Movement very often the first expression of real feeling between members is a negative attack on one member.[5] Somehow this functions as the ice-breaker; from that point on the entire group is willing to be more emotionally honest and genuine sharing begins to take place.

The same experience occurs in what is known as 'attack therapy', the aggressive, intensive interchange in group therapy developed by Synanon for drug addicts.[6] Since the drug culture considerably influences American life, it has added to the popular understanding that there is a great advantage in negative confrontation. It gets the show on the road, so to speak. It moves the group quickly to the heart of the matter and eliminates the cover-up small talk.

In politics the tactics of confrontation, with certain inherent dangers, are often successful in achieving goals where bureaucracy is as much the villain as is the opponent. Yet the active challenge of confrontation and the resulting counter-confrontation rapidly turns the encounter from the 'eye to eye, face to face' of Moreno's view, to the primitive 'eyeball to eyeball': often with violent explosive results, such as riots, shootings and of course, war.

SETTINGS OF ENCOUNTER

The setting in which the encounter takes place is usually determined by the therapist. People can be involved for a weekend, a 10 session series, indefinitely once or twice a week, or be hospitalized. In spite of these differences, in all these situations, the 'patient' or client has only responsibility for himself, *not* for the continued existence of the group or institution. That responsibility belongs to the sponsoring hospital, mental health center, growth group, school or

individual therapist. When people cannot assume responsibility for themselves the therapist or institution must do so.

The mental health institutions are not 'natural' maturation or growth environments as are the family, the tribe, the community or even the nation. While these settings have their own kinks that cause everyone trouble these are the environments that need to be therapeutically reproduced.

Moreno writes:

> Man is more than a psychological, social or biological being. Reducing man's responsibility to the psychological, social or biological department of living makes him an outcast. *Either he is co-responsible for the whole universe, or his responsibility means nothing.*[7] (italics mine)

Here is the value of the therapeutic theater. With the stage as the basic location of therapy, rather than the office, it is easier to recreate the environment of the encounter. Thus when the encounter takes place on the stage, the subject, the protagonist can learn to become more responsible for his universe, as well as for the other person. The stage is his; the psychodrama director is the mid-wife of his creativity. The stage makes him develop responsibility as a cosmic man, not merely as a psychological or sociological being. If his 'natural' community is also in the theater, so much the better.

The ultimate encounter in the world is always with death, with nothingness, with chaos itself. As soon as the Other exists, it is possible to struggle for improved relationships. But what if the Other is not there? Then the encounter itself gets involved with the cosmos, the ultimate 'why are we here'? On stage, it is possible to practice reaching across death, for a meaning to life.

PSYCHODRAMATIC REDEMPTION

The word redeem,[8] in one sense, means to *buy back*. It can refer to payments made for property, or an object held by another, such as a pawnbroker. One then redeems the watch and it is restored to its rightful owner.

The same process applies to people. To redeem means to *ransom*, to buy back a person from captivity, to free, to liberate. One redeems prisoners or hostages held for ransom and restores them to their family or country.

On the spiritual level, the New Testament responds to the view that mankind has become its own prisoner—alienated from or separated from God.[9] People have become so tied up in knots of their own making, they cannot see beyond them. To show the way out, to *redeem* and restore the cosmic identity, the Creator took on the role of Man (Jesus).[10] In this role reversal, mankind received 'new life', renewed creativity, to find a way out of alienation. Redemption restores cosmic wholeness to all who got themselves tied up in various kinds of double binds.

There are many complexities to redemptions and many different under-

standings. Here the concern is with the therapeutic application on the psychodrama stage. This is the setting where the individual portrays his universe—his social atom. Here he can learn to be both creator and redeemer.

The smallest universe Moreno calls the *social atom*. It is the smallest constellation of psychological relationships in which an individual participates. As the child grows older, his social atom expands if there is normal development. The particular role relationships the individual takes within his social atom are described as his *cultural atom*.[11] These together make up his universe, the individual's permanent community.

To become co-responsible for the 'universe' involves first of all the awareness that each person to some extent, has decided how many and what kind of psychological and social relationships to participate in. One's life is not just decided by other people or circumstance. The person, as protagonist, accepts this responsibility of co-creatorship simply by being willing to get up on the stage. Then as a redeemer, the individual can begin to bring to life, on the psychodramatic stage, the relationships that the natural world left out. The cosmic wholeness of mankind can begin to be restored.

On the therapeutic stage, the social atom of each individual becomes visible. The private home is the customary place to begin. But for many people the private home is badly undernourished. There are gaps, holes, where relationships should have existed. The absent person, the YOU needed for the therapeutic meeting, needs to be rescued from oblivion—from nothingness. This is the process of redemption. As the absent YOU becomes embodied and alive on the psychodramatic stage, the relationship gap is filled.

In the complex cultural atom of the individual, the absent YOU could be part of the family, the community or the nation. There are lost tribes and forgotten nations just as there are orphans and step-children. To stop the process of alienation these community gaps need to be redeemed just as family relationships are redeemed.

Mankind's deprivations are of the natural order, the natural psychological and social atoms based on blood ties. Once enough spontaneity can be summoned to leap across natural death, the spiritual world is always big enough to give what is needed. People do adopt one another as 'spiritual' sons and daughters or mothers and fathers. We are all the adopted sons of God. (Galatians 4:5) People adopt a second homeland or country. In this way, the needed interaction takes place. This time it is a matter of choice, not an accident of birth.

The therapeutic stage is an excellent place to practice making the leap out of the natural bonds and into an adoptive relationship. Since there is no prepared script, encounters on the stage can include both the past and the future as Here and Now. For future actions, the stage is used as a rehearsal for life, for the experience of trying out a relationship in a safe setting BEFORE doing it for real. For the past, the therapeutic stage can be used to re-do certain

crucial events the way the *protagonist would have liked them to happen.* In this way, no one is trapped by history, either of family or his community, race or culture. Each can be co-creator of his own spiritual birthright.

REDEMPTION PROCEDURE

The normal procedure in re-creating an absent person on stage is to ask the protagonist to be the Other, acting 'as if' he were the absent YOU. This is role reversal as Moreno describes in his poem. Once the missing characters are described the scene is set and another member of the group is asked by the protagonist to 'stand in' for the Other. In this way all the characters normally needed for a scene come to life.

Sometimes the protagonist is not able to do role reversal. He is blocked. The director then has to try psychodramatically to work through that struggle.

Yet, as will be illustrated, many people have a hidden agenda of people they would like to redeem. They have both the information and the skill and only need an opportunity to 'do the scene as it should have happened'. This is personal social atom redemption.

Other times the protagonist may have the skill, he just does not know enough about the other to embody him on stage. Sometimes he does not even realize he does not know, but is ready for an encounter-as-in-a-battle. This kind of problem can be helped by the community—the group—if in some way they are part of the protagonist's social atom. They can provide the information he does not have.

For example: a young man came up on stage, angry and upset at his mother. "I want to have it out with her," he exclaims. "Something happened to the family years ago, they are still upset by the skeleton in the closet, but no one tells me what it is." An empty chair is set up for the absent mother. But when role reversal takes place, the son as mother, obviously does not know either.

It is premature to encounter this not-fully-alive-yet psychodramatic mother. The best the son can do now is to encounter Silence and Mystification and develop the courage to go home and ask questions himself. Perhaps some relative does know what happened to the family and can explain what is missing. Then when the mother can be embodied or redeemed psychodramatically, the son can challenge "Why didn't you tell me this?" Premature encounters do not heal alienation, they merely add to the frustration.

This example shows the meaningful function of the group—the community. Each can fill in part of the historic puzzle that affected all. With people that have been uprooted, enslaved or displaced, family details may not be known, but the general history of the community usually is known. The responsibility of redeeming the YOU from oblivion is a group process more than an individual process.

The term ancestral redemption will be used for this process, for many people

share the same ancestors. Just as the social atom portrays current relationships, an *ancestral social atom* would portray how the protagonist relates to his personal, social and cultural heritage. The resulting *ancestral sociodrama* enables him to re-create his own personal heritage—his own birthright. One can love or hate ancestors, but at least acknowledging them gives continuity back through time.

To be without any ancestors whatsoever is to be a cosmic orphan.

EXAMPLE 1. FAMILY REDEMPTION

J. came to the open session alone, ready to work. "I have a problem with a friend, and also some unsettled business over my mother who died recently," she said. We began with the friend. After some trivial scenes I asked what she liked about her friend and why did she put up with all this nonsense? "Well she takes in foster children and my mother was a foster child," and the tears came and also a story. When J's mother was a foster child, a painful Christmas scene occurred. The protagonist, J., directed it herself as she sat with the audience. We reconstructed a family with 3 children plus the foster child. Everyone got presents except the foster child, whose mother for some reason did not send her one. When the children were sent to bed the foster child took one of the dolls given to the natural children and hid it in bed with her. This was discovered and the father proceeded to spank the foster child for stealing.

I then asked the protagonist how she thought this situation should have been handled. We redid the Christmas story with J. in the role of foster father. This foster father had presents for all the children—no distinctions made—and then bunked the foster child in with his own children. That was a happy Christmas!

Here are some excerpts from a letter I received a few days later, for it illustrates changes made in life from a redeeming act on stage.

> (You) made it possible for me to act out the Christmas scene; it was as painful for Mom to tell about as it hurt me to hear about . . . I will long remember and cherish and realize things later on about coming to grips with my feelings of helplessness in both situations. Today I feel strong and free. I love my children and my husband.
>
> *Last night at 1 AM I called my 16 year-old sister who I'd had little to do with since Mom's passing.* I had to share my experience with her. My four other younger brothers and sisters will come closer to me too as I reach out with understanding of the guilt they, too, have shared.
>
> (italics mine)

The session was effective even without the encounter. J.'s redeeming action for her mother stopped her from continuing to alienate herself from her brothers and sisters. It lessened the feelings of helplessness and guilt that

were causing them to let the family drift further apart. The redemptive scene enabled J. to assume her responsibility for keeping the family in touch with one another—in keeping family relationships alive.

EXAMPLE 2. ANCESTRAL REDEMPTION

In looking at the larger community I can only speculate and describe the need for ancestral sociodramas, for I have not yet conducted one. The need for them seems obvious; there are all kinds of isolate groups that are just as outcast and orphaned as isolate individuals.

In a recent issue of the Public Employee Press appeared an account of a visit of a delegation of black American civil service union members with their African counterparts. The purpose of the visit was to improve international union solidarity. Here is the report of the answer to the question: "How does the average African view the average black American?"

> . . . It all depends, and maybe there is no definite answer; but I will describe my experiences on this subject. I became engaged in several conversations with Africans and discussed the matter of brotherhood between the two groups.
>
> I was told: "Blacks in America have many material advantages and Africans admire them for their achievements, their high standard of living, their modern facilities, and their style; but we feel great regret that they have lost a part of their heritage, their culture and their identity. These things are important to any race of people. Our brothers and sisters in America have absorbed their culture from their native country, but this is understandable and only natural."
>
> As a consequence of this, American blacks may not be as closely knit within their family in the truest sense of the word—not as they would have been under different circumstances. I was told that Africans feel that, in spite of our advancement in many respects, we still have a lot of catching up to do, culturally. Maybe they are right.
>
> I recall having a discussion with a Nigerian one evening as I sat in the lounge of the Bristol Hotel in Lagos. He said something that really shocked me: "Every time I see a black American I feel guilty for my forefathers. They allowed your forefathers to be sold as slaves and you have had to live with this problem ever since, while we have been free." At the end of our chat he still ended up saying "I can't help it, but most of my brothers and I just feel guilty!" I asked him if he was serious and he said "Yes." As I went away I kept on wondering whether all Africans feel the way he did towards black Americans. What I did learn, however, was that *we are regarded as Americans first and as being their brothers and sisters second. . . .*[12]
>
> (italics mine)

What an opportunity for some ancestral social atom repair work! The

therapeutic stage would be the meeting place of tribal leaders 3 or 4 generations back, re-doing the sale of their people, played by both African and American blacks! There would be the opportunity to encounter across generations. The group could confront their forefathers (through role reversal) and each other, with the meanings of their common heritage.

In a world divided between 'haves' and 'have not's', resentment and guilt smolder. Why should the rewriting of the past be left to historians and politicians? Why cannot Everyman, upon the stage, embody *his* place in the past as he sees it and with help from others on how it really was provide for whatever ancestral redemption needs to be done? The study of sociometry (socius—companion, metrum—measurement) is the science of the choice process. "Freedom of choice and the choice process underlying human relations. . . ."[13] If the choice process is to be carried out throughout society it has to be extended to the past as well, for the dead hand of history hangs over all of us. People are influenced not only by human history, but by legends of national heroes, folk tales, gods and sprites, etc. All these heritages need to be integrated and chosen by Everyman.

While some individuals need more than others to be involved in the redemption process, all have enough alienation to be manipulated by sociopaths to the detriment of the group. The Linden, N. J. school system ran extensive group encounters in response to racial strife and concluded: ". . . most of what appeared to be racial strife was in fact the doing of a few socially maladjusted individuals who were unable to adjust within the mainstream of education."[14] The fact remains that everyone got caught up in it and a community education program had to be conducted to improve the situation. Like it or not, each is his brother's keeper!

The opportunity for Everyman to construct his own birthright would provide some safety valves for social pathology. It would not be a substitute for social change, but a help in the transition. It is well to keep in mind that every political ideology of the 20th Century promises a Utopia for the common man. Like most election promises, for the isolate, the outcast, the physically and emotionally handicapped, the homeless people, the Promised Land is always in the future and they sense, sometimes with fury, that the shortcomings are as much in themselves as in reality. One of Moreno's patients who thought he was Hitler put it this way:

> "I had a dream since I was a little boy to conquer the world or destroy it, and I imitated Hitler because he tried the same." What helped him recover from his obsession? He said: "I was surprised to see in the group so many others besides me who had the dream of becoming Hitler. That helped me."[14a]

One of the best kept secrets is that all share in the brokenness of life. There is no real distinction between 'have's' and 'have not's.' What is pathological is only a matter of degree.

COMMUNITY BUILDING

Moreno writes:

> Just recently I spoke before a group of theologians who asked me, "What is the difference between the old Christian hypothesis, 'Love your Neighbor' and your hypothesis?" I answered, "Well, we have not really improved very much on 'Love your Neighbor,' except that we have added, 'by means of role reversal'."
>
> We do not practice such surplus reality techniques as role reversal in life, itself; that is why we have started them in therapy.[15]

The reply almost hides the significance of Moreno's contribution. It would seem that on the therapeutic stage the *process of redemption* and the *process of role reversal with the absent other* is the same thing. In both situations, 'new life' is put where previously little or none existed. As becomes clear with people who are not able to role reverse, a bit of the self—the ego— (in religious phraseology, pride or selfishness) has to be given up to be able to role reverse. Then as the absent YOU becomes more 'embodied' on stage, the universe of the protagonist is more unified. We see the life-giving paradox; the more the protagonist gives up of himself to be the absent YOU, the more the life of his social atom expands and he himself is healed. This process can be seen very clearly in the therapeutic theater. It is much harder to see and do it in life itself.

To make brothers and sisters out of neighbors, to create Mankind out of all the human pseudo-species alienated from each other—is part of the message of redemption. Hopefully Jesus was 'the first fruits of those who have fallen asleep'. (1 Cor. 15: 20)

The real work of worldly redemption is in creating a spiritual birthright for the 'have not's' of the world. The theater is only a rehearsal for life. The creation of the community of all mankind needs to be the end result of the therapeutic process. The universe includes ALL. When Jesus invited the just to 'inherit the kingdom prepared for you from the creation of the world', He described the standards:

> For I was hungry and you gave me food, I was thirsty and you gave me drink, I was a stranger and you welcomed me, naked and you clothed me. I was ill and you comforted me, in prison and you came to visit me. . . . I assure you, as often as you did it for one of my least brothers, you did it for me.

It is possible to only begin an outline of concepts that need to be developed.

1. *The adoptive family, not the natural nuclear family, is the basic social atom.*

A family or small community is first formed by a few persons who choose

to live together, not just by accident of birth; it may eventually include some people who many prefer to 'dump' into an institution. Such an institution not only gives everyone a 'home base', so to speak, but many emotionally and physically handicapped people need either to be redeemed or be redeemer for someone else before they will assume any responsibility for themselves. The adoptive family is basically therapeutic since relationships are formed by choice.

A community built on adoptive relationships is an old monastic ideal (—limited to single adults). Thomas Merton writes: "The period of monastic formation is a period of cure, or convalescence"[16] from the ills of the natural world. The monk is the man who seeks 'final integration', which "was in the past, the privilege of a few, (but) is now becoming a need and aspiration of mankind as a whole."[17]

> The man who has attained final integration is no longer limited by the culture in which he has grown up. . . . He passes beyond all these limiting forms, while retaining all that is best and most universal in them, *finally giving birth to a full comprehensive self*. . . . He accepts not only his own community, his own society, his own friends, his own culture, but all mankind. He does not remain bound to one limited set of values in such a way that he opposes them aggressively or defensively to others. . . . With this view of life, he is able to bring perspective, liberty and spontaneity into the lives of others. The finally integrated man is a peacemaker.[18] (italics mine)

The sponsor of a person seeking rebirth as a finally integrated man could not view that person as a client, patient or representative of a special interest group. The integrated man calls for spiritual sponsorship by a guru or a community, in any adoptive relationship agreeable to both.

2. *Each individual has the right to choose his spiritual birthright*

Creatorship and responsibility are personal not collective attributes. While ancestral sociodramas could be sponsored by many cooperative-type organizations (Boy Scouts, trade unions, professional associations, religious groups, the United Nations), the limitations would be how sacred the individual's rights and responsibilities are and whether that organization itself is gaining from the division of Mankind into pseudo-species.

The concept that the basic human dyad is the person's co-creatorship with God, needs further exploration. It is frequently assumed that the male-female marriage union is the basic 'pro'-creative dyad, for society is structured around families. Genital-sexual maturity becomes the therapeutic goal.

With all the possible deprivations that occur in life and the limitations of what relationships are available at needed moments, is not the concept of a spiritual 'co'-creatorship a more appropriate goal for the therapist? Many people go in a sense, half-born, throughout life. They need to experience wholeness, aliveness, first. The creative result of 'fruitful virginity' is the psychodramatic baby,[19] the birth of the true identity of each individual, the

embodiment of themselves. Then they can cope with 'natural family encounters'!

The person who knows God will be able to remain sane when the natural cultural atom falls apart or dies. At some time or another in everyone's life, this happens. From a spiritual co-creatorship will come the strength to bear solitude in the natural world, which no one, married or single can avoid. If the therapeutic goal is genital-sexual maturity not even any limited competency to deal with solitude is attempted.

3. *Role reversal in social encounter is very close to the concept of non-violent action and needs more study.*

Here is a statement made by a black grandmother when she was jeered at during the Montgomery bus boycott of 1964. The encounter occurs in all three dimensions of time, Past, Present and Future. Psychodramatic comments on time and the interesting use of role reversal are in brackets on the right.

Yes . . . I am very tired of walking on my old legs.	(Here and Now)
But please understand I am walking for my grandchildren, so that they may be free one day.	Future, (descendent redemption)
And then I walk in repentance for my sin, my cowardice at having taken part in the injustice of segregation for so long.	(Here and Now, self-redemption)
And then I walk too for you!	(role-reversal with a non-cooperative Other)
For when I shall have paid the price for you, as Christ paid the price for us on the Cross, then you will understand this injustice that we black people understand so well.[21]	(Past redemption)

Part of the skill of cosmic psychotherapy is the proper combination of the past and future as part of the Here and Now. Then with encounters possible on all levels, it is possible to live in 'eternal life'. Perhaps the hope that the 'Kingdom of Heaven is Among Us' can be realized when the process of alienation is reversed.

REFERENCES

1. MORENO. *Psychodrama.* Vol. II, p. 234.
2. MORENO. *Invitation to a Meeting.* 1914.

3. MORENO. *Who Shall Survive?*, p. 3.
4. Oxford Dictionary.
5. ROGERS, CARL. "The Process of the Basic Encounter Group," in *Sensitivity Training and Group Encounter*, ed. by Siroka, Siroka, and Schloss.
6. CASRIEL, DANIEL. "The Dynamics of Synanon," in *Sensitivity Training and Group Encounter*, ed. by Siroka, Siroka. and Schloss.
7. MORENO. *Sociometry, Experimental Method and the Science of Society*, p. 201.
8. Oxford Dictionary.
9. SISTER FLORENCE MICHELS, OLVM. *Faces of Freedom.*
10. MORENO. *The Words of the Father*, p. 315.
12. LLOYD, HYACINTH (of staff of District Council 37, AFSCME, AFL-CIO). "'Jambo!' (You Are Welcome)." *Public Employee Press* (union newspaper), August 31, 1972.
13. MORENO. "What Is Sociometry?" *Group Psychotherapy and Psychodrama*, Vol. XXIII, No. 1-2, 1970.
14. FERINDEN, PHD., WILLIAM E., JR. "Multidimensional Approach in Resolving Racial Tension In The Schools Using Psychodramatic Techniques," *Group Psychotherapy and Psychodrama*, Vol. XXIII, No. 3-4, 1970.

14A. MORENO. *Psychodrama.* Vol. II, p. 200.

15. MORENO. *Psychodrama*, Vol. III, p. 17.
16. MERTON, THOMAS. *Contemplation in a World of Action.* "Marxism and Monastic Perspectives," p. 74.
17. MERTON, THOMAS. *Contemplation in a World of Action.* "Final Integration Toward a 'Monastic Therapy'," p. 216.
18. *Ibid*, p. 212.
19. MILLER, DONELL. "Psychodramatic Ways of Coping with Potentially Dangerous Situations in Psychotic and Non-Psychotic Populations." *Group Psychotherapy and Psychodrama*, Vol. XXV, No. 1-2, 1972. Zerka Moreno is cited as developing this concept.
20. MORENO. "The Concept of the Here and Now, Hic et Nunc, Small Groups and Their Relation to Action Research." *Group Psychotherapy and Psychodrama*, Vol. XXII, No. 3-4, 1969.
21. GOSS, JEAN. "Meanings of Non-violence." Mimeographed article, reproduced by the Community for Creative Non-Violence, Washington. D.C.

THE THEATRE OF THE CATHOLIC CHURCH, ITS ROOTS AND RELATIONSHIP TO PSYCHODRAMA *

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The Catholic Church has utilized various media to sustain a religious identity. One of these vehicles has been drama, religious in character, centered upon sacramental rituals and celebrations commemorative of the birth, life, death and resurrection of its main protagonist, Jesus of Nazareth. The Church, though not for the same entertainment value as the traditional theatre, has nevertheless constructed an elaborate theatrical environment, replete with accustomed dramaturgical devices: scripts, playwrights, rubrics, costumes, stage, music, professional actors, audience, all to re-inforce and promote that Christian identity. Since the Catholic Church has initiated investigations of its theological positions, stimulated by Pope John and the Second Vatican Council, then I propose, as a part of its present interest in renewal and relevance, that the Catholic Church investigate how it utilizes the dramatic medium, via liturgical rites, to translate the Christian message.

J. L. Moreno's *Theatre of Spontaneity*[1] offers important perceptions into this consideration of the Church's theatrical involvement. Moreno challenges traditional theatre as basically a "worship of death,"[2] i.e., that all the main ingredients which constitute the theatrical environment are conserves, finished products. The playwright's creative effort is viewed in its completed form, not in the process which led to that final effort. His creation of past moments now pre-empts the vitality of the "here and now."[3] The actors surrender themselves to the parameters of a script which has nothing to do with their own individual spontaneity and creativity. The audience, by definition, assumes the role of spectators of an action designed by the playwright and dutifully performed by "professionals." Moreno proclaims that this theatre overlooks the *status nascendi*,[4] i.e., the birth process of the idea or feeling, and, in its concern for the final product, pays homage to a lifeless product.

The *Theatre of Spontaneity* strove to break this compulsion with the finished product by providing an environment which would openly encourage and support the "birth process." There was no script, save as one evolved in the "here and now,"[5] nor were there any professional actors, since all who entered the theatre were contributors to the action. The group would actively "warm

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up"[6] through various stimuli to spontaneous states in order to set in motion this creative, living drama.

Traditionally, the Catholic Church has elected to focus, like the theatre, on the conserved product, the completed script, to promulgate the Christian message and has provided scant space for the creative and spontaneous contributions of individuals striving to live out that message. Presumably, parallel to other institutions, the inculcation of the Christian message is best determined by observation and repetition of a prescribed script and not by personal contribution and discovery of that message within each person. Perhaps what the Catholic Church needs most in this era of renewal is to discover Moreno's principles of spontaneity and creativity as found in the *Theatre of Spontaneity*.

Interestingly enough, the Church was "warming up" to spontaneity within its services during the Early Middle Ages by introducing dramatizations of select readings from the Holy Week services—that time set aside to commemorate the death and resurrection of Christ. This introduction of drama had first originated with the antiphons of Gregorian Chant, sung vowel sounds which were usually included in the Mass, the dramatic presentation of Christ's Last Supper.[7] When words were added to these Gregorian melodies, the Church began setting the stage for liturgical drama separate from the rituals that constituted its sacramental life. Thus, when it came time to read a passage from the New Testament during the sacrament of the Holy Eucharist—the re-enactment of the Last Supper—the Church dramatized these scriptural passages to create greater impact on its members. Though these dramatizations were still chanted in traditional Latin and portrayed by priests and deacons, the Church had taken the radical step of reviving the dramatic spirit, a spirit so openly crushed by the Church in the Fourth Century. Beginning with the *Quem Quaeritis* trope[8] which depicted the dialogue between the Holy Women and the Angel at the empty tomb of Jesus after His resurrection, other Easter plays developed which had more elaborate settings and costumes and much more diversified characters and actions. By the Twelfth Century, the important Biblical scenes had been, at one time or another, dramatized during either the Easter or Christmas season.

Drama, however, has a dynamic character that necessitates growth and pushing beyond what has already been accomplished. The Catholic Church had turned to this art form for the purpose of bolstering its religious teachings and, by the Thirteenth Century, found itself locked in a struggle to control and direct that dynamic character.

> The crowds were becoming too large to be accommodated inside the church building, in spite of the fact that these buildings had been greatly increased in size. Laymen crowded into the aisles, they lined the walls, jostling one another, at times even quarreling, very often making much more noise than a pious priest had any relish for. And in the second place, these crowds were demanding more and more of the secular element in a

> play; they were making quite impious interpretations of the most soberly intended episodes.[9]

The Church, which had intended the utilization of the dramatic medium for strictly religious purposes, now had to contend with the people's demand that these dramas also include the human elements of the characters with which they so easily identified: their foibles, joys, pains, struggles, humor. Drama was plainly becoming, from the Church's point of view, quite worldly again and faced with this pressure, Pope Innocent III in 1207 issued a decree against "*ludi*"[10] in the church, except for those forms which the Church carefully dictated in the rubrics of sacramental rituals. This position was further entrenched by decrees of Pope Gratian and Pope Gregory IX, which not only condemned drama in churches, but also went as far as to condemn all entertainers and minstrels.[11]

The Church now closed its doors to any expression of humanity which did not fall within transcendental boundaries. The full humanity of its members even as it emerged in reaction to the religious dramas, was no longer allowed space to express itself. In point of fact, what the Church did was simply act out its own fear of the group's spontaneity and creativity by strictly limiting the dimensions of its theatrical environment. From this initial "warming up" to spontaneity within its rituals, the Church again turned to a format which carefully delineated how the Christian message was to be translated and the creative impulse of a more participatory format of religious service was no longer allowed expression.

After an interlude of many centuries, the Catholic Church, especially in light of the actions of Pope John, the Second Vatican Council, and the implementation of liturgical reforms by Pope Paul, and even more especially, with the growth of the Pentecostal movement within traditional Catholic circles, appears now to be "warming up" again to alternative liturgical services. In fact, in reading the *Documents of Vatican II* pertaining to the Liturgy of the Church, the phrase, "active participation," appeared enough times to signal a significant change in the Church's approach to the religious services.

> By way of promoting active participation, the people should be encouraged to take part by means of acclamations, responses, psalmody, antiphons, and songs, as well as by actions, gestures, and bodily attitudes.[12]
>
> The people's role, while always active, will take different forms (including a social silence) in various parts of liturgical worship. *Passivity or exaggerated isolation is foreign to the authentic Christian spirit.*[13] (italics mine)

If the Church leaders are about to embrace "active participation" within the liturgical rites, then the Church has much to learn from the works and writings of J. L. Moreno. The Church which had so vehemently proclaimed its environment as a place where a person could best declare his relationship to God

through religious services, might now begin providing within that same space an environment where a person can also declare his relationship to himself and to his fellow man. With some assistance from Moreno's concepts of theatre, founded upon spontaneity and creativity, the Church might begin to discover the fuller dimensions of the human person as the link to religious values and living the Christian message.

The liturgical services that the Church relies upon to further a Christian identity are rich with significant feelings and personal values. The Church in re-defining its theatrical environment around spontaneity and creativity would be able to tap into not only these liturgical rituals, but, much more importantly, begin to utilize the creativity and spontaneity of the worshipping community. Some of the ways that the Church might begin to re-define its utilization of the dramatic medium I present in the form of petitions:

1. That the Church investigate Moreno's sociometric system in order to create a viable and cohesive Christian community.

2. That the Church investigate the importance of the "warming up" process to determine the interests of the worshipping community.

3. That the Church give each individual the opportunity to explore in action his relationship to God.

4. That the Church provide true "sanctuary" for each individual to learn how to "love your neighbor as yourself."

5. That the Church provide true "sanctuary" for each individual to heal those feelings which might separate him from another significant person.

6. That the Church provide true "sanctuary" for each individual to test out alternatives within himself and between others.

7. That the Church evaluate and expand the role models offered to the worshipping community as exemplars of Christian life.

8. That the Church give each person the opportunity to assume the important roles in its liturgical rites.

9. That the Church, after the celebration of a particular ritual, allow each person the opportunity to share his personal identification with the roles in the drama.

10. That the Church encourage the leaders of the Christian community to discover the spontaneity and creativity and humanness which lies within themselves and thus be a witness to the community.

The Catholic Church has instituted an elaborate system to support and encourage its Christian identity. If, as it seems to purport in the writings of the Second Vatican Council, the Church is keenly interested in having an impact upon its members via its liturgical rites, then I suggest that the Catholic Church must discover and translate into action those ideas and concepts developed by J. L. Moreno in the *Theatre of Spontaneity*.

REFERENCES

[1] Moreno, J. L., *The Theatre of Spontaneity*. New York: Beacon House, 1951. 4th edition has just been printed.
[2] *Ibid.*, p. 18.
[3] *Ibid.*, p. 19.
[4] *Ibid.*, p. 45.
[5] *Ibid.*, p. 37.
[6] *Ibid.*, p. 44.
[7] Parks, E. W., *The English Drama*. New York: W. W. Norton and Co., Inc., 1963, p. 1.
[8] *Ibid.*, p. 9.
[9] *Ibid.*, p. 2.
[10] *Ibid.*, p. 2.
[11] *Ibid.*, p. 3.
[12] Abbot, W. M., ed., *The Documents of Vatican II*. New York: America Press, 1966, p. 148.
[13] *Ibid.*, p. 148.

BIBLIOGRAPHY

ABBOTT, W. M., ed., *The Documents of Vatican II*. New York: America Press, 1966.

MORENO, J. L., *The Theatre of Spontaneity: an Introduction to Psychodrama*. New York: Beacon House, 1951.

MORENO, J. L., *Psychodrama*. Vol. I. New York: Beacon House, 1946.

NICOLL, ALLARDYCE. *British Drama*. New York: Barnes and Noble, Inc. 1963.

NICOLL, ALLARDYCE, *English Drama: A Modern Viewpoint*. New York: Barnes and Noble, Inc., 1968.

PARKS, E. W., *The English Drama*. New York: W. W. Norton and Co., Inc., 1963.

ROSSITER, A. P.*English Drama From Early Times To The Elizabethans*. Hutchman and Co., 1950.

ROSTON, MURRAY. *Biblical Drama in England*. Evanston, Ill.: Northwestern University Press, 1968.

STUART, D. C., *Development of the Dramatic Art*. New York: Dover Publications, Inc., 1960.

AMERICAN SOCIETY OF GROUP PSYCHOTHERAPY AND PSYCHODRAMA

Thirty-First Annual Meeting · April 5 through 8, 1973

Barbizon-Plaza Hotel, New York City

FINAL PROGRAM

J. L. MORENO, M.D. founded the first professional society in the field, the *American Society of Group Psychotherapy and Psychodrama,* in 1941. The Society held its first annual meeting in 1942 at the Sociometric Institute, New York City, and published its first bulletin, PSYCHODRAMA AND GROUP PSYCHOTHERAPY in 1943.

For half a century, Dr. Moreno has been a pioneer in the field of Human Relations. Many of the terms and techniques which are in common use today were originated by him—such as, Encounter and Encounter Group (1914), Theatre of Spontaneity and Psychodrama (1923), Acting Out (1929), Group Therapy (1932), and Group Psychotherapy (1932).

The A.S.G.P.P. is a membership society especially geared to the needs of professionals who want to learn about the latest developments in the field, exchange information, and facilitate the spreading of these methods on the professional level. It is an interdisciplinary society. Its members come from all the helping professions, psychology, medicine and the social sciences.

A.S.G.P.P. OFFICERS:
JAMES M. SACKS, PH.D., *President*
ROBERT W. SIROKA, PH.D., *President-Elect*
ZERKA T. MORENO, *Secretary-Treasurer*

We are pleased to welcome you to the 31st Annual Meeting of the American Society of Group Psychotherapy and Psychodrama. Our theme this year centers around the concept of the group as an agent of change. Reflecting this focus, the program has many new and exciting participants, whose rich and varied experience we look forward to sharing with you.

In the past decade Psychodrama and Group Psychotherapy have gained increasing recognition throughout the world. We view our 31st Annual Meeting as an opportunity for colleagues and students, old and new, to meet, exchange ideas, share experiences and learn.

A single registration fee for this meeting entitles you to participate

in the opening and closing sessions, three presentations on Friday and three on Saturday, on-going Psychodrama in the Permanent Theater of Psychodrama and videotapes and films. For more informal exchange we offer a party and dance on Friday evening.

Throughout the meeting, our staff will be available in the Hospitality Room to help you with any questions or concerns.

Looking forward to seeing you,
ELLEN SIROKA, *Program Chairman*
STEPHEN WILSON, *Program Coordinator*

Program Committee: ZERKA MORENO, ELLEN SIROKA, ROBERT SIROKA, JAMES SACKS, STEPHEN WILSON.

ADMINISTRATIVE ASSISTANTS: RICHARD WEINSTOCK, STEVE SIDORSKY, BETH MEEHAN, JOAN WEINSTOCK, ROBERT FLICK, MARK BOLWELL, AND STAFF MEMBERS, INSTITUTE FOR SOCIOTHERAPY, NEW YORK CITY.

THURSDAY, APRIL 5, 1973 :: 9:30 a.m. to 5:00 p.m.

All-Day Intensive Psychodrama Training Institute

WORKSHOPS:

1. *Dream Production in Psychodrama*
   ZERKA T. MORENO, *Director of Training*
   Moreno Institute, Beacon, New York
2. *Advances in the Art of Doubling*
   JAMES M. SACKS, PH.D.
   Moreno Institute, New York City
3. *Psychodrama for Psychotherapists*
   ROBERT W. SIROKA, PH.D., *Executive Director*
   Institute for Sociotherapy, New York City
4. *Psychodramatic Techniques*
   JAMES M. ENNEIS, *Chief, Psychodrama Programs*
   Saint Elizabeth's Hospital, NIMH, Washington, D.C.
5. *Experiential Psychodrama*
   ELAINE GOLDMAN, *Director*
   Chicago Institute for Psychodrama & Group Process, Chicago, Illinois
   and Western Institute for Psychodrama, Phoenix, Arizona
6. *Community Psychodrama*
   HANNAH WEINER, M.A.
   Moreno Institute, New York City

7. *Practicum in Psychodramatic Interventions*

DAVID A. KIPPER, PH.D.
Psychological Services,
State University of New York, Stony Brook, N. Y.
and Bar-Ilan University, Israel

The Workshops are designed for students of Group Methods and the Social Sciences, as well as for Psychotherapists, Psychologists, Social Workers, Educators and Mental Health Professionals.

Each Workshop will be conducted by one of the country's leading Psychodramatists and will offer a unique opportunity for both didactic and experiential training in Psychodrama. Each Workshop will cover Psychodrama theory, method and technique.

Workshops will be limited to 25 participants by advance registration.

FEE: $35.00—see registration form on back page.

THURSDAY, APRIL 5, 1973 - 1:00 p.m. to 8:00 p.m.

Annual Meeting Registration—Main Lobby

"THE WARM-UP"

Opening Ceremony - Barbizon Room - 8:00 p.m., April 5, 1973

[FOLLOWED BY PSYCHODRAMA ORIENTATION SESSIONS, ROOMS TO BE ANNOUNCED]

Directors:

MARCIA ROBBINS
JOSEPH POWER
DONALD HEARN
CLARE DANIELSSON
DAVID WALLACE
THOMAS TREADWELL
RHONA GERBER
PETER ROWAN

FRIDAY, APRIL 6, 1973

Registration—Main Lobby—8:00 a.m. to 5:30 p.m.

"THE ACTION"

9:30 a.m. to 11:30 a.m.

[BARBIZON ROOM]

Group Application of Behavioral Modification—A Panel

HOWARD NEWBURGER, PH.D.; CHARLES BAHN, PH.D.
John Jay College of Criminal Justice, New York City
JACK GOOTZEIT, ED.D.
Institute of Applied Human Dynamics, New York City

GROUP PSYCHOTHERAPY

[YACHT LOUNGE—THIRTIETH FLOOR]

Peek-A-Boo, Who Are You? Do You See What I See? (Bring hand mirrors)

RONALD ROBBINS
Private Practice, Poughkeepsie, New York

[STUDIO C—FOURTH FLOOR]

Photography for Personal Growth

JOE MOLNAR, *Member ASMP, PPA*
Professional Photographer, Brooklyn, New York

[STUDIO D—FOURTH FLOOR]

Contemporary Research and Action Methods—A Panel

ALLAN G. WICKERSTY, *Panel Chairman*
Psychodrama Section, Saint Elizabeths Hospital, Washington, D.C.

[STUDIO E—FOURTH FLOOR]

Folksong in Early Childhood: A Psychodramatic Approach

RUTH RUBIN
Ethnomusicologist, New York City

[STUDIO G—FOURTH FLOOR]

Integrating Innovative Modalities into the On-Going Therapy Group

HENRY GRAYSON, PH.D., *Executive Director*
National Institute for the Psychotherapies, New York City

[STUDIO H—FOURTH FLOOR]

Psychodrama and the Building Up Phenomena in Alcoholism and Drugs

JERRY FANKHAUSER, M.S.W.
Director of Psychodrama and Group Therapy
The Houston Institute, Houston, Texas

[STUDIO J—FOURTH FLOOR]

A Psychodramatic Method for Reaching Hostile Group Members

LEO SANDRON, ED.D.
Clinical Psychologist and Psychodrama Consultant
Metropolitan State Hospital, Norwalk, California

[STUDIO K—FOURTH FLOOR]

Will the Real Teacher Please Stand Up? Explorations in Gestalt Awareness

JACK CANFIELD; JUDY OHLBAUM CANFIELD, PH.D.
Directors, New England Center, Amherst, Mass.

[PARK SUITE N & E—FOURTH FLOOR]

Dance and Movement Therapy

FRAN LEVY, M.S.W., M.A.
Dance Therapist, New York City

PSYCHODRAMA

[STUDIO IV & V—FIFTH FLOOR]

Hypno-Operant Therapy and Possibilities of the Method Being Applicable in the Group

HENRY S. TUGENDER, PH.D.
Hypno-Operant Therapy Workshops, So. Orange, New Jersey

[STUDIO VII & VIII—FIFTH FLOOR]

Therapy in Organic Process—An Experience

DANIEL MILLER, *Psychologist*
New York City

FRIDAY, APRIL 6, 1973 · 1:00 p.m. to 3:00 p.m.

[BARBIZON ROOM]

Socio-Dynamics of the Family

ROBERT W. SIROKA, PH.D., *Executive Director*
Institute for Sociotherapy, New York City

[YACHT LOUNGE—THIRTIETH FLOOR]

Movement in Depth—An Introduction to Dance and Movement Therapy

CONSTANCE L. MOERMAN, M. A., *Director*
Mental Health Associate Program
Montgomery College, Takoma Park, Maryland

[STUDIO C—FOURTH FLOOR]

Theme-Centered Interactional Workshop Method

THOMAS E. TIERNEY, PH.D., *Psychologist*
New York City

[STUDIO D—FOURTH FLOOR]

Foundation of Sociometry—A Workshop

ABRAHAM E. KNEPLER, PH.D.
University of Bridgeport, Bridgeport, Conn.

[STUDIO E—FOURTH FLOOR]

Creative Writing as a Group Method

DOMINICK GRUNDY, PH.D.
Rutgers University, Newark, New Jersey

[STUDIO G—FOURTH FLOOR]

Communication for Sexual Responsiveness

DR. TULSI B. SARAL, *Professor of Communications*
Governors State University, Park Forest South, Illinois

[STUDIO H—FOURTH FLOOR]

Uses of the Psychodramatic Situation Test—A Demonstration

BONNIE WEISS, *College Counselor*
Baruch College, New York City

GROUP PSYCHOTHERAPY

[STUDIO J—FOURTH FLOOR]

Facilitating More Authentic Communication Among Members of Natural Groups in a School Setting

RACHEL M. LAUER, PH.D., *Psychologist*
Bureau of Child Guidance, New York City

[STUDIO K—FOURTH FLOOR]

Groups in the Woods—A Paper

ROBERT BELENKY, PH.D.
Goddard Graduate Program, Plainfield, Vermont
Discussant—J. STANLEY WIRES
Newark State College, Union, New Jersey

[PARK SUITE N & E—FOURTH FLOOR]

Psychodrama and Alcoholism

SHEILA B. BLUME, M.D., *Unit Chief*
Central Islip State Hospital, Central Islip, New York

[STUDIO IV & V—FIFTH FLOOR]

Reflective Listening in the Psychodrama Training Group

G. DOUGLAS WARNER, PH.D., *Director, Division of Growth Services*
Brook Lane Psychiatric Center, Hagerstown, Maryland

[STUDIO VII & VIII—FIFTH FLOOR]

Psychodrama Philosophy and Techniques in Conjunction with Adlerian Concepts

DONALD E. CRANNEL, BD, MSW, ACSW; MRS. D. E. CRANNEL
Minneapolis, Minn.

FRIDAY, APRIL 6, 1973 · 3:30 p.m. to 5:30 p.m.

[BARBIZON ROOM]

Police and Prisoners—Both Sides of the Law

HANNAH WEINER, M.A.
Moreno Institute, New York City

[YACHT LOUNGE—THIRTIETH FLOOR]

Using Dance as a Diagnostic Tool in Psychodrama

GLORIA ROBBINS
State University of New York at New Paltz, New York
ROBIN SCHLASKO-GOTTLEIB, *Dance Therapist*
Woodstock, New York

[STUDIO C—FOURTH FLOOR]

T-Grouping for Training in Group Dynamics—A Demonstration

DAVID R. HEYN, PH.D., *Associate Professor of Sociology and Psychology*
Austin College, Sherman, Texas

[STUDIO D—FOURTH FLOOR]

Psychodrama and Art Therapy—Combined Group Therapy Modality

STAN SMITH, M.A., *Psychodramatist*
J. BERT RAMSAY, A.T.R.
PETRONELLA A. COCHNAR, *Art Therapist*
STEVEN L. SEITZ, M.DIV., *Psychodramatist*
Staff of: St. Elizabeths Hospital, John Howard Div., District of Columbia, Children's Center, Washington, D.C.

[STUDIO E—FOURTH FLOOR]

Use of Psychodrama in Multivaried Modalities of Therapy

SYLVIA ACKERMAN, M.A., F.A.S.G.P.P., *Executive Director*
Central Queens Psychotherapy Center, Jamaica, New York

[STUDIO G—FOURTH FLOOR]

Re-Education of Habit Patterns Through Group Hypnotherapy —With Demonstration

WILLIAM T. REARDON, M.D.
Wilmington, Delaware

[STUDIO H—FOURTH FLOOR]

Psychodramatic Diet Workshop

BARBARA STEIN, B.A.; STEPHEN WILSON, C.S.W.
New York City

[STUDIO J—FOURTH FLOOR]

Self-Actualization in a Psychic Healing Group

SHIRLEY WINSTON, M.A., *Psychologist*
New York City

[STUDIO K—FOURTH FLOOR]

Action Models for Training—A Demonstration

JUDY ZUKER ANDERSON, B.A.; BARBARA E. ENGRAM, M.A.
St. Elizabeths Hospital, Washington, D.C.

[PARK SUITE N & E—FOURTH FLOOR]

The Use of Verbal and Non-Verbal Techniques in the Practice of Social Work with Groups

CALVIN H. STURGIES JR., A.C.S.W., *Deputy Director*
Reality House, Inc., New York City

[NORTH GALLERY—MEZZANINE]

Sociodrama Demonstration

ABEL K. FINK, ED.D., *Professor of Education*
State University College at Buffalo, Buffalo, New York

GROUP PSYCHOTHERAPY

[STUDIO VII & VIII—FIFTH FLOOR]

A Theme-Centered Interactional Workshop—Freeing Myself Through Acting

RUTH E. RONALL, M.S.
New York City

FRIDAY, APRIL 6, 1973 - 9:30 a.m. to 12:00 noon; 1:00 p.m. to 5:30 p.m.

[STUDIO A & B—FOURTH FLOOR]

Permanent Theater of Psychodrama

DIRECTORS:
GILBERT SCHLOSS, JOSEPH POWER, AMY SCHAFFER

FRIDAY, APRIL 6, 1973

[VIDEOTAPE CENTER—STUDIO I—FIFTH FLOOR]

9:15 a.m. to 11:00 a.m.

Videotape and Demonstration

Crisis Intervention—A Training Model: Psychodrama Techniques

JAMES ENNEIS, *Chief, Psychodrama Programs*
Saint Elizabeths Hospital, NIMH, Washington, D.C.

11:15 a.m. to 12:30 p.m.

Psychodrama with Special Adaptation for Adult Regressed Schizophrenics in an Outpatient Day Center

ELAINE A. SACHNOFF; CAROL HEISE, R.N.
Edgewater Transitional Care Center, Chicago, Illinois

1:00 p.m. to 3:00 p.m.

The Uses of Videotapes in Group Psychotherapy

NAZEEN S. MAYADAS, D.S.W., *Associate Professor*
Graduate School of Social Work
University of Texas at Arlington, Arlington, Texas
CAPTAIN DONALD O'BRIEN
U. S. Army Medical Field Service School, Ft. Sam Houston, Texas

Videotape—3:30 p.m. to 5:30 p.m.

Training Police in Community Relations and Emotional Control by Sociodramatic Techniques

ALEXANDER BASSIN, PH.D.
Criminology Dept., Florida State University
GARY FALTICO, PH.D., *Director of Counseling Center*
State University of New York, College at Purchase
JOHN DUPONT, *Program Director*
DISC House, Florida State University

PSYCHODRAMA

Videotape—3:30 p.m. to 5:30 p.m.

The Use of Psychodrama with Stutterers

ANATH GARBER; WILLIAM FURST, M.D.
Day Care, Orange, New Jersey

EVENING SOCIAL EVENT

Friday, April 6, 1973—7:00 p.m. to midnight

Cocktail Party and Dance

[MEZZANINE FLOOR]

SATURDAY, APRIL 7, 1973

Registration—Main Lobby—8:00 a.m. to 5:30 p.m.

"THE ACTION"

9:30 a.m. to 11:30 a.m.

[BARBIZON ROOM]

Children's Warm-Ups for Adults

MARCIA ROBBINS
Toronto, Ontario, Canada

[STUDIO C—FOURTH FLOOR]

Action Techniques for Teachers and Learners

HOWARD SEEMAN, M.A., *Education Supervisor*
Lehman College, CUNY, Bronx, New York

[STUDIO D—FOURTH FLOOR]

Group Therapy with Methadone Adolescent Patients: Confrontation as a Technique to Facilitate Responsible Behavior—A Panel

Staff Members of City Island Methadone Maintenance Clinic, New York:
THOMAS EDWARD BRATTER, ED.M., *Director of Treatment*
FRANK L. L. PINTAURO, M.D., *Medical Director*
RICHARD RAUBOLT, M.A., *Administrator*
VERNON H. SHARP, M.D., *Psychiatric Consultant*

[STUDIO E—FOURTH FLOOR]

Police and Prisoners—Both Sides of the Law

HANNAH WEINER, M.A.
Moreno Institute, New York City

[STUDIO G—FOURTH FLOOR]

Group Art Therapy—A Psychodramatic Approach

JEAN PETERSON, A.C.S.W., *Art Therapist, Social Worker*
New York City

GROUP PSYCHOTHERAPY

[STUDIO H—FOURTH FLOOR]

The Gringo and Counseling Puerto Rican College Students

STANLEY L. RUSTIN, *Director of Counseling*
Queensborough Community College, Queens, New York

[STUDIO J—FOURTH FLOOR]

Understanding and Responding Effectively to Organizational and Personal Crisis in Criminal Justice Work Through the Use of Psychodrama

RONALD I. WEINER, *Professor, Administration of Justice* and *Director, Community and Clinical Program*
The American University, Washington, D.C.
Discussant—HOWARD NEWBURGER, PH.D.
John Jay College of Criminal Justice, New York City

[STUDIO K—FOURTH FLOOR]

Moreno's Concept of the Social Atom—Its Application to the Family

JOSEPH P. POWER, M.A.
Moreno Institute, New York City

[PARK SUITE N & E—FOURTH FLOOR]

Movement Therapy in the Treatment of Schizophrenia

ELAINE V. SIEGEL, D.T.R., *Director,* Dance Therapy Dept.,
Suffolk Center for Emotionally Disturbed Children
Huntington Station, New York

[STUDIO II—FIFTH FLOOR]

A Demonstration of Contract Negotiation in Group Psychotherapy and Other Group Modalities

DR. CARL GOLDBERG, *Clinical Psychologist*
MRS. MERRI CANTOR GOLDBERG, *Psychiatric Social Worker*
Laurel Comprehensive Community Mental Health Center
Laurel, Maryland

[STUDIO IV & V—FIFTH FLOOR]

The Split Personality Theory in Group Situations

RICHARD M. SACKS, *Drug Counselor*
Akron, Ohio

[STUDIO VI—FIFTH FLOOR]

Psycho-Opera—Spontaneity, Musical Technique and Warm-Up

TOBI KLEIN, P.S.W.
Montreal, Canada
JERRY FANKHAUSER, M.S.W.
Houston, Texas

SATURDAY, APRIL 7, 1973 · 1:00 p.m. to 3:00 p.m.

[BARBIZON ROOM]

The Validity of Primal Therapy—Tapes and Discussion

SIDNEY ROSE, M.D., *Fellow Am. Ac. Psychoanalysis*
Faculty, American Institute of Psychoanalysis
New York City
ELIZABETH ELWYN, A.C.S.W.
Brooklyn Bureau of Community Service
Brooklyn, New York

[STUDIO C—FOURTH FLOOR]

Developing Plays Through Sociodrama

CLARE COSS
Hunter College, CUNY, New York City

[STUDIO D—FOURTH FLOOR]

New Directions in Psychodrama and Sociodrama—A Panel

Moderator—ABRAHAM E. KNEPLER, PH.D.
University of Bridgeport, Bridgeport, Conn.
CARL GOLDBERG, PH.D.; MERRI CANTOR GOLDBERG, M.S.W.
Laurel Comprehensive Community Health Center
Laurel, Maryland
DAVID A. KIPPER, PH.D.
State University of New York, Stony Brook, N. Y.
ABEL K. FINK, ED.D., *Professor of Education*
State University College at Buffalo, Buffalo, N. Y.

[STUDIO E—FOURTH FLOOR]

The Magic If—Stanislavski for Children: A Psychodrama Tool For Young Children, A Demonstration With Children

ELIZABETH Y. KELLY, *Writer and Drama Teacher*
JUDITH COOPER, *Special Education Teacher*
Deerfield Terrace School #9, Linden, New Jersey
AIDA SEQUEIRA, *Special Education Teacher*
Mt. Vernon, New York

[STUDIO G—FOURTH FLOOR]

Community (Group) Oriented Psychodramatic Training Processes: Open-Ended Demonstration

THOMAS TREADWELL, *Chief Clinical Psychologist*
Community Mental Health Unit, Darby, Pennsylvania

[STUDIO H—FOURTH FLOOR]

Socio-Learning Seminar on Retarded Children—Action Demonstration

JOE HART, ED.D., *Assistant Dean*
University of Arkansas, School of Social Work
LEONARD MCCAFFERY, *Director*
North Hills Exceptional Children's School
Little Rock, Arkansas

[STUDIO J—FOURTH FLOOR]

Psychodrama With Black Youth and His Social Milieu

E. L. HINKLE-BOARD, *Mental Health Specialist*
Illinois Department of Mental Health—Sub Region III
Chicago, Illinois

[STUDIO K—FOURTH FLOOR]

Hypnodrama: Lecture-Demonstration and Guided Fantasy Trip

IRA A. GREENBERG, PH.D., *Supervising Psychologist*
Camarillo State Hospital, Camarillo, California

[PARK SUITE N & E—FOURTH FLOOR]

The Theory and Practice of Personal Problem-Solving Groups

HOWARD W. POLSKY, PH.D., *Professor*
Columbia University School of Social Work, New York City

[STUDIO II—FIFTH FLOOR]

Poetry Therapy Demonstration

GILBERT A. SCHLOSS, PH.D.
College of Mt. St. Vincent, New York City

[STUDIO IV & V—FIFTH FLOOR]

The Rap Session: Un-Self Conscious Therapeutic Effects of Manifestly Non-Therapeutic Group Encounter

ROBERT BELENKY, PH.D., *Director*
Human Services Study Group
Goddard Graduate Program, Plainfield, Vermont

[STUDIO VI—FIFTH FLOOR]

The Therapeutic Community in Theory, Practice and Research

AMY SCHAFFER, M.A.
Institute for Sociotherapy, New York City

SATURDAY, APRIL 7, 1973 - 3:30 p.m. to 5:30 p.m.

[BARBIZON ROOM]

Group Central Concern as Basis for Action

EUGENE THOMAS COLE; ELIZABETH COLE, PH.D.
Saint Elizabeth's Hospital, Washington, D.C.

[STUDIO C—FOURTH FLOOR]

Ancestral Sociodrama, A Paper and Demonstration

CLARE DANIELSSON
Catholic Worker Farm, Tivoli, N. Y.
Stony Lodge Hospital, Ossining, N. Y.

[STUDIO D—FOURTH FLOOR]

Legislation and Psychotherapy 1973—A Presentation

MARY WATSON, C.S.W.
Community Education Division
Institute for Sociotherapy, New York City

[STUDIO E—FOURTH FLOOR]

Psychodrama and Ego Assessment—Theory and Discussion

DAVID A. WALLACE, B. S., *Psychodramatist*
Institute for Sociotherapy, New York City

[STUDIO G—FOURTH FLOOR]

Husband-Wife Co-Therapists in Group Therapy

EMANUEL AND LILA HAMMER
New York City

[STUDIO H—FOURTH FLOOR]

Using Specialized Techniques with the More Fragmented Disturbed Group

ALFRED D. YASSKY, *Psychoanalyst*
New York City

[STUDIO J—FOURTH FLOOR]

Group Process Approach to Humanize a State Employment Service

AL MANASTER, *Visiting Professor*
College of DuPage, Chicago, Illinois

[STUDIO K—FOURTH FLOOR]

Group Psychotherapeutic Group Supervision—A Personal Style with Emphasis on Supervision Technique and Professional Sharing

CLARA HARARI, A.C.S.W.
New York City

[PARK SUITE N & E—FOURTH FLOOR]

Sociodiagnostic Techniques in Psychotherapy

ROBERT W. SIROKA, PH.D., *Executive Director*
Institute for Sociotherapy, New York City

[STUDIO H—FIFTH FLOOR]

Group Creation in the Responsive Scene—Uses for Group Therapy

DAVID SHEPHERD; HOWARD JEROME GOMBERG; CONSTANCE CARR
Community Makers, New York City

GROUP PSYCHOTHERAPY

[STUDIO III—FIFTH FLOOR]

Hypnotherapy for Everyday Living—A Group Demonstration

LYNNE GORDON
Autosuggestion & Hypnosis Center, New York City

[STUDIO VI—FIFTH FLOOR]

Experiential Workshop in Music Therapy

A. BETH SCHLOSS, M.M., M.A., *Music Therapist*
New York City

SATURDAY, APRIL 7, 1973 - 9:30 a.m. to 12:00 noon; 1:00 p.m. to 5:30 p.m.

[STUDIO A & B—FOURTH FLOOR]

Permanent Theater of Psychodrama

DIRECTORS:
CLARE DANIELSSON, DONALD HERN, ANATH GARBER

SATURDAY, APRIL 7, 1973

[VIDEOTAPE CENTER—STUDIO I—FIFTH FLOOR]

Videotape—9:15 a.m. to 11:00 a.m.

Role Playing and Psychodrama with Adult Aphasics

PHOEBE H. SCHLANGER, M.A., *Coordinator*
Speech and Hearing Center, Lehman College, CUNY, Bronx, N. Y.

Videotape—11:15 a.m. to 12:30 p.m.

Patient In An Individual Primal Session

DANIEL MILLER, *Psychologist*
New York City

Videotape—1:00 p.m. to 3:00 p.m.

The Primal Experience—Another Way to Use Psychodrama

JACK COHEN, *Counselor-Trainer*
Division of Alcohol & Drug Dependence
State of Connecticut

3:30 p.m. to 5:30 p.m.

Videotape Demonstration

ABEL K. FINK, ED.D., *Professor of Education*
State University College at Buffalo, Buffalo, New York

PSYCHODRAMA

EVENING SOCIAL EVENT

Saturday, April 7, 1973 - 7:30 p.m.

[YACHT LOUNGE—THIRTIETH FLOOR]

The J. L. Moreno, M.D., Lecture

"Psychodrama Programs That Satisfy"

BY JAMES M. ENNEIS

St. Elizabeth's Hospital, NIMH, Washington, D.C.

FOLLOWED BY

ANNUAL MEETING DINNER (Buffet Style)

— WITH ENTERTAINMENT —

"Group Creation in the Responsive Scene"

DAVID SHEPHERD, HOWARD JEROME GOMBERG,

CONSTANCE CARR, Community Makers, N. Y. C.

SUNDAY, APRIL 8, 1973 - 10:00 a.m. to 12:00 noon

[BARBIZON ROOM]

CLOSING SESSION—"Sharing"

ZERKA T. MORENO - ROBERT W. SIROKA, PH.D.

MORENO INSTITUTE INC.

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CERTIFIED SINCE JANUARY 1972

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Training Workshops, New York City

January 24-March 28; January 29-April 2; April 25-May 23, 1973

Monday and Wednesday evening, from 5:30-7:30 at 236 W. 78 Street,

New York City. Students will be required to attend ten sessions (a 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.

Led by Joe Power, M.A., a certified Director of Psychodrama and Group Psychotherapy, a faculty member of the Moreno Institute who conducts psychodrama demonstrations on Tuesday and Friday evenings in New York City at the Moreno Institute.

1973 Calendar, Beacon, N. Y. for Training Periods

January 5 through 25	*Special Director's Workshop: June 30-July 2*
February 9 through March 1	July 13 through 26
March 9 through 22	August 3 through 16
April 13 through 26	September 14 through 27
May 4 through 17	October 5 through 18
May 25 through June 7	November 9 through 26
June 15 through 28	December 7 through 27

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.

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.

NEWS AND NOTES

Students

A growing number of students from every state of the union and from Europe and Latin American countries are enrolling in courses at the Beacon center. The New York City center too, saw the emergence of several courses conducted by Joseph Power for credit in the fall-winter semester of 1972-73 which were well attended.

Saturday evening Open Sessions, Beacon, N. Y.

These sessions continue to attract larger groups of persons coming from as far away as Connecticut, New Jersey, New York City, Massachusetts, etc. Zerka T. Moreno is the director of these sessions which take place every Saturday evening at 8:15 pm.

Student Groups

Growing numbers of students are attending open sessions with their professors, both in New York City and Beacon.

California State College, Pennsylvania

Dr. Allison Troy, a student at Moreno Institute working towards certification, started a new Counseling Center in 1971 at California State College. Moreno Institute is retained as a consulting agency for psychiatric service under the guidance of J. L. Moreno to the professional staff of the counseling center. The center presents a special program in psychodrama as a form of counseling to students. The center is staffed by two full-time psychologists, one part-time counselor and one part-time clinical psychologist. Judging by spontaneously written statements received from students, the work done at the center is most effective and enthusiastically endorsed by them.

Italian Translation of Theatre of Spontaneity

This book entitled Il Teatro della Spontaneita, prefaced by Antonio Santoni Rugiu and including a note by Giuseppe Bartolucci, has just appeared in Florence, published by Guaraldi Editore, via della Mattonaia 21. It was translated from the English by Silvia Levi.

Psychodrama Club at State University of New York, Stonybrook

We have been informed by Dr. David Kipper that the graduate students in clinical psychology, who participated in Dr. Kipper's course on Psychodrama and Roleplaying at that university, have formed a Psychodrama Club; it is dedicated to further training and to increased involvement in psychodrama.

Psychodrama Settles Teachers' Strike in Philadelphia

Students at Temple University roleplayed the teachers' strike in that city and came up with a solution; interestingly enough the actual resolution reached by the teachers five days later closely followed the same lines. It is as if the students involved were able, through their psychodramatic involvement in the various crucial roles, to "predict" the outcome. It happened as part of a two-hour experiment in psychodrama sponsored by the Undergraduate Psychology Majors Association, directed by Rhona Gerber.

Innovations, a new publication issued from the National Institute of Mental Health, is designed to provide mental health service personnel with information about innovative service programs and techniques. Its purpose is to present NIMH-supported research results in a practical way so that readers can try out new service programs themselves.

A major aim of *Innovations*, in fact, is to develop an active dialogue with its readers in order to strengthen the links between researchers and people engaged in the delivery of services. To encourage a broad, dynamic exchange of ideas, *Innovations* will ask its readers to describe new service programs in which they are working, as well as offer discussions of critical problems they are experiencing for which research might contribute solutions.

One of the functions of *Innovations* is to shorten the lag between the identification of mental health service problems and the availability of research knowledge to help provide answers. It also hopes to stimulate mental health service personnel to consider the widest possible range of alternative approaches for solving a variety of pressing mental health problems. In addition to research and program descriptions, *Innovations* will include a survey of relevant literature in the field, and feature interviews with experts, professionals and paraprofessionals, working in a variety of mental health activities.

To receive guidelines for writing up program descriptions and a copy of the first issue of the publication write to: Suzanne Fields, Ph.D., Editor, ***Innovations***, Mental Health Services Development Branch, Division of Mental Health Service Programs, NIMH, 5600 Fishers Lane, Rockville, Maryland 20852.