

JOURNAL OF GROUP PSYCHOTHERAPY PSYCHODRAMA AND SOCIOMETRY

**VOLUME 37, NO. 4
WINTER 1985**

Published in Cooperation with the American Society of Group
Psychotherapy and Psychodrama

EXECUTIVE EDITORS

George M. Gazda, Ed.D.
University of Georgia

Claude Guldner, Th.D.
University of Guelph

Carl E. Hollander, M.A.
Comprehensive Family and In-
dividual Services of Lakewood,
Colorado

David A. Kipper, Ph.D.
University of Chicago, Bar-Ilan
University

James M. Sacks, Ph.D.
Psychodrama Center of New York

CONSULTING EDITORS

Robert F. Bales, Ph.D.
Harvard University

Alton Barbour, Ph.D.
University of Denver

Richard L. Bednar, Ph.D.
Brigham Young University

Warren C. Bonney, Ph.D.
University of Georgia

Monica Leonie Callahan, Ph.D.
Saint Elizabeths Hospital
Washington, D.C.

Madelyn Case, Ph.D.
University of Northern Colorado

Jay W. Fidler, M.D.
Flemington, New Jersey

Ann E. Hale, M.A.
Roanoke, Virginia

A. Paul Hare, Ph.D.
Ben-Gurion University, Israel

Joe W. Hart, Ed.D.
University of Arkansas at Little Rock

Arnold A. Lazarus, Ph.D.
Rutgers-The State University of
New Jersey

Donna Little, M.S.W.
Toronto, Canada

Zerka T. Moreno
President, The American Society of
Group Psychotherapy and
Psychodrama

Byron E. Norton, Ed.D.
University of Northern Colorado

Hilarion Petzold, Ph.D.
Fritz Perls Institute
Dusseldorf, West Germany

Peter J. Rowan, Jr.
Lesley College Graduate School

Rex Stockton, Ed.D.
Indiana University

Israel Eli Sturm, Ph.D.
Veterans Administration Center
Togus, Maine

E. Paul Torrance, Ph.D.
University of Georgia

Thomas W. Treadwell, Ed.D.
West Chester State College

Gerald Tremblay, M.A.
Horsham Clinic
Ambler, Pennsylvania

Olin L. West, M.D.
Katonah, New York

Founded by J. L. Moreno, 1947

JOURNAL OF GROUP PSYCHOTHERAPY PSYCHODRAMA AND SOCIOMETRY

Volume 37, No. 4

ISSN 0731-1273

Winter 1985

CONTENTS

- 143 Comparing and Using Psychodrama with
 Family Therapy: Some Cautions
 Howard Seeman
 Daniel J. Wiener
- 157 The Dynamics of Catharsis
 Adam Blatner
- 167 Gifts to the Self: The Development of New
 Roles in the Young Adult's Experience of
 Separation and Individuation
 Margaret Rosan
- 176 An Analysis of the Annual Meetings of the
 American Society of Group Psychotherapy
 and Psychodrama, 1969-1983
 Thomas W. Treadwell
 Philip Lambert
 V. Krishna Kumar
- 187 Book Review
 Groups: Interaction and Performance
 by J. E. McGrath
 Fred L. Strodbeck
- Annual Index

JOURNAL OF GROUP PSYCHOTHERAPY PSYCHODRAMA AND SOCIOMETRY

The *Journal of Group Psychotherapy, Psychodrama and Sociometry* (ISSN 0731-1273) is published quarterly by Heldref Publications, a division of the nonprofit Helen Dwight Reid Educational Foundation, Evron M. Kirkpatrick, president, in conjunction with the American Society of Group Psychotherapy and Psychodrama. The annual subscription rate is \$35, plus \$6 for subscriptions outside the United States. Foreign subscriptions must be paid in U.S. dollars. Single copies are available at \$9 each. Claims for missing issues will be serviced without charge only if made within six months of publication date (one year for foreign subscribers).

Beginning with volume 36, the *Journal of Group Psychotherapy, Psychodrama and Sociometry* is available in microform through Heldref Publications, Micropublishing Division, 4000 Albemarle St., NW, Washington, DC 20016. Issues published prior to volume 36 are available from University Microfilms, Inc., 300 N. Zeeb Rd., Ann Arbor, MI 48106. Reprints (orders of 100 copies or more) of articles in this issue are available through Heldref Publications, Reprint Division.

Permission to photocopy items for internal or personal use of specific clients is granted by the Helen Dwight Reid Educational Foundation for libraries and other users registered with the Copyright Clearance Center (CCC) Transaction Reporting Service, provided that the base fee of \$1.00 per copy is paid directly to the CCC, 21 Congress St., Salem, MA 01970. Copyright is retained where noted. ISSN 0731-1273/85-\$1.00.

Second-class postage pending at Washington, D.C., and additional mailing offices. © 1985 by the Helen Dwight Reid Educational Foundation. POSTMASTER: Send address changes to the *Journal of Group Psychotherapy, Psychodrama and Sociometry*, Heldref Publications, 4000 Albemarle St., NW, Washington, DC 20016.

The *Journal of Group Psychotherapy, Psychodrama and Sociometry* is indexed in *Current Contents*, *Social Behavior Sciences* and *Social Sciences Citation Index*.

HELDREF PUBLICATIONS

Publisher

Cornelius W. Vahle, Jr.

Editorial Director

Louise Dudley

Managing Editor

Helen Kress

Associate Editor

Margaret Keys

Editorial Production Director

Alice Gross

Art Director

Carol Gore

Typographic Director

Joanne Reynolds

Typographic Assistant

Page Minshew

Artist

Lisa Beam

Typesetters

Phil La Padula and Valerie Sprague

Editorial Secretary

Suzette Kauffman

Marketing Director

Barbara Marney

Circulation Directors

Roberta Leboffe and Catherine Fratino

Advertising Director

Wendy Schwartz

Traffic Manager

Patricia Reagan

Reprints

Patrick Gallagher

Permissions

Nancy Penn Riley

Subscription Service

Bill O'Connor

Marketing Assistant

Dawn McGrath

Business Director

Stuart Funke-d'Egnuff

Accountant

Emile Joseph

Accounting Assistant

Betty Vines

Comparing and Using Psychodrama with Family Therapy: Some Cautions

Howard Seeman
Daniel J. Wiener

The authors discuss some specific confusions that recently have arisen from comparing and concurrently employing psychodrama and family therapy. The article clarifies the following for each of these therapeutic modalities: (a) enactment; (b) planning and directing; (c) being with the client(s); (d) temporality; (e) truth. The authors also provide guidelines for therapists who use these modalities concurrently in their work.

With the achieved prominence of family therapy as a key therapeutic modality, its methods and epistemology have recently been clarified by comparing it with other modalities, viz., psychodrama. A case in point is that the entire issue of the *Journal of Group Psychotherapy, Psychodrama and Sociometry*, Vol. 35, Winter 1983, was devoted to a comparison of family therapy and psychodrama. A further discussion of this comparison followed in a later issue of the same journal (Hollander, 1983). Metaphor and comparison are usually most valuable in rendering the unfamiliar familiar. However, such understandings can render both sides of the comparison oversimplified and distorted. There is a tendency to assume that one can use a term descriptive of one system in another compared system if it is the same term, e.g., "enactment." But such comparative usage ignores the point that we do not actually understand the meaning of terms by looking at what they denote but by noticing the moves they make as a "playing piece" in a game, a

“language game” (Wittgenstein, 1953). To use a term from one language game as an equivalent for a term in another language game often leads to an illegitimate reductionism.

In the opinion of the authors, current comparisons made between family therapy and psychodrama oversimplify and distort both modalities and promulgate some serious misunderstandings through the equivocation of some key terms.

Because there are considerable differences among the schools of systemic family therapy in theory, methodology, and terminology, we shall describe family therapy in language nonspecific to any one school, except where indicated (e.g., “strategic family therapy,” “Bowen’s concept”).

Clarification

Specifically, in comparing family therapy and psychodrama, some distortions and misunderstandings seem most prevalent regarding these terms: (a) enactment; (b) planning and directing; (c) being with the client(s); (d) temporality; and (e) truth.

Enactment

Guldner (1983) uses the same term, enactment, to compare the intervention techniques of both family therapy and psychodrama. His comparisons offer some valuable distinctions between enactment for family therapy as compared with that for psychodrama. For instance, he points out that enactment in family therapy is, according to Minuchin, “the technique by which the therapist asks the family to dance in his presence,” while in psychodrama enactment is “acting from within, or acting out, and a necessary phase in the process of therapy.” Guldner goes on to say that enactment in psychodrama “is the primary therapeutic medium,” whereas enactment is merely one technique a family therapist might use while working with a family. Guldner correctly says, “in psychodrama, enactment is used at all levels: for diagnosis, or therapeutic change.”

However, in a very important sense, Guldner distorts both modalities because it is incorrect to characterize the psychodramatic action of a psychodrama as enactment (as used in family therapy). This is especially so when such action is likened to simulatary or isomorphic enactments in family therapy.

First, let us take a more careful look at enactment in family therapy. Enactment in family therapy serves several purposes. As Haley, a practitioner of strategic family therapy, points out, asking people to

describe how they are feeling encourages a verbal simulation and detracts from the experience itself (Haley, 1978). Consequently, Haley prefers to arrange for the family to *enact* that pattern giving rise to this feeling. In general, the family therapist is guided by the principle of isomorphism in family therapy—that is, that a pattern occurring in a system at one level tends to be replicated at another level. The levels may be different generations of the same family, but they may also be the family system, the therapeutic system, and the supervisory system as overlapping systems in contact with one another. To say that the family therapist is guided by the principle of isomorphism, then, is to say that one assumes that there is an underlying correspondence between the way the therapist and family operate during treatment (the therapeutic system) and the way the family functions at home. The therapist does acknowledge real differences in many areas between the treatment context and the (unselfconscious) home context. Any experienced family therapist knows that his own presence and the designation of the occasion as a therapy session initially creates a shift in family interaction such that the family presents itself as it would to an outsider—how they wish to be seen, rather than as they are. Isomorphically, though, the two are not dissimilar. Thus, in an enactment, Father would still function as the silent but disapproving observer of Mother's interaction with Son, Mother would override and interrupt any interaction that does not include her, and 8-year-old Son would squirm and distract whenever his parents began to communicate directly with each other. It is in these observable patterns that they are presenting their adaptation to their problems isomorphically to the problem pattern itself.

The enactments that are set in motion at the behest of the family therapist are, initially, isomorphic to and simulative of the normative family patterns. These simulations can be for purposes of assessment or for making obvious to the family what their normative patterns are, especially when the family therapist directs their attention to them. However, enactment's major use is the alteration of these simulated patterns. This may be accomplished *subtly* (as when the family therapist uses his or her own communication with the family to model or to set in motion a different sequence); *immediately/overtly* (as when he requests the family to accomplish a task during the session in a different-from-usual way); or *eventually/descriptively* (as when he assigns a task to be carried out between sessions). The changes sought are those that have as their aim either the undoing of the *status quo* (i.e., upsetting the homeostatic balance) or the establishment of a previously absent, functionally desirable pattern. For example, in the family presented above,

the family therapist might (subtly) imply that Father could better handle Son, (immediately/overtly) block Mother from interrupting Father as he attempts to engage Son, and (eventually/descriptively) assign the family a task in which the parents spend at least 15 minutes (during a time Son is awake and present) discussing their own relationship without permitting Son to disrupt their interaction.

On the other hand, the action of psychodrama is not an isomorphic simulation, and therefore is not an enactment. A simulation attempts to imitate or reflect the pattern of a real situation or an objective set of circumstances. In psychodrama the action is not imitation or reflection; instead, the action is a playing out of original, spontaneous perceptions and feelings of a protagonist. The acted out perceptions take their cues not by copying a consensual reality that others (e.g., a family) would attest to but by concretizing the feelings and perceptions of reality that are true for that protagonist. The aim is concretization and reduction of conflict in and handling of the phenomenal reality of the protagonist. Psychodrama makes the lived world—the phenomenal reality of the protagonist—more present, concrete, conscious, and thereby more able to be handled. Psychodrama accomplishes this with the *phenomenal* reality of the protagonist whether that reality is experienced as past, present, or anticipated future. On the other hand, isomorphic simulations in family therapy serve to highlight patterns of interaction that are going on in the present.

Planning and Directing

Readers can more easily see that the action of a psychodrama is not an enactment (as it is in family therapy) by noticing the differences between directing in psychodrama and planning in family therapy (although Guldner chooses, unfortunately, to see these as similar [1983, p. 147]). In family therapy, planning has the intent of deliberately following or altering the isomorphic patterns in the family. In psychodrama, however, directing is not a following or alteration of isomorphic patterns and is not designed to replay or alter any event or outline of a situation that exists. As a matter of fact, that part of the action that is truly psychodramatic is moving beyond what has happened in the lived world of the protagonist and is therefore action that is new. Planned enactments in family therapy are initiated to expose or alter the process or structure of a system, viz., the family. On the other hand, directed psychodramas take their cues from the perceptions and feelings of the *protagonist*, not from the initiation of the director. Although the director may initiate creative options for the protagonist,

these originate from *following* what the protagonist experiences. If such directing is not also a following, it becomes inconsequential and ignored by the protagonist, and thereby does not become a part of the psychodrama.

The above explanation disentangles family therapy enactments from psychodrama enactments. Guldner, by using the term enactment for both, wrongly describes the directing of a psychodrama as “determined by the . . . director” when “the director ‘plans’ the process for the drama” (p. 147). On the contrary, the protagonist determines the process of the psychodrama. The director’s job is to follow-lead: by means of the cues given by the protagonist’s display of his phenomenal reality, the director attempts to clear a path or lay down supportive emotional tracks ahead so that the protagonist’s perceptions may improve and achieve their full concreteness. Unlike planning, directing cannot go where the protagonist is not ready to go or does not want to go. Any move made by the director not first indicated by or present for the protagonist is either ignored by the protagonist or weakens their alliance and the director’s being with that protagonist.

Being With the Client(s)

This last point brings out important differences between the kind of being with that a family therapist has with a family in treatment, as opposed to the kind of being with a director has with a protagonist in a psychodrama.

How is a therapist *with* a family in family therapy? Family therapists, depending on both their theoretical orientation and their personal styles, exhibit a wide range of positionings vis-à-vis the family. It is axiomatic that the family therapist can never be completely outside the family he or she works with—that this involvement with the family in therapy constitutes a therapeutic system which operates as a new system. Family therapy is definitely not an investigation or study from the outside but a participating event for all concerned. The different camps or schools of family therapy differ most sharply over just this issue of where on the distant-involved dimension is the desirable place for the family therapist. At one extreme, the strategic therapists, especially those of the Milan school, aver that the greater the removal of the therapist the more effective the course of therapy. At the other extreme, experiential family therapists, such as Whitaker, regard the occasional immersion of the family therapist into the family process as the central way by which family therapy can work.

In this article, the family therapist’s joining the family is regarded as

a knowing or deliberate act in which the family therapist assesses the family through the way he is permitted to be with them. In other words, assessment and intervention in family therapy occur together.

Very often the position from which the family therapist joins the family corresponds to that of a grandparent of the identified patient. This position is not only a function of the theoretically informed choice of the family therapist or of the family therapist's personal style. It is a willing accommodation to the present pattern of family interaction that the family therapist initially undertakes in order to have the subsequent leverage of an inside position to effect change.

Above all, the family therapist's effectiveness depends upon his flexibility in the service of change. Any lengthy consistency of position is likely to amount to the family therapist having been co-opted into the family system in a way that stabilizes the family at the expense of further change. As Whitaker puts it, the family therapist should regard himself as a foster parent rather than an adoptive parent vis-à-vis the family. In order to retain this flexibility, the family therapist must maintain his capacity to be *meta* to the family system; that is, his primary allegiance is to the attainment of defined change rather than to anyone's comfort or approval, or indeed to the maintenance of his own position within the therapeutic system.

On the other hand, in a psychodrama, a psychodramatist is with the protagonist in a very special and different way. An effective psychodrama is like an awake dream. It is the unconsciousness made into conscious experience. Psychodrama allows the freedom of association and wishes with the control and support of others that is not available in sleep's dreams. It is the being with of the director that supports these therapeutic processes making this kind of awake dream possible. To put it another way, the being with the protagonist that the director forms and sustains gives the protagonist the awareness and learning usually lost in one's forgotten dreams. The psychodramatist offers a being with the protagonist in order to concretize, unravel, and bring to confrontation the protagonist's phenomenal reality. At times this being with is so allied with and supportive of the outgrowth of this reality that the director is felt by the protagonist to be an extra part or extension of the protagonist's self and often stronger than the protagonist himself. In this sense, this being with is *meta*. It is similar to the position of the family therapist: a joining with the protagonist while keeping separate from him in order to direct. The support given in this being with gives the protagonist the ability that is needed to go beyond rigidity and break through resistances. This being with attempts to release the protagonist from locked in perspectives and releases spon-

taneity. This being with also enables feelings to come to the surface of awareness, makes them less avoidable, and thereby fosters confrontation and catalyzes resolution. The psychodramatist as director does not give his primary allegiance to the attainment of change, as might the family therapist with a family. Instead, his primary allegiance is to be with the protagonist fully in order to experience the meaning of the protagonist's world. It is also a being with that provides a tether for the protagonist to hang onto in order to try new feelings, perspectives, and behaviors while safe from the consequences of reality. The family therapist's being with is an intervening stance to promote a healthier configuration for the family. Unlike the family therapist's step-parenting, the psychodramatist's being with is as an allied godparent for the extension of the protagonist's world, repertoire, and rehearsal of new abilities.

These contrasts, at first glance, do not seem to argue as much for the differences between family therapy and psychodrama as they seem to reveal likenesses. However, such apparent similarities are dispelled when therapists take a careful look at temporality and at truth implicit in the interventions and action of family therapy and psychodrama.

Temporality

Although the family therapist's understanding is guided by the perspective of the family life cycle (as will be discussed later), the temporal sphere of action of each session and the family's experiencing of time is that of everyday time or clock time. It is true that the family's growth can be understood as stages within the family life cycle; but in the world, in each session, and between sessions, the family's understanding of time is that moment when it is time for Dad to go to work, time to eat dinner; time to see the therapist. Interventions and enactments initiated by the family therapist take place within this kind of awareness of temporality.

By contrast, temporality in a psychodrama is *not* clocktime. It is the phenomenal lived-time of a protagonist, but lived-time made present. In other words, the acted out experiences of the protagonist are played out just the way the protagonist experiences subjective time, but portrayed as happening now. For example, an experience that a protagonist anticipates as possible in the future is acted out as in the present. The psychodramatist is not guided by a conceptual framework of growth stages beyond how the protagonist experiences time. Both clock time and any concepts of maturation time are not primary while following the protagonist's felt sense of time.

This is not the case for the family therapist working with a family. For the family therapist, it is important to keep in mind that the family that is living in clock time is also best understood within a concept of maturation time: the family life cycle. The family life cycle is a powerful conceptual tool for working with families. Stated simply, the family life cycle identifies: (a) the thematic, sequential stages of family development that are culturally normative; (b) the developmental tasks that are required in order to accomplish successfully the transition from one stage to the next; and (c) the likely consequences of a failure to complete the developmental tasks (Carter & McGolderick, 1980). It is the transition phases between successive stages that are very often the endogenous sources of stress in families and individuals. For example, a young married couple may have developed a stable, harmonious relationship that unravels shortly after the birth of their first child. The family therapist treating this couple will utilize his knowledge of the family life cycle to inquire about the changes in status within the nuclear family (parenting roles) and even within the extended families, since he expects there may be difficulty in making the transition from a dyadic peer system to a triadic, multi-generational one, a change from a spousal to a spousal-parental system. Intergenerational family therapists such as Bowen or Nagy may also look for isomorphic patterns occurring across three or more generations around family life cycle transitions. It can be seen that the family life cycle concept implies surgency (stage-task temporality) in family therapy; the backdrop of family life cycle stages contributes to the context of the operative intervention such that what is appropriate at one stage may be inappropriate at another (e.g., parental discipline in early childhood vs. that in adolescence). Lastly, it should be noted that a number of respected family therapists have stated that a family therapist should not treat families that are at a later stage in the family life cycle than that attained by the family therapist since the experience of having been there in this matter is seen as crucial to the skillful movement of the family through transitional stages of development.

Readers can also see that family therapy interventions and enactments are quite different from the action of a psychodrama when we look at the temporality of the treatment session of each modality. The process of a psychodrama follows a very definite temporal sequence. The psychodrama begins in the warm up, becomes fullest in the cathartic work of the protagonist, and ends in the closure and sharing segments. Although the closure and sharing segments may become the warm up for new therapy work in a new psychodrama, in each psychodrama the entire sequence is to be completed with the director at

this place in time on stage—though the effects may, do, and should go beyond this place.

This temporal sequence contrasts with family therapy. There, each enactment may be only a warm up that takes place in the session with the therapist. The phenomenal time of a family member is not necessarily followed to catharsis or to closure or sharing. And the process begun with the therapist may continue outside the office by the family at home. In particular, strategic family therapists of the Milan school will typically end their sessions with paradoxical prescriptions for the family, decline to explain them, and send the family away for perhaps a month. A quite different use of time outside of the therapeutic session is employed by Bowen, who coaches family members to work on their self-differentiation from family of origin, a process that occurs outside of or parallel to conjoint family sessions over months or even years. In both cases structural changes are accomplished by family members with guidance from, but without the presence of, the family therapist.

A further difference in family therapy is that, unlike psychodrama, there is no time out between sessions from the consequences of revelations elicited during the process of therapy. Instead, there is a tacit recognition that all behaviors, expressed cognitions, and feelings occur in a present-centered context of relationship rather than in a suspended reality that is temporally free and in a permissive space on stage.

Truth

Probably the most important contrast to keep in mind when viewing or employing the modalities of family therapy and psychodrama is their different conceptions of truth and reality. A careful look at the epistemological differences here reveals not just a precaution in making descriptive comparisons between the two modalities but a precaution regarding praxis.

In epistemology, truth can be defined *phenomenologically* (as it appears in direct experience), by *consensual validation* (as in agreement with the perceptions expressed by others), by *correspondence* (as agreeing with objective evidence), and by *coherence* (by definition or logical consistency). In psychodrama, not the correspondence theory of truth, or the coherence theory of truth, or consensual validation is the truth of the reality for the protagonist and the director in a psychodrama. Instead, what counts is what appears *phenomenologically* true for the protagonist. This is prior and primary, at least during the psychodrama. Certainly, consensual validation and checking the protagonist's phenomenal

world with the real world (correspondence) figures or may figure later in considering the overall program of therapy for the client. But, during the psychodrama, what appears as true for the protagonist (even though his entire family may consider what is presented as false) takes precedence and is given support by the therapist. The psychodramatist accepts "the patient with all his subjectivity" (Moreno, 1966, p. 237). In a sense, the support of the psychodrama is in part a buffer and protection from the influence of others on the protagonist's felt sense of reality and truth.

In family therapy, the phenomenological truth of each member of the family does *not* take overriding precedence. In the family, there can be no buffer or isolation of each member's phenomenological truth. It is the *influence* of the family on what counts as true that is crucial to an understanding of truth for this therapeutic modality.

Building on the psychoanalytic tradition, early family therapists noticed the interpersonal influence operating to deny, distort, or suppress the phenomenological truth of one or more members. In observing overt marital conflict, for example, each spouse can be observed to dispute factual narrations, negate opinions, and attach different (and usually opposing) interpretations to the behaviors and words of the other spouse. Another common pattern observed is one in which one spouse states flatly the way things are for both of them, or even for the other spouse, so as to imply that there can be no truth apart from this assertion, while the spouse spoken for appears to accept this state of affairs. In both patterns described above, consensual validation is suspect; what engages the attention of the family therapist is the persistence of the way that truth is arrived at, whatever the factual issues may be.

A second aspect of truth in family therapy arises from what R. D. Laing (1965) terms mystification. Briefly, mystification is a process in which an individual's phenomenological truth is systematically denied or distorted by others through manipulation of his reactions, resulting in an initial confusion and subsequent shift of that individual's reality. Not only do families have great influence over the consensual validation of an individual's truth by reason of their closeness to him over time, but the pattern of internal consistency, or familial coherence, creates a familiar context of meanings (similar to culture on a more intimate scale) that defines what the individual may know about himself (and how to value it) to a great extent. For example, a child who skins his knee when falling off his bicycle will feel physical pain yet will interpret this pain largely by the reactions of his family members, who might be unconcerned with the injury and full of praise for his daring

in riding. Conversely in another family, they might be highly empathetic and frightened for him, while conveying criticism for his foolhardiness.

A related concept of family truth is Ferreira's (1963) notion of family myths which are consensually validated beliefs that are at variance with objective evidence. As an example, suppose that the elder daughter is the favorite of her maternal grandmother, who is a dominant member of the extended family and prizes literary achievement. The younger daughter may actually be more accomplished in English composition; yet, because of the grandmother's influence, her older sister will have the reputation as the budding writer in the family. In such a family, evidence supporting this myth will be emphasized while contrary evidence (e.g., higher English grades by the younger sister) will be downplayed by all. Thus, the phenomenological truth of the family as a unit becomes the phenomenological truth of its constituent individual members. Younger sister will not experience herself as a gifted writer but will attribute this status to her older sister.

Bowen points out, for example, that often a great deal of what is believed or asserted by people is pseudoself, representing what is expedient to believe or assert within their relationship system, preeminently the family (Bowen, 1978). No one presumably operates entirely free from pressure in relationships; an individual's phenomenological truth is always influenced by the relationship system within which he is embedded.

There is much contrast between how a protagonist displays the truth of his experience in a psychodrama, and how a person presents himself and what is true for him in conjoint family therapy. This is due chiefly to the impossibility of compartmentalizing revelations in family therapy from each individual's private life. Therefore, the truth that is overriding and that interests the family therapist (compared with that which is most attended to by the psychodramatist) is not the expression of phenomenological truth by each individual; nor is it the consensual validation among the family's members; nor is it the coherence of truth within the family rules. Rather, for the family therapist, truth inheres in the *meaning* that underlies the interactional patterns he himself observes. Most systemic family therapists do not regard it as necessary that families be made aware of these meanings in order to effect change, although they may direct attention to them when they expect this to be useful. Nor, in direct contrast to the psychodramatist, need the family therapist always support or align himself with client(s)' perceived truths. Instead, change in these interactional patterns can often be facilitated by the family therapist's presenting the family with

a reformulation of their own truth (called reframing) that shifts the meaning of behaviors so that the family is released from an endlessly recurrent, undesirable pattern. Notice here that it is the family therapist's intention to shift the conjoint truth of the client(s), while in psychodrama the guiding principle is to help unwrap the phenomenological truth for a particular protagonist while shielding him or her from external influences on that truth.

Conclusions

The contrasts and comparisons generated between family therapy and psychodrama are not merely academic. Recently, family therapists have used psychodrama in their practice, and psychodramatists are often working with whole families, not just with individual protagonists. It seems to us that from the clarifications made in this article several guidelines and precautions are warranted for the proper concurrent usage of these two modalities:

1. Psychodramatists working with a protagonist who is also a client in family therapy need to keep in mind that the truth displayed in the psychodrama is only the individual's phenomenological truth. When it is time for the protagonist to work on his therapy (and his family's), his psychodramatic truth must be seen in the light of, and naturally be influenced by, the truth of the family. It is then that the supportive barriers of psychodrama must be lifted for the integration of all the systemic variables present in the family.

2. Similarly, the protagonist who is also a client in conjoint family therapy must not simply be seen within the framework of his own phenomenological temporality but also within the temporality of the family life cycle.

3. The psychodramatist must keep in mind the power of systemic membership on his protagonist. Specifically, the psychodramatist must realize that the sharing group at the psychodrama, though important, does not present the protagonist with the system effect his family has on him. Bodin (1981) points out:

Therapy groups usually contain people who did not know each other before the therapy and who will go their separate ways after the therapy. . . . [O]n the other hand . . . families have a history of interaction and an expectation of future interaction and interdependence. . . . In other words, the family is an *ongoing system* in which the principles of general systems theory operate more plainly and more powerfully than they do in ad hoc therapy groups. (p. 272)

Since the family is a matrix of identity (Minuchin, 1974) for its members, meaning that individuals are defined by other members and by the rules, myths, expectations, and legacies of the family system, it follows that there can be far less freedom from the constraints of one's family identity in conjoint family therapy sessions than in a psychodramatic group. This is not in itself disadvantageous, however, as it affords families the opportunity to work directly on dysfunctional patterns. In contrast, the zeal with which many an individual returns from a psychodramatic group session (or encounter group weekend) determined to fix things in his family quickly dissipates or is readily nullified after just a few hours or days of family interaction.

4. Related to the third guideline, another important difference between families and psychodramatic groups is that power (access to information, life experience, economic choice, physical strength, etc.) is not distributed equally within families, nor is there typically a presumption in families that equitable power distribution is desirable. By contrast, psychodramatic groups have an underlying egalitarian ethos among their members.

5. A related point is that unlike the family therapist, who frequently works to re-align the interactive power positions of family members actually present, the psychodramatist deals with only that felt sense of power (or loss of power) as expressed by the sole protagonist.

6. Enactments performed by a family when initiated by a family therapist are more simulatory (of the underlying patterns of the family) than they are psychodramatic. It is not advisable to mix the two actional modalities and their purposes. A psychodramatic warm up will not, in itself, reveal patterns, nor can such a warm up be staged and simply left. Also, the therapist cannot move a protagonist through the protagonist's emotional work (his phenomenal working out) in front of his family, and expect the same results as a family "enactment." Nor, from our clarifications above, can the therapist simply mix the kinds of being with in psychodrama with those kinds in family therapy. Since these are all special and different, since the kinds of action, temporality, and truth are indigenous to their own modality, the practitioner should approach the planning and directing of each with these aforementioned distinctions in mind.

REFERENCES

- Bodin, A. M. (1981). The interactional view: Family therapy approaches of the Mental Research Institute. In A. Gurman & D. Kniskern (Eds.), *Handbook of family therapy*. New York: Brunner/Mazel.

- Bowen, M. (1978). *Family therapy in clinical practice*. New York: Jason Aronson.
- Carter, E., & McGolderick, M. (1980). *The family life cycle*. New York: Gardner Press.
- Ferreira, A. J. (1963). Family myth and homeostasis. *Archives of General Psychiatry*, 9, 457-463.
- Guldner, C. A. (1983). Structuring and staging: A comparison of Minuchin's structural family therapy and Moreno's psychodramatic therapy. *Journal of Group Psychotherapy, Psychodrama and Sociometry*, 35(4), 141-154.
- Haley, J. (1978). *Problem solving therapy*. New York: Harper and Row.
- Hollander, C. E. (1983). Comparative family systems of Moreno and Bowen. *Journal of Group Psychotherapy, Psychodrama and Sociometry*, 36(1), 1-12.
- Laing, R. D. (1965). Mystification, confusion and conflict. In T. Boszormenyi-Nagy & J. Framo (Eds.), *Intensive family therapy: Theoretical and practical aspects*. New York: Harper and Row.
- Minuchin, S. (1974). *Families and family therapy*. Cambridge: Harvard University Press.
- Moreno, Z. T. (1966). Psychodramatic rules, techniques and adjunctive methods. *Group Psychotherapy and Psychodrama*, 3, 233-246.
- Wittgenstein, L. (1953). *Philosophical investigations*. (Anscombe, trans.) New York: Macmillan.

Howard Seeman is an assistant professor of education at Herbert H. Lehman College and Daniel J. Wiener is a staff member at the New York Association for Psychotherapy Service.

Date of acceptance: December 2, 1983

Addresses: Howard Seeman
 Department of Education
 Herbert H. Lehman College
 Bronx, New York 10486

Daniel J. Wiener
 13 East 71st Street
 New York, New York 10021

The Dynamics of Catharsis

Adam Blatner

An understanding of the dynamics of catharsis can help the practitioner of psychotherapy and psychodrama to utilize this aspect of healing in a more rational fashion. The emotional release that is expressed as catharsis reflects an expansion of the sense of self on four levels: abreaction and an awareness of previously disowned feelings; integration of those feelings; experiencing being included in a social network; and participating meaningfully in the universe. Some practical implications of this approach are discussed, and it is related to role theory and everyday life.

Catharsis has a rightful place as one of the original basic elements of dynamic psychotherapy. The literature on this subject, however, both psychological and psychiatric, is relatively sparse.

Nichols and Zax offered an excellent review of the available views of this subject (1977), and so did Scheff (1979). However, neither of these works provided a really practical theory of catharsis. The integration of psychodramatic methods offers a technology that can be a vehicle for understanding as well as facilitating the process of catharsis, and the principles of this essential dynamic will be discussed below.

Theoretical Foundations

Earlier analytic metaphors suggested that the psyche was a repository of energies that required periodic discharges. We now prefer to consider it an opened system. (Paradigms in medicine and

psychology tend to reflect the most advanced technologies of their times; thus, what was an electrical-hydraulic model at the turn of the century has now been replaced by a computer-holographic model.) The psyche, rather than simply seeking homeostasis, is continuously integrating new elements. Beyond the terms used by Piaget for the cognitive modes of coping, "assimilation" and "accommodation," one can also use a role-theory description which includes other modes, such as mastery, receiving validation and reinforcement, and the expansion of the somatic, psychological, and social role repertoire (Slavson, 1951).

Nevertheless, it is phenomenologically descriptive to speak of a discharge of energy when people go through certain kinds of role transitions. If a person is yearning for something, and then receives it, or, on the other hand, if one feels burdened by something, and then is relieved of that burden, in both cases there is indeed a release of psychic energy. It is the energy of attention, and when a given task is completed, that attention is free for another task.

There are other ways of describing this process. In the above mentioned sense, the gestalt therapists' speaking of closing the gestalt takes on new meaning because emotional unfinished business continues to draw a certain amount of conscious or subconscious attention in an effort to cope with the issues of vulnerability or lack of mastery (Latner, 1974). Moreno writes of the disequilibrium that comes in certain processes of role transition, such as taking on a job for which one is unprepared (1940).

From this point of view, it can be seen that there are many catharses in life, most of them occurring in small ways outside of the therapeutic setting. Passing an exam, sensing one's existence at one's own birthday party, mastering a skill or a challenging task, coping with the poignancy of a loss—all result in a release of emotional energies and a shifting of attention.

Repression vs. Catharsis

In a sense, the ubiquitous process of repression prepares the psyche for catharsis. In the course of development, the immature mind copes with stress by magical maneuvers. One way to deal with the tensions generated between child and parent is for the child to hypnotize itself, as it were, to become unaware of the emotional pain and its associated longings, memories, and ideas. Not only that, but part of this autohypnotic process has a built in posthypnotic suggestion that the act of avoiding or forgetting the uncomfortable feelings is also forgotten. This has been called "dissociation" by Janet and "repression" by Freud.

Repression is an unstable process; it takes a continuing drain of attention to behave as if certain feelings or situations are not present. For example, a child may cope with fears of abandonment by repressing those vulnerable dependency needs, angry impulses, hostile thoughts, and/or sexual interests. Actually, these basic motivational complexes cannot be really eliminated; they are simply compartmentalized. There remains an ongoing burden of anxiety lest the conscious self be faced with these issues, and overwhelmed by them.

As a result, other neurotic or characterological defenses often are used to elaborate this primary act of repression, and these involve further self-deceptions. As a child lies to cover up a lie, and the lies multiply, it becomes harder and harder to remember them all. One of the defenses is simply to avoid activities that would remind the person of whatever is being repressed, and this in turn results in a constriction or rigidification of role behavior.

In the mind, as in physics, every action has an opposite reaction. Even as the ego seeks security by the primitive device of avoidance, there are also pressures to become free and whole again. Consciously or unconsciously, there is an associated sadness at not being able to express all of the intrinsic repertoire. It is as if one is forced to be separated from a close friend.

The catharsis is an expression of the re-uniting of these two old, dear friends. The essential feeling is, "Oh, how much I've missed you and how I've needed you! I cry for all the pain that I've held in. I even mix a little bit of laughter with joy and relief. But there are tears of anger that we had to be separated, and fear that we might be separated again in the future."

In terms of role theory, this mixture of feelings is no mere sentiment; it reflects the loss and gain of role components that have major functional value. In an external situation, such as a graduation or a wedding, we cry because a variety of psychodramatic scenarios are brought to a conclusion. We are losing certain treasured roles: having a child at home, for instance. We identify with that child's losing the freedom to date, the freedom from adult responsibilities. But we are gaining other treasured roles: welcoming a new family member; and recalling the struggles born of innocence. To return to the catharsis that signals the lifting of a repression, there too feelings surge forward to express the years of longing and constriction and anxiety that accompanied the disowning of a necessary part of one's holistic ecology.

There is an element of tragedy in these small shifts of consciousness on the human landscape: Repression is essentially unnecessary (in spite of what some Freudians might maintain), and it reflects the

limitations both of individual and social awareness in the realms of child rearing and education. As parenting improves, more people are developing methods to help children to experience and own the entire range of their feelings, and furthermore, to cultivate those youthful and immoderate impulses until they become refined and channeled into socially acceptable role behaviors.

Another form of catharsis comes from our repression of the essential paradoxical nature of reality, and that kind of repression is probably necessary or else we would be overwhelmed by schizophreniform imaginings. Yet, these paradoxes break through, and if they reflect some aspect that is fairly free of conflict, the breakthrough becomes funny or delightful. Thus, when in play we are able to unite two seemingly incompatible ideas or parts of the self, there is a catharsis of delight. For example, if a person discovers that he or she can do something that had previously seemed to be impossible or inaccessible, an outflowing of joyous energy is the result (Moreno, 1940). If there had been a significant amount of yearning built up for the goal, the laughter might be mixed with tears.

Categories of Catharsis

The point of this is that the concept of catharsis may be understood as a shift of the psyche into a new level of integration. Moreover, the varieties of catharses can be thought of as four separate but interpenetrating categories: abreaction, integration, inclusion, and significance or spiritual catharsis.

The Catharsis of Abreaction

This is the kind of catharsis that is most often referred to when speaking of therapeutic experiences in primal therapy, bioenergetics, gestalt therapy, and many encounter groups. It refers to the emotions that accompany the recognition of feelings that had previously been disowned. The classic work on *abreaction* was done on soldiers and veterans coping with post-traumatic neuroses during and after the second World War (Grinker & Spiegel, 1945).

It is an essential principle of *facilitating* catharsis that the patient not be simply re-experiencing the original trauma; some degree of anchoring and awareness that one is in a safe context must be part of the experience. (Scheff points out that this double-levelled awareness is an essential component (1979).) A key element in this is a positive therapeutic alliance with the therapist.

. In the late 1960s and early 1970s, when encounter groups had become a fad, untrained leaders often acted as if abreaction alone was therapeutic, and they would use all manner of techniques to provoke the expression of anger, helpless rage, and other forms of vulnerable emotionality. Angry confrontation, a residue of the "Synanon Games" of the late '60s, was sometimes used by the group leader in order to evoke "real feelings," but such behavior was usually destructive and sometimes resulted in emotional casualties.

Moreno observed that the catharsis of abreaction must be followed by a catharsis of integration (Branham, 1974). In other words, it is not sufficient that a patient discover certain complexes of ideas and emotions that have previously been forbidden. The recognition of these feelings, while lacking the compensating skills or cognitions to deal with them, in itself constitutes an emotional emergency. People must be prepared to cope with the feelings, must be able to discover that their anger, dependency, sexuality, or other disowned feelings can be constructively integrated into their lives.

The Catharsis of Integration

It is as powerful to discover that an enemy is a friend as it is to rediscover an old friend. *Integration* is an expansion of the sense of self to include the new role functions that had been previously experienced as incompatible with the identity. The clue that an emotion is not acceptable to the self is the phenomenon of resistance.

Moreno said, in effect, "I don't break down the walls. Rather, I try all the doors and see which ones open." This approach, one of working with the defenses, is a bit like aikido, and a bit like the hypnotic techniques of Milton Erickson. Eugene Eliasoph, as director of psychodrama, worked in a very methodical way, keeping his protagonist oriented to the process, integrating experiences cognitively as well as emotionally at every step in the session. Ultimately, when the person is able to integrate the feelings and experiences, there is a catharsis of relief and expansion. Rehearsals or psychodramatic ego-repair endings are often helpful in this regard (Hollander, 1969).

Another example of the catharsis of integration comes from finding that one can utilize two facets or interests in one's personality in a synergistic fashion. There is a mixture of creative triumph at being able to bring several roles into conjoint functioning. The result is experienced as being more authentic than simple competence in only one role dimension.

Mastering any skill also would fit into this category of catharsis. The

sense of competence, confidence, and knowing or sensing the knack all combine in an exhilarating experience. In addition to the triumphs of learning to tie a shoelace, ride a bicycle, swim, climb a tree, or ski, there are also more clearly psychological accomplishments, such as coping effectively with one's moods, habit control, or the exertion of discrimination in addressing an emotionally loaded issue.

There is a kind of integration also in purging one's self of undesirable elements. This purging experience is related to the other, original use of the term, in terms of emptying the bowels. Aside from repression, another early primitive defense mechanism is that of "introjection." The child says, in effect, "All right, I'll believe anything you say about me, just don't abandon me." Thus, the growing mind takes in definitions and injunctions about the self and how to be that very often become toxic, obsolete, or maladaptive as time goes on.

When a person can let go of a fear, a resentment, a guilt, a sadness, an envy, or a belief tinged with shame, one feels lighter. This may even be a vicarious experience, in which seeing or hearing another go through a similar conflict brings release and reassurance that one is not alone in having those problems or feelings.

Entire complexes of coping, the associated defense mechanisms as well as the underlying fears, all can be relinquished in some integrative processes. In psychodramatic terms, these complexes may be personified: the part of the self that is harshly critical towards the inner child; the unfair other who is kept as a focus of chronic resentment; the depressive and helpless chorus that acts as an excuse and smoke screen, concealing more relevant issues. These complexes usually functioned adaptively at some early and crucial point in psychosocial development, but they developed a life of their own, as it were, and later in life they come to interfere with effective functioning.

The process of re-evaluating and deciding in the present moment which parts of the self to keep and which to relinquish is part of this catharsis of integration. That higher, more integrated, choosing part of the self enjoys affirming more discriminating ideals, accepting realistic limitations, and purging negative elements.

The Catharsis of Inclusion

The third level of catharsis is that of *inclusion*—discovering that one "belongs" in a social network of one's choice. The need to feel loved, liked, and needed is a deep and powerful part of psychosocial functioning, and it should not be underestimated as a source of motivation for many kinds of individual and collective behavior.

Staying with the theme of catharsis being a kind of expansion of the self, it must be noted that the boundaries of the psychic realm are not limited by the skin. When the team you've been rooting for wins, you feel as if you won also. Thus, your sense of self naturally expands in some respects to include whatever groups you identify with and there may be a number of them. In turn, when a group that you like lets you know that they feel that you belong in their ranks, that expands your identity even more. Whether your chosen political party, team, or community wins in some way, or when they include you, you feel a catharsis of inclusion and exultation.

In the realm of therapy, people often feel somewhat alienated. They believe that their feelings, handicaps, and emotional weaknesses render them unacceptable. To discover that they can "be themselves" in a group setting, and find that they are accepted as such, results in a sense of relief and a catharsis of inclusion that extends the abreaction of yearning and need for social bonding (Carp, 1958).

When group members recognize and validate one another, the act of inclusion itself has therapeutic benefits. In a way, this is an extension of the catharsis of integration, for people discover that they can have a positive experience of being supportive. These exchanges of helping and being helped, self-disclosure and empathy, and forgiving and being forgiven are some of the components of the greater process of inclusion (Slavson, 1951).

A further level of the catharsis of inclusion comes with discovering that one can be not only accepted by others, but also actually enjoyed. Groups that encourage self-expression in many dimensions, such as the creative arts, facilitate opportunities for participants to share and cross-validate their talents. To find that one has stimulated another's aesthetic sense is likely to give a sense of expansion, a small catharsis of inclusion.

Thus, being included in a group or even in a one-to-one friendship opens the person's sense of the range of his roles. One of the additional elements of psychodramatic groups is that the spontaneity expressed validates the individuality of each participant in a way that more verbal groups cannot. Moreover, the more that people can begin to feel that they can continue to be a part of the group even when they are simply being themselves, the deeper their sense of belonging becomes (Jones, 1947).

Spiritual Catharsis

The fourth category is what Moreno called the "cosmic" catharsis, and it occurs when an individual experiences a degree of integration

with the greater wholeness, the universe, or with God. This is the phenomenon of emotional religious conversion, of ecstasy, of receiving the "holy spirit," of "being saved," and of mystical communion in general. People occasionally have these feelings outside of any religious activity, as spontaneous experiences in nature (Hardy, 1979). Many things, such as philosophical study, scientific discovery, or a near-death experience also may offer this kind of cathartic process.

This dimension should be included in the overall goals of healing and personal growth. Moreno used the term "axiodrama" to refer to enactments that deal with the individual's relationship with ultimate values and beliefs. The growth of such fields as transpersonal psychology, humanistic psychology, Victor Frankl's logotherapy, or Roberto Assagioli's psychosynthesis all reflect the growing awareness that this is part of a holistic therapeutic process.

In a more modest fashion, but nonetheless important, people can be helped to enlarge their own capacity to be open to and feel a part of beauty, the richness and mystery of their own unconscious, the magic of dreams, or the excitement of personal and cultural-historical evolution and discovery. Again it must be emphasized that these too must be integrated, in the sense of helping patients to work through the meaning of these events and to learn to evoke and use them on their own.

Therapeutic Implications

In this scheme of the dynamics of catharsis, the process of personal growth is seen as being a multi-dimensional and multi-leveled process. Overemphasis on just one area, such as the clichéd practice of "getting in touch with anger" can be misguided. Individuation should be addressed in its fullness, and, indeed, this is part of the educational task of therapy.

Catharsis, then, is not in itself a goal, but rather an indicator of emotional expansion and integration. Great dramatic break-throughs should not become the end-point of psychodramatist's work; small, gentle catharses can also be very healing.

When opening a dimension of the personality, we should consider that several of the four categories of catharsis may be involved. Thus, for a group member who is coming to an awareness of her sense of vulnerability, it is important to weave in her place in the group and to provide the potential for a constructive channelling of those feelings. Even the existential (spiritual) situation of all of our essential vulnerability may be addressed (Hardy, 1979).

Role theory may be useful in applying this approach to the need for

the psyche to expand along a variety of channels. For example, a review of the patient's roles, their balance and range, and his attitudes toward their definition and performance serves as a useful warm up to further work. There well may be significant dynamic material for re-integration related to any roles that are conspicuous by their absence. In other words, a clue to where the person needs to experience catharsis often lies in roles that exist in distorted form or only in "surplus reality." That is where the enactments can be focused.

Thus, the opening of repressed dimensions of the self can take the form of expression of neglected dimensions of the person's role repertoire. These roles do not have to be explored solely in enactments based on the patient's "official" roles in life; playful and imaginative roles may also serve as vehicles for arousing and embodying important parts of the psyche's vitality (Blatner, in press).

Ongoing Relevance of Catharsis

In the daily series of events, there are potential points of psychological and spiritual expansion of the psyche. The processes of healing and healthy development involve the discovery of disowned and new dimensions of the self, and these are rich with vital energies and creative resources. At the moment of catharsis, the self transcends its mundane existence and resonates with its greater (and, indeed, limitless) aspects, including its extended social networks and transpersonal fields.

It is not only in the formal theater that we encounter tragedy or comedy. We are all actors in the ongoing play of the human race. We encounter the consequences of our limited consciousness: if they are mild, we laugh; if severe, we cry. In sharing our catharses, we create bonds with each other, and in so doing, begin to partake of the greater catharsis of inclusion that is also the cosmic catharsis of a dramatically creative and evolving universe.

REFERENCES

- Blatner, A. (1973). *Acting-in: Practical applications of psychodramatic methods*. New York: Springer.
- Blatner, A. *The art of play: An adult's guide to reclaiming imagination and spontaneity* (in press).
- Branham, E. F. (personal communication, 1974).
- Carp, E. A. (1958). The theoretical foundations of catharsis. *Folia Psychiatrica, Neurologica, et Neurochirurgica Veerlag*, 58, 224-235.

- Grinker, R. R., & Spiegel, J. P. (1945). *Men under stress*. Philadelphia: Blackstone.
- Hardy, A. (1979). *The spiritual nature of man*. Oxford, England: Clarendon Press.
- Hollander, C. (1969). *A process for psychodrama training: The Hollander psychodrama curve*. Littleton, Colorado: Evergreen Institute Press.
- Jones, M. (1947). Emotional catharsis and re-education in the neuroses with the help of group methods. *British Journal of Medical Psychology*, 21, 104-110.
- Latner, J. (1974) *The gestalt therapy book*. New York: Bantam Books.
- Moreno, J. L. (1940). Mental catharsis and the psychodrama. *Sociometry*, 3 (1), 220-240. (Reprinted in *Group Psychotherapy and Psychodrama* (1975), 28, 5-32.)
- Moreno, J. L. (1953). *Who shall survive? Foundations of sociometry, group psychotherapy and sociodrama*. Beacon, New York: Beacon House.
- Nichols, M. P., & Zax, M. (1977) *Catharsis in psychotherapy*. New York: Gardner Press.
- Scheff, T. J. (1979) *Catharsis in healing, ritual, and drama*. Berkeley: University of California Press.
- Slavson, S. R. (1951). Catharsis in group psychotherapy. *Psychoanalytic Review*, 38, 39-52.

Adam Blatner, a child and family psychiatrist, is a division medical director at the Brown School's Treatment Center in San Marcos, Texas.

Date of acceptance: July 12, 1984

Address: Adam Blatner
1202 Thorpe Lane, #501
San Marcos, TX 78666

Notice to Subscribers

Effective March 1, 1985, a yearly subscription to the *Journal of Group Psychotherapy, Psychodrama and Sociometry* will cost \$40 plus an additional \$6 for postage outside of the U.S. Single copy price will be \$10.

Gifts to the Self: The Development of New Roles in the Young Adult's Experience of Separation and Individuation

Margaret Rosan

As the young adult struggles to define his identity, to achieve autonomy, and to develop intimate relationships, he experiences again the process of separation and individuation. He is challenged to expand his role repertoire and to modify role relationships with his family. It is hypothesized that when a disorder in the process of role reversal exists, the development of self-nurturing and self-expressive role is impeded. These roles are essential to individuation and to the ability to give to the self that which was inadequately received or experienced in the family. The individual psychodramatic treatment of a young adult experiencing difficulty in individuation is presented to illustrate the development of these two roles. Doubling, role playing, and role reversal recreate the life processes of individuation and are, therefore, uniquely formulated to enhance its development through psychodrama.

The process of individual development occurs within the family and extends throughout life as human relationships are experienced and co-created. The self is an integration of somatic, social, and psychodramatic roles enacted in the context of these relationships (Moreno, 1948). The process of individuation is an ongoing aspect of human growth and involves the development of a role repertoire adequate to the challenges of life. As the young adult struggles to define and integrate his identity,

to achieve a sense of independence and an ability to commit himself to intimate interpersonal relationships, he experiences again the process of separation and individuation (Erikson, 1963). He is challenged to expand his role repertoire, to relinquish or modify role relationships with his family, and to develop new roles in the outside world.

Separation and individuation are first experienced in infancy. Initially, the infant feels at one with and attached to all aspects of the world around him. Moreno described this experience of symbiosis as the "first universe" (Moreno, 1946). In early infancy, the mother acts as the child's double, perceiving and meeting his needs, and interpreting the world for him. As the mother is naturally imperfect in her doubling, the infant gradually perceives her as separate and discovers that individuals and objects are outside his own body. He thus acquires awareness of himself as a separate being. The self and the capacity for creating human relationships develop from the infant's differentiation from the original dual-unity of mother and child. Self-differentiation reverberates throughout life and thus reflects the conflict between total fusion with others and total isolation within the self (Mahler, 1972).

Moreno hypothesized that a "cosmic hunger" develops for taking in all these objects and individuals perceived as separate, in order to restore the sense of wholeness that was experienced in the "first universe" (Moreno, 1959). The child, in his efforts to satisfy his cosmic hunger, learns to play the role of his mother and others important to aspects of his world. Later he learns to reverse roles, to experience fully the roles of those separate from himself. He is then able to perceive himself from the other's perspective. Role reversal clarifies and strengthens both the bond between the child and parent and the individuality of each. It is essential to the development of individuation because it provides an experiential perception of the other as separate from the self. Paradoxically, role reversal also allows the individual to return to the state of unity for which he longs. As he plays the role of the other, he finds the other within himself. The cosmic hunger has a source of satisfaction.

Individuation, then, is a developmental process and refers both to a quality of self-perception and to a quality of human relationship. A well-differentiated individual experiences a sense of wholeness and self-sufficiency. He has the capacity to perceive others clearly and to develop interpersonal relationships based on these perceptions. When a family has a strong quality of individuation, individual members' needs and emotions are accurately perceived and respected. Each is able to double, role reverse, and encounter the others in ways appropriate to their ages and relationships.

When family relationships impede adequate separation and individuation, it can be hypothesized that there is a disorder in the process of role reversal. Differences between family members are blurred and perceptions of each individual are less accurate. Thus, when parental self-concepts are less clearly defined, the parent tends to project his moods onto the child or else to respond selectively to those feelings of the child that correspond to his own. He cannot accurately perceive the emotional life of the child. The child does not receive the validation and feedback about his thoughts, feelings, and actions that are necessary to the development of positive self-concepts. He hesitates to express those feelings and needs that are different from his parents' expectations because he risks the loss of parental love or attention (Bell & Bell, 1979).

The problem being discussed in this article is the struggle of a young adult to achieve individuation in the context of a poorly individuated family. The sociometric configuration was a cross-generational coalition between mother and son that isolated the father. The focus of the family's concern was caring for the mother, whose needs were seen as paramount. The needs of the father and son were secondary and were not differentiated from those of the mother. The clinical result of this process was a depressed, angry, and suicidal young adult.

The Protagonist

Jeff is a nineteen-year-old college student who first came to therapy feeling depressed and preoccupied with suicidal fantasies. He is a slightly underweight, dark-haired young man of medium height. He expressed fears that he would be like his mother, whom he described as a depressed and bitter woman, and that he might kill himself. He feared that his girlfriend, Nancy, would not find him lovable.

Jeff is the youngest child of Sharon and Bill. He has one older brother, Dan, and an older half-brother, Steven. Sharon, age sixty-two, was previously married to an abusive alcoholic. She works as a counsellor in a halfway house. Bill, in his early seventies, is a retired truck driver and janitor, with an eighth grade education. Both older sons live outside the home and both experienced bitter conflict with Sharon when they left home. Sharon had a major depression following Jeff's birth, which was treated by electroconvulsive therapy.

In describing his interactions with his parents, Jeff revealed the process by which he was triangulated into his parents' marriage. Sharon felt unable to take care of herself and was angry that Bill had not met her dependency needs. She expected Jeff to alleviate her disappoint-

ments and loneliness. Bill did not have the capacity to understand and express emotion in the way Sharon expected. He was frustrated and hurt by her inability to accept his modes of expression or to perceive his needs. He sought Jeff's help in relieving his feelings of failure by urging him to take care of Sharon. Sharon and Bill selectively responded to Jeff's needs and feelings, depending on the severity of their own conflicts. Jeff took the role of a good, compliant child, suppressing those parts of himself which did not meet with a positive response. He deeply resented the process by which Bill and Sharon failed to develop a mutually satisfying relationship that would enable them to accept his position as the child, rather than as his mother's caretaker. The development of Jeff's security, self-confidence, and ability to respect his own feelings and needs was impeded by the triangulation process. He doubted his self-worth, became intensely self-critical, and was fearful of expressing his feelings. He experienced a deep sense of loss and wished desperately for what he considered a normal family.

The Treatment

As treatment began, the hypothesis was made that if Jeff were to experience the roles of his parents and of various parts of himself through psychodrama, he would develop a deeper level of individuation and be able to modify his sociometric position in the triangle. Individual psychotherapy utilizing psychodrama *à deux* was the treatment offered. Sixteen sessions focusing on family relationships were conducted. It was expected that the techniques of doubling, role playing, and role reversal would provide particularly therapeutic effects. Doubling would convey understanding and acceptance of Jeff's feelings and help him expand his self-expression. Role playing and role reversal would provide opportunities for expression of anger, hurt, loss, and love. Psychodramatic encounter with Sharon and Bill would provide the opportunity for clarification of each role and for evaluation of those aspects of his parents' personalities that Jeff had incorporated into his role repertoire.

Five of the sixteen sessions will be chronologically described here to illustrate the process of doubling, role playing and role reversal in Jeff's developing individuation. The therapist usually took the roles of director and double and occasionally played an auxiliary role. Jeff played all roles, utilizing chairs, space, and movement as needed in each session. He demonstrated a substantial level of trust in the therapist, who was perceived in the transference as a nurturing mother. The choice of auxiliary roles played by the therapist was made with the intention to

maintain the positive transference, which was expected to be a corrective emotional experience.

Session Three: The focus of this session was the difference between Jeff's self-presentation and his inner feelings. In the warm up discussion, Jeff expressed the weakness and self-hatred he feels when he does not express himself in his family. The scene he chose was a large family party. He first entered the scene in the role of his usual self-presentation. He was polite, quiet, smiled constantly, and was careful not to offend anyone. He took the roles of several family members and then reentered the scene to express his inner feelings. He told his mother that he was angry that she compared his accomplishments with those of his cousins. He stated angrily, "I'm not here to perform for you!" The concluding scene was an encounter between the two aspects of himself which Jeff had enacted at the party. First, he expressed his hatred of his performing role and the weakness he feels in hiding his expressive role. He then expressed the safety and security of his performing role and the pride he feels in using his strength to "keep it all in."

In the sharing, Jeff related the importance of two experiences. First, in reversing roles with his mother, he discovered the depth of her pleasure in his achievements. Second, he discovered the positive elements of safety and security in his performing role.

Session Four: In the warm-up discussion, Jeff described his fears of Sharon's anger about his desire to move out of the house and live at college. The scene was a discussion between Sharon and Jeff at the breakfast table. Bill was not present. Jeff, in the role of Sharon, stated "None of you really love me. You all leave me. I don't want you going." Sharon cried, pulled her hair, and rocked back and forth. Jeff's first response, in his caretaking role, was to reassure Sharon of his love. She continued with the same response, not accepting his reassurance. Jeff was then directed to double for himself and began to express his anger. He was given a scarf to twist and wring, as he shouted, "I could hit you 'til you shut up. Stop it! I can't be angry with you; you're just a nut." He threw away the scarf and went to another scene, his bedroom. He sat hunched over, crying, "I can't talk to her. I'm just like her." He stopped himself from crying and moved to another chair, stating, "I've collapsed. I have to recover." In the concluding scene, Jeff told his mother, "I'm really angry with you and I *am* leaving. I need to be a little disconnected from you, so I don't get so hurt and frustrated when you have your moods." Using gestures, he tenderly gathered up his collapsed self, comforted his crying self, and hugged them to his body.

In this session, Jeff's role reversal with his mother allowed him to ex-

perience her loneliness and his anger at her inability to give him what she herself lacked. Through enactment of several parts of himself, Jeff experienced the ability to nurture himself.

Session Nine: In this session, Jeff initiated discussion about his relationship with his father. He reversed roles with his father and experienced loneliness, depression, and powerlessness. He expressed his resentment that his father expected him to take care of his mother. He tearfully told him, "I wanted you to back me up, to stand up for yourself and for me. You're so weak. Where were you?" He expressed his need for closeness with his father. Jeff then played the role of the strong and supportive father for whom he longed. This father expressed confidence that Jeff could take care of himself. He assured Jeff that his feelings and needs were important and told him that he could stand up to his mother.

Through role reversal with his father, Jeff identified and experienced the differences between his own feelings and those of his father. He allowed himself to grieve for his disappointments. In the role of his fantasy father, Jeff experienced the security and power necessary to assert himself and received the support he needed.

Session Fourteen: Jeff reported that his plans for living at college had fallen through for financial reasons. He felt stuck and scared at home, but also safe and secure in familiar surroundings. He warmed up to a scene in which he had been watching home movies with his parents and his girlfriend. He first enacted a scene from the movie in which he is a toddler playing with his brother, Dan, and their dog. His mother appeared briefly, "looking like something out of a horror movie, bitter, scary." He expressed his fear of her anger. He then returned to his current age and addressed his mother on the screen, stating, "It hurts me you're such a nut. How come I had to have a nut, an angry, bitter nut for a mother?" He then told his father he was more of a husband than a father. He expressed his anger about his father's preoccupation with his mother and his understanding of his father's fears, after seeing Sharon's severely depressed appearance on the screen. Jeff's concluding action was to rearrange the movie scene. He pictured his mother playing with the children and the dog, while his father stood nearby "watching proudly and with pleasure."

In the sharing, Jeff revealed that his role reversals led him to a clearer understanding of his parents' limitations. In his final action, he created a picture of the nurturing, involved parents that he wanted. The incorporation of this image was an essential component in Jeff's developing ability to give to himself the caring he had not adequately experienced in his family.

Session Fifteen: Jeff's warm up focused on his decision to request that his parents come to therapy with him. He wanted to be able to "cry and be weak" with his father and to express his anger to his mother. Jeff described himself as "in the middle," between his parents. In action, he hovered near his parents, closer to his mother, but not physically between them. Sharon told Jeff that he is her "miracle" and her "savior," born to take care of her and make her happy. Jeff left the scene, overwhelmed, crying, "I can't do it." He looked back and imagined himself being held by Sharon and comforting her. He returned to the scene, pulled both Sharon's and his own imaginary arms apart, and forcefully grabbed himself away. The final scene was a role confrontation between the two parts of the self involved in the preceding action. In one role, Jeff expressed the desire to be home and to stay in his mother's arms. In the other role, he expressed his feeling of being trapped by his mother's expectations and his father's passivity. He expressed acceptance and tenderness toward the frightened part of himself and admiration for the strength and courage of the part that "rescued" him. "You're like a big brother to me," he said.

In this session, Jeff experienced the conflict between his desire to be close to his mother and his need to separate and take care of himself. His interactions with roles within himself demonstrated the growth of an ability to satisfy his own needs.

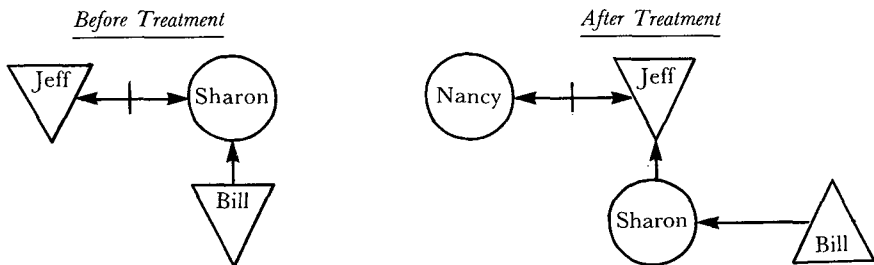
Discussion

The process of separation and individuation begins in infancy and is experienced throughout the life cycle. As individuation becomes clearer, a sense of inner wholeness emerges. Disturbances in the process of individuation reflect limitations in the development of spontaneity and of adequate role repertoires. In the case presented here, Jeff's role repertoire was predominantly compliant, approval-seeking, and need-suppressing. The development of a broader role repertoire had been inhibited by the dynamics of his family relationships. Both Sharon and Bill had selectively responded to those needs and feelings of Jeff's that corresponded to their own and were not able to reverse roles adequately with each other or with him. As Jeff experienced his parents' limitations, he developed doubts about his self-worth and became fearful of revealing himself to his parents and to his girlfriend.

As Jeff encountered himself and his parents through psychodrama, he began the process of giving himself the acceptance and validation he had not experienced with his family. Doubling, role playing, and role reversal fostered the expression of his anger, grief, and self-hatred.

Doubling conveyed acceptance of his feelings and validation of his internal reality. Role playing and role reversal allowed him to differentiate his feelings and needs from those of his parents. Jeff then developed two roles that are essential to the process of separation and individuation. These were his self-nurturing role and his assertive, feeling-expressive role. One role states, "I can give myself what I need." The other states, "I can share my feelings and ask for what I want." Jeff's experience of these two roles led to greater assertiveness and self-disclosure and to a change in his socio-metric position. On the criterion of closeness, Jeff's position shifted from a reciprocal pair with his mother to a reciprocal pair with his girlfriend (see diagram).

Sociometric Configuration



The change was experienced by Sharon and Bill as a loss and they were challenged to reevaluate Jeff's role in meeting their emotional needs. Jeff became more accepting of his father, demonstrated a greater ability to distance himself from his mother's anger and dependency, and established a deeper level of communication with his girlfriend. Jeff's separation from his parents and greater ability to involve himself in an intimate peer relationship developed as his self-nurturing and self-expressive roles emerged.

The use of psychodrama in individual psychotherapy brings the client's life experience directly into the therapeutic encounter. The powerful impact of the method calls upon the therapist's spontaneity, creativity, and clinical judgment in exciting and challenging ways (Stein & Callahan, 1982). It is important to adapt the use of psychodrama to the strengths and needs of the individual patient. Jeff's ego strengths were evident in his reality-testing, social skills, ability to integrate abstract concepts, and in his ability to trust the therapist. When lesser degrees of ego strength are observed, the psychodrama

method must be simplified. While the treatment goal of developing the self-caring and self-expressive roles may be the same, the warm up processes evolve more slowly and action is shorter. More doubling is necessary and fewer auxiliary roles can be introduced in one session. The therapist may need to help the patient interpret and integrate the drama.

Psychodrama recreates the process of life experience and is therefore uniquely formulated to enhance the development of individuation. In the case presented here, individuation was impeded by the dynamics of a family where role reversal was inadequately conducted and experienced. Through the process of doubling, role playing, and role reversal, Jeff changed his self-concept and improved his ability to create satisfying relationships. He began to develop the ability to give to himself that which he had not adequately received or experienced within his family. The author has experienced and observed this ability to be necessary to the accomplishment of the sense of wholeness that emerges as separation and individuation progress.

REFERENCES

- Bell, L. G., & Bell, D. C. (1979) Triangulation: Pitfall for the developing child. *Journal of Group Psychotherapy, Psychodrama and Sociometry*, 32, 150-155.
- Erikson, E. H. (1963) *Childhood and society*. New York: W. W. Norton.
- Mahler, M. S. (1972) On the first three subphases of the separation-individuation process. *International Journal of Psycho-Analysis*, 53, 333-338.
- Moreno, J. L. (1946) *Psychodrama*, (Vol. 1). Beacon, New York: Beacon House.
- Moreno, J. L. (1959) *Psychodrama*, (Vol. 2). Beacon, New York: Beacon House.
- Stein, M. B., & Callahan, M. L. (1982) The use of psychodrama in individual psychotherapy. *Journal of Group Psychotherapy, Psychodrama and Sociometry*, 35 (3), 118-129.

Margaret Rosan is a clinical social worker and psychodramatist who is coordinator of creative therapies in the psychiatric unit of Fair Oaks Hospital in Summit, New Jersey.

Date of acceptance: May 4, 1984

Address: Margaret Rosan
6 Grove Street
Madison, NJ 07940

An Analysis of the Annual Meetings of the American Society of Group Psychotherapy and Psychodrama, 1969–1983

**Thomas W. Treadwell
Philip Lambert
V. Krishna Kumar**

With the major focus on psychodrama in the eight annual meetings selected for analysis, a wide variety of kindred modalities also served to enhance the program offerings. More training was offered in the fundamentals of psychodrama than in sociometry or in specific skills and their applications. The authors present several recommendations for making the annual meetings more valuable to members.

In 1942, J. L. Moreno founded "An American Society for Psychodrama and Group Therapy," later incorporated as a membership society in the state of New York under the name "The American Society of Group Psychotherapy and Psychodrama." The objectives drawn up were as follows: "(a) to further the study of subjects pertaining to the nature and treatment of emotional disorders by Group Psychotherapy and Psychodrama; (b) to further the interest and advance the standards for all hospitals, clinics and other agencies utilizing these methods; (c) to further education and research and principles of Group Psychotherapy and Psychodrama in medicine," (Constitution, 1952, pp. 331–332).

As one means of furthering these objectives the Society held its first annual meeting in 1943 and by 1983 a total of 41 meetings had been held.

The question of interest to the present study was: What has been the nature of programming offered by the ASGPP over the last decade or so? It was hoped that an analysis of the program entries could help in locating trends in programming and thereby aid in the planning of future meetings. The present study was stimulated by the work of Lee, Trimble, Cvetkovich, and Lonner (1981) who reviewed the annual meeting programs of the American Psychological Association (APA) for the years 1960, 1970, and 1980 for their ethnic minority and cultural content; they examined the progress that APA had made in covering minority issues in their annual meetings. A similar analysis was undertaken by Kumar and Goh (1981) for the annual meetings of the American Educational Research Association (AERA).

Method

For the purposes of the study, it was decided to include for analysis the annual meeting programs from every other year beginning in 1969, and continuing through 1983.

The first step was to study the programs for these years to determine possible areas for analysis. The initial review suggested six such areas:

1. the location, duration and themes of the annual meetings;
2. the types of session formats;
3. the types of therapeutic modalities;
4. the various applications of psychodrama;
5. the types of psychodramatic techniques; and
6. the types of training.

In the second step, categories were identified within each area and their frequencies were tabulated.

Observations and Comments

Location, Duration, and Themes. It was noted that all the eight annual meetings over the last 14 years were held in New York City. Earlier ASGPP meetings were held in cities other than New York (1953: Los Angeles; 1954: St. Louis; and 1956: Chicago.) Major professional organizations such as the APA and the AERA hold their meetings in several major locations in the country. Locating the annual gathering in the same city year after year is likely to limit the scope not only of the meetings but also of the society in two main ways:

- the midwestern and western members must incur considerably more travel expense than do the eastern members; and
- the meetings may not be attracting potential presenters and new members from other parts of the country.

Given the wide range of programs offered, the four-day schedule appears to be optimal for the meetings. Another consideration in deciding on the length of the meetings may be the location. With ASGPP headquartered in New York City, a four-day schedule may be easily manageable. In other cities, a three-day schedule might keep costs down while still achieving the desired objectives.

Explicit themes were stated for three meetings:

1969: Revolution in Group Psychotherapy

What's New in Group Therapy and Psychodrama?

1973: The Group as an Agent of Change

1983: Psychodrama and Action Methods of the 1980s

While themes are probably useful in attracting potential participants to the meetings, in the programs analyzed subjects tended to be similar from year to year and announced themes did not seem to correlate with program content.

Session Formats. While popular appeal of most formats waxed and waned, in all years the modal session format was the workshop. However, the heavy emphasis on workshop sessions may limit the educational value of the conventions considered as a whole. Without papers and research symposia, there is little opportunity to learn from scholars engaged in research, who, in turn, benefit by discussing their work with others.

Therapeutic Modalities. Program entries were classified in nine broad categories of therapeutic modalities. Those in a tenth group—uncategorized—were unclear as to modality orientation. Clearly, psychodrama and its varied forms (special dramas, combinations with other modalities) form the major focus of the ASGPP annual meetings, a legacy from J. L. Moreno. In a departure from the objectives of the Society, there appears to be a decline in the frequency of group experiential approaches in the 1981 and 1983 programs compared with those for the 1973 to 1979 meetings.

Further, there has been relatively less interest shown in sociodrama, sociometry, family therapy, creative arts, and gestalt therapy. The lack of emphasis on sociometry in the annual meetings strengthens the findings of Treadwell and Kumar (1982) that various training curricula in the country show little interest in sociometry compared with psychodrama.

It is impressive that psychodrama has been used so flexibly with other modalities (e.g., gestalt, psychoanalysis). This trend recalls J. L. Moreno's editorial remarks (1948) about the directions of development in psychodrama:

Table 1—Analysis of Session Formats

Session Format	Annual Meeting					1981	1983	Total
	1969	1971	1973	1975	1976			
Demonstration	28*	6	11	40	24	0	1	116
Workshop	—	28	51	96	151	94	102	617
Paper	11	0	2	9	8	0	0	32
Panel	6	2	6	12	15	1	1	44
Video/Film/Slide	2	0	9	12	8	2	1	36
Research Symposium	0	0	1	1	1	0	0	4
Conversation Hour	0	0	0	0	0	14	8	22
Permanent Theatre of P-drama	0	2 (all day)	2 (all day)	2 (all day)	2 (all day)	3 (½ day)	3 (½ day)	18
Training Institutes	8	4	7	14	21	26	17	140
Training Modules**	—	—	—	—	—	—	3 (4 hours)	3
Invited Address	1 (Eric Bentley)	1 (Z. T. Moreno)	1 (James Enneis)	1 (Hannah Weiner)	1 (Gretel Leutz)	1 (Robert Lifton)	1 (Louis Ormont)	7
Total	56	43	90	187	231	141	137	1039

* In 1969, the distinction between workshops and demonstration was not made clear; hence the category demonstrations includes workshops.

** The module was not introduced until 1982.

Table 2—Analysis of Program Entries by Modalities

Modality	Program Year									
	'69	'71	'73	'75	'76	'79	'81	'83	Total	
1. Psychodrama	20	11	22	60	65	44	48	52	322	
2. Psychodrama combined with: Bioenergetics, traditional literature, assertiveness training, video tape, meditation, Jung, neural linguistic programming, healing arts, psychoanalysis, yoga, sociometry, creative arts, egopsychology, Adlerian, family therapy, primal therapy, sensitivity training, gestalt, psycho-opera	3	3	9	12	18	7	9	11	72	
3. Sociodrama	0	0	4	4	4	2	3	5	22	
4. Sociometry	2	3	2	4	6	2	2	5	26	
5. Special dramas: Felden Kreis, ethnodrama, bibliodrama, religiodrama, hypnodrama, philodrama, technodrama, logo- drama, Playback Theatre, problem-solving theater, im- provisational theater	2	2	1	6	6	1	5	6	29	
6. Group experiential approaches: transactional analysis, humanistic encounter, multimodal, biofeedback, horticultural, pets, active therapy, Jungian, juggling, reality, healing video therapy, bioenergetics, eclectic existential, Sensitivity Training	14	10	26	40	71	24	9	8	202	
7. Family therapy	1	0	1	4	2	3	4	5	20	
8. Creative arts: music, poetry, movement, dance, art	1	3	6	11	11	11	6	6	55	
9. Gestalt therapy	0	0	1	10	11	9	6	3	40	
10. Uncategorized	4	6	9	21	15	8	8	7	78	

It was behaviorism, then psychoanalysis, later gestaltism, and now it is what I have called *actism* or *actionism* (action methods, action techniques, action tests and action research), with psycho- and sociodrama as its most significant exponents. But every step is pretty much contained in the alter step; behaviorism, psychoanalysis and gestaltism are enveloped and progressed in actionism; it is a synthesis, not a departure; the dog of Pawlow's [sic] experiment (in behaviorism) and the patient on the couch (in psychoanalysis) reappear in the moving and gesticulating actor-creator of psychodrama; they are still there, not yet separated from the primordial act. But something new is added, the experimental dog and the patient on the couch have become the *actor in situ*. (Editorial page)

Prior to 1976 the program brochures announced only the title of the sessions. Beginning in 1976 the brochures included with the session titles a brief description of what to expect from the sessions. However, these descriptions, more often than not, did not clearly specify the types of modality that were to be employed by the presenters.

Applications of Psychodrama. The variety of populations to which psychodrama has been applied is striking. While relatively few of these can be addressed at any one conference, the breadth of this span is consonant with the vision of J. L. Moreno, who "saw the goal of psychodrama as the treatment of all people" (Rudestam, 1982, p. 131).

Psychodramatic Techniques. Claims about the number of existing psychodramatic techniques vary between 200 and 300 (Haskell, 1975; Z. T. Moreno, 1975). To the authors' knowledge there is no single catalogue that lists all the possible techniques. Further, there are no data as to which techniques are most widely used.

Considering the results in Tables 2 and 4 together, it appears that the presentations have tended to be on psychodrama as a whole rather than on applications of individual techniques. Perhaps there was much spontaneity (as there should be) in the use of various techniques during the course of an ongoing psychodrama.

Training. All the annual meetings offered training sessions in psychodrama and related group therapies with a clear emphasis on the former. The training institutes in psychodrama tended to be at the fundamental level or were not clearly described in terms of their content or the level of prior training needed for enrollment. However, modules, when introduced in 1982 and offered as half-day training sessions for three consecutive days, were specific in terms of the number of hours of

Table 4—Psychodramatic Techniques Mentioned in Program Entries

Techniques	Frequency (Total over eight years)
Auxiliary ego	5
Crib scene	1
Cultural atom	2
Double: (For empathy, directors double, director as double, individual as double, groups as double)	8
Directing techniques: (role, style, attitude, co-directing)	10
Empty chair (multiple)	2
Use of fairy tales	1
Future projection	2
Multiple protagonists	1
Mirroring	2
Movement technique	1
Psychodramatette	1
Role reversal	1
Role training	1
Role testing	1
Shut up/letter technique	1
Sociometry (action sociogram, social atom)	8
Spontaneity testing	4
Surplus reality	2
Traditional literature	1
Tele training	1
Warm-up techniques: (central concern, circle, fantasies and games, chil- dren's for adults, psycho- opera, Adlerian general)	21
Dream production	2
Yoga	1

[illegible]

prior training needed for registration in the module. Training in sociometry, individual psychodramatic techniques, and their application to varied populations has been weak.

Recommendations

The authors offer the following recommendations, based on their analysis of selected annual meetings:

- That consideration be given to holding annual meetings in locations other than New York City;
- That more detailed data regarding attendance be gathered to determine the optimal length of meetings;
- That overall themes be employed, worded carefully, and reflective of program content;
- That paper sessions and research symposia sessions be reinstated and invited addresses be continued, to help promote needed research in psychodrama and sociometry;
- That the various types of session formats be defined in both the Call for Papers and in the program brochure;
- That the various modalities be included in the Call for Papers, to encourage potential participants from allied fields to propose workshops and papers, and to enable those attending to select their sessions more intelligently;
- That the progress made in combining psychodrama with a variety of modalities be presented in papers on theory and research;
- That the Society continue to promote the applications of psychodrama to diversified populations and problems;
- That more presentors be encouraged to devote whole sessions to demonstration of individual psychodramatic techniques;
- That the descriptions of the training institutes be more specific with regard to content, level addressed, and hours of prior training as prerequisites;
- That training institutes be extended to include research symposia, invited addresses, paper sessions, and conversation hours with invited experts;
- That guidelines be offered to the program committee encouraging them to apportion greater program space to modalities other than psychodrama, thus creating a more balanced program.

It is the hope of the authors that these observations regarding past annual meetings will stimulate among the members many expressions of their preferences—both from those who frequently attend and from

those who find nothing sufficiently compelling in the programs to persuade them to attend.

REFERENCES

- Constitution and By-Laws of the American Society of Group Psychotherapy and Psychodrama: As amended at the 10th Annual Meeting, 1952. (1952) *Group Psychotherapy*, 4(4), pp. 331-334.
- Haskell, M. R. (1975). *Socioanalysis: Self-direction via sociometry and psychodrama*. Long Beach, California: Role Training Associates of California.
- Kumar, V. K., & Goh, D. S. (1981). Ethnic minority content in the American Educational Research Association annual meeting programs of 1975, 1978 and 1981. Paper presented at the annual meeting of the American Educational Research Association, Los Angeles, 1981.
- Lee, J. D., Trimble, J., Cvetkovich, G., & Lonner, W. (1981). Exploring ethnic/cultural content of APA convention. *APA Monitor*, February, pp. 3, 16.
- Moreno, J. L. (1948). Editorial. *Sociatry*, 2(1,2).
- Moreno, Z. T. (1975). A survey of psychodramatic techniques. *Psychodrama and Group Psychotherapy Monographs* (No. 44). Beacon, New York: Beacon House.
- Rudestam, K. E. (1982). *Experiential groups*. Monterey, California: Brooks/Cole.
- Treadwell, T. W., & Kumar, V. K. (1982). Psychodrama and sociometry training: A survey of curriculums. *Journal of Group Psychotherapy, Psychodrama and Sociometry*, 35, 31-38.

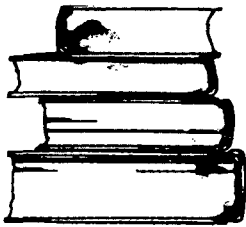
Thomas W. Treadwell is an associate professor of psychology at West Chester University. Philip Lambert is a Bassett Research Professor of educational psychology at the University of Wisconsin-Madison. V. Krishna Kumar is assistant chairman and associate professor of psychology at West Chester University.

Date of acceptance: May 4, 1984

Addresses:

Thomas W. Treadwell
V. Krishna Kumar
Department of Psychology
West Chester University
West Chester, PA 19383

Philip Lambert
Department of Educational Psychology
University of Wisconsin-Madison
1025 West Johnson Street
Madison, WI 53706



Book Review

J. E. McGrath, (1984). *Groups: Interaction and Performance*. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., \$25.95.

What would readers of this journal think of an author who, for 17 years, has been sifting (McGrath & Altman, 1966) and re-sifting (Runkel & McGrath, 1972) and rephrasing (McGrath, 1978) what is known about small group research and misspells only the word parchesi (p. 109) in the text under review? Wouldn't you guess that he was compulsive with a low sense of play? This is, in fact, not the case. McGrath has a fine sense of humor, is always helpful to colleagues, wishes at all costs to avoid improper criticism, and his spelling—pachisi—is allowed. At a deeper level, however, I believe McGrath is committed to a particularly pessimistic brand of positivism.

McGrath's iron-clad law of small group research is that "All methods used to gather and analyze evidence offer both opportunities not available with other methods and limitations inherent in the use of these particular methods" (p.29). More specifically, he assumes that field studies (including field experiments) gain realism at the price of low generality and lack of precision. Laboratory experiments (including simulations) maximize precision of measurement and control of variables at the price of realism and general application. High general application of surveys is obtained at the cost of realism and precision and high level theories are, like surveys, somewhat unrealistic and imprecise.

As a result of the fixation on precision and realism, McGrath overlooks entirely the character of strategies related to discovery. As a minor theme of the book, McGrath relates the emphasis on the consequences of group activity to Lewin's followers and the study of interaction process to the Bales group at Harvard. In no sense does he help the reader identify the essential insights. Truly basic insights are not differentiated from diligent but uninspired parametric studies. A strong point of his organization is the identification of the common emphasis on group productivity in the various small group programs at Illinois. Internal evidence tells us that McGrath is informed about interaction process and group dynamic positions on leadership and if he

were disposed to review Fiedler's or Davis's work in terms of these, then students working with the book would be alerted to the need for a better theoretical synthesis. If McGrath's iron-clad law leads one to think that since all general theory is imprecise to some degree, no theory is particularly better than any other, then this is error.

McGrath contrasts groups "composed and in various degrees restricted (by experimenters?) in form of interaction" with "natural" groups. A striking accomplishment of Goffman is that he has used a similar dimension. In *Asylums* (Aldine, 1967), he describes the pressure to "be sick" in mental hospitals where the individual is prevented, as in an experiment, from putting himself at risk. And in "Where the Action Is" (in *Interaction Ritual*, Aldine, 1969), he describes casinos where an individual can "high roll" to the limit of his wealth. McGrath dismisses Goffman with a one-line reference to his earlier (1957) *Presentation of Self in Everyday Life* (p. 248). By not addressing Goffman's later work and, more generally, by not digging more deeply into the reach of social context in both experimental and natural settings, McGrath acts as if he wished the experimenter-biased insights of the 1970s had not occurred.

The author's classification system and text would permit a reader to believe that jury experiments in court contexts with jurors recruited from regular service cannot be differentiated in value from casual mock jury studies with college sophomores. Sources of funding need to understand that data produced by expensive high reality field experiments have great original value and continue to constitute a scientific resource to be revisited with new hypotheses. The author's closing chapter on research on standing groups (such as families) has no reference to David Reiss's *The Family's Construction of Reality* (Harvard, 1981), a book of great interest in group psychotherapy and a veritable paradigm of the process of discovery through family experimentation.

On the other side, my small group lectures will be improved because McGrath has reminded me of less-than-classic but nonetheless important studies. One example is Dunphy's restatement of a phase hypothesis based on Bion (p. 155). A second is Hare's classification of interpersonal problems in terms of Parson's AGIL paradigm (p. 158). Both will restore threadbare sections of old notes. For instructors whose nondirective classes need a factual spine—this text may well be the best currently available.

Fred L. Strodbeck

Professor Strodbeck lectures in the Department of Sociology at the University of Chicago. He can be reached at the Social Psychology Laboratory of the University of Chicago at 5555 Ellis Avenue, Chicago, Illinois 60637.

Annual Index-Volume 36

- Barbour, Alton: The Effect of Modeling in the Treatment of Agoraphobia (a Brief Report). Summer, p. 85.
- Blatner, Adam: The Dynamics of Catharsis. Winter, p. 157.
- Buchanan, Dale Richard: Program Analysis of a Centralized Psychotherapy Service in a Large Mental Hospital. Spring, p. 32.
- Fine, Marshall: Book review of *Video in Mental Health Practiced: An Activities Handbook* by Ira Heilveil. Summer, p. 87.
- Fox, Jonathan: Book review of *The Theatre of Spontaneity*, 3rd ed., by J. L. Moreno. Spring, p. 44.
- Hulse, Diana: Book review of *Cognitive Psychotherapies: Recent Developments in Theory, Research, and Practice*, edited by Mario A. Reda & Michael J. Mahoney. Fall, p. 137.
- Kellermann, Peter Felix: The Place of Catharsis in Psychodrama. Spring, p. 1.
- Kobak, Dorothy & Evelyn Neinken: Poetry Therapy with Hospitalized Mentally Ill Patients (a Brief Report). Fall, p. 134.
- Kranz, Peter & Kathleen Huston: The Use of Psychodrama to Facilitate Supervisee Development in Master's Level Counseling Students. Fall, p. 126.
- Kraus, Christopher: Psychodrama for Fallen Gods: A Review of Morenian Theology. Summer, p. 47.
- Melnick, Marjorie: Skills through Drama: The Use of Professional Theater Techniques in the Treatment and Education of Prison and Ex-Offender Populations. Fall, p. 104.
- Pardeck, John T. & Jean A. Pardeck: Bibliotherapy: An Approach to Helping Young People with Problems (a Brief Report). Spring, p. 41.
- Rosan, Margaret: Gifts to the Self: The Development of New Roles in the Young Adult's Experience of Separation and Individuation. Winter, p. 167.
- Seeman, Howard & Daniel J. Wiener: Comparing and Using Psychodrama with Family Therapy: Some Cautions. Winter, p. 143.
- Sidorsky, Stephen: The Psychodramatic Treatment of the Borderline Personality. Fall, p. 117.
- Strodtbeck, Fred L.: Book review of *Groups: Interaction and Performance* by J. E. McGrath. Winter, p. 187.
- Swink, David F., June Siegel & Barry N. Spodak: Saint Elizabeths Hospital Action Training Lab for Police. Fall, p. 94.
- Taylor, Jane A.: The Diagnostic Use of the Social Atom. Summer, p. 67.
- Thacker, JoAnn Kerr: Using Psychodrama to Reduce "Burnout" or Role Fatigue in the Helping Professions. Spring, p. 14.
- Thompson, Arden G.: Rebirthing through Psychodrama. Spring, p. 27.
- Treadwell, Thomas W., Philip Lambert & V. Krishna Kumar: An Analysis of the Annual Meetings of the American Society of Group Psychotherapy and Psychodrama, 1969-1983. Winter, p. 176.

**THE
AMERICAN
SOCIETY OF
GROUP
PSYCHOTHERAPY
AND
PSYCHODRAMA**

**43rd
ANNUAL
MEETING**



*Coming To
Washington*

**Thursday-Sunday,
April 11, 12, 13, 14, 1985
SHOREHAM HOTEL
WASHINGTON, D.C.**

The American Society of
Group Psychotherapy
and Psychodrama
116 E. 27th St., N.Y., N.Y. 10016
212-725-0033

**Heldref Publications
4000 Albemarle Street, N.W.
Washington, D.C. 20016**

Second Class Postage Pending at Washington, DC and additional mailing offices
--