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Major Themes in Brief Inpatient Group Psychotherapy

**Wade H. Silverman
Linda Powers**

Several major themes expressed in short-term inpatient group psychotherapy are examined in relation to therapeutic goals frequently cited in the literature. Themes emerging from the inpatient group were: boundary setting, composition, cohesion, problem solving, generalization of group skills to the outside world, and expression of affect. The impact of screening, protecting group integrity on the unit, and voluntary participation were issues of particular interest to short-term inpatient groups.

A dramatic decrease in the number of inpatient hospital days occurred from 1969 through 1978, most of which has been accounted for by a decrease in psychiatric days (Kiesler & Sibulkin, 1983). These short-term psychotherapeutic interventions have become a necessity in inpatient settings. Whereas brief interventions have been used for many years, they have only recently gained full acceptance in the field (Imber, Lewis, & Loiselle, 1979).

One of the most interesting forms of short-term inpatient psychotherapy is group psychotherapy. Although this modality has been practiced generally for over 60 years and in hospitals for about 40 years (Kibel, 1981), much research needs to be done to clarify its definition and usefulness. Group inpatient psychotherapy has unique characteristics, particularly the one of transience. Membership is continually changing from one session to the next. Individual sessions take on new

characteristics since the group is forever beginning, with some clients terminating and others entering (Rice & Rutan, 1981). Also, participants with heterogeneous problems share the circumstance of a major disruption in their lives (Erickson, 1981).

Unfortunately, empirical evidence on the efficacy of group psychotherapy in a short-stay setting is lacking. Erickson (1982) likens current principles and practices to a "catch-all drawer filled with . . . memorabilia of some exciting years of clinical practice badly in need of sorting" (p. 138).

The purpose of this paper is to examine the major themes expressed in an inpatient group over time as they relate to the therapeutic goals of inpatient groups cited in the literature. Some of the most frequently mentioned goals of group psychotherapy in short-term, short-stay settings are: maintaining boundaries, instilling hope, social sharing of feelings and attitudes, and reducing target symptoms (Erickson, 1981; Erickson, 1982; Maxmen, 1978). The methodology for selecting and implementing group psychotherapy is also evaluated.

The methodology we chose is similar to that described by Maxmen in his educative model of group psychotherapy: focusing on the here and now, establishing a screening process, facilitating the perception that clients rather than therapists are primary therapeutic agents, and teaching clients how to "behave therapeutically" as the primary goal of the group. The latter concept is defined as attending to those actions and feelings that result in and sustain hospitalization.

Method

The inpatient group maintained a fluid census of up to eight members representing varied diagnostic categories. Major affective disorders and personality disorders were most frequent. Two cotherapists, one a psychologist and the other a clinical psychology intern, facilitated the group. They structured the group by focusing on patient-to-patient interaction, relating the past and future to the present, and examining extra-group behavior in relation to intra-group behavior. Process notes were recorded by a silent observer, either a psychiatric nurse or medical student. Requisites for group membership included regular, prompt attendance, within-group confidentiality, and abstinence from disruptive or abusive behavior. Potential members were briefed regarding group procedure and policy, and informed of their option to join or discontinue participation at any time.

The group met for one hour, three days per week, on a continuous basis. Median group attendance per member was five sessions. Total

number of group members during this three-month period was 34. Daily process notes were reviewed for 37 sessions over a three-month period in order to derive major recurrent themes addressed by the group.

Results and Discussion

Sixty major themes were distilled from the process notes by listing and then clustering themes to account for as many as possible. This method resulted in the emergence of six theme categories.

The first category, *boundary and limit-setting issues*, was reflected in rule-setting and emphasis on group integrity. For example, the group developed rules governing attendance requirements, tardiness and smoking restriction, and procedures for spontaneously terminating membership. Regard for group boundaries was expressed by insistence on confidentiality and freedom from external intrusions and distractions of staff members, other patients and environmental noise (TV, radio, or loud talking).

The second category of themes, *group composition*, suggests the importance of stability and continuity of the group. Welcoming new or returning members and separating from departing members constituted a significant part of the group's work. Exercising this assimilation and accommodation capacity enabled the group to grow and change while maintaining a continuity of identity.

The third category, *group cohesion*, best described the movement of the group toward commitment and reciprocal interaction among members. Sharing, giving and receiving in an honest, sincere manner provided the foundation for valuing the group as a viable, dependable entity.

The group repeatedly subjected itself to scrutiny to overcome impasses and promote clarification of problems. This constituted the fourth category of themes, *group problem solving*. Exploring group reactions to negative affect such as silence, topic diversions, and scapegoating furthered the group's ability to discriminate and identify maladaptive responses. When confusion arose over meaning or motivation, such as distinguishing support from protection, the group increased involvement and participation. In this way the group learned to identify, define, and explore a range of possible solutions to problems.

Because of the constant turnover of membership, the *generalization of group activities to adaptive functioning*, the fifth category, was a consistent concern. Among the principles valued and utilized by the group were communication skills, activism and participation, flexibility, self-determinism, and decision making. Strong emphasis was placed on the

Table 1—Major Themes in Inpatient Group Psychotherapy

Major Themes	Theme Expression in Group	Examples
1. Boundaries	A. Limit setting B. Group integrity	Rules for group behavior Confidentiality Minimizing external intrusions
2. Group composition	A. Stability B. Continuity	Membership changes Permanence of group; returning members
3. Cohesion	A. Commitment B. Interaction	“Honest” involvement Increasing reciprocal involvement
4. Problem solving	A. Definition	Identification of problem by exploring group reactions Active involvement by all members
5. Generalization	B. Solution A. Communication skills B. Activism	Participation Decision making; self-determination
6. Affect	A. Recognition B. Control	Nonverbal cues Expression of affect in group; acceptance

importance of frequent practice with these skills. The group environment of support and commitment to the growth and advancement of the members was contrasted with the external environment which would be less tolerant of change.

The final category involved *affect*. The recognition, definition and control of affective states such as anger, fear, and sadness occupied much group interest. Acceptance and mediation of these affects was relevant to all patients, regardless of diagnosis.

In order to establish discriminability and reliability of the categories, three independent raters scored each of the 37 sessions for the presence or absence of each of the six theme categories. To obtain a general measure of raters' reliability a two-way ANOVA was performed comparing categories of themes with raters. The results indicated significant differences in category frequency, $F(5,10) = 3.68, p < .05$, suggesting agreement between raters as to the use of these categories for scoring the sessions. The ANOVA yielded no differences among the three raters in their categorization of themes, $F(2,10) = 1.26, p > .05$, further corroborating the interrater reliability. This initial analysis then indicated that while the same frequency varied across sessions, there were no significant differences among the raters across categories and sessions. Applying the information obtained from the ANOVA about variances, an intra-class correlation was obtained of $T_I = .47$. This correlation is statistically reliable and can be interpreted as the typical reliability of a single rater's rating (Guilford & Fruchter, 1977).

Since the error term in the above analysis includes possible interaction effects of raters and categories, separate ANOVAs were done across sessions per category and raters. The effects of sessions were significant for categories 2, 3, and 6 with respective values as follows: Cat. 2 - $F(36,72) = 4.82, p < .05$; Cat. 3 - $F(36,72) = 3.06, p < .05$; Cat. 6 - $F(36,72) = 5.25, p < .05$. The effects of raters were insignificant as well, for categories 2 and 3, further supporting the statistical reliability of these two categories. For category 6, the effect of raters was significant $F(2,72) = 12.5, p < .05$ possibly as a result of different base rates across raters. The generally good rater agreement for these categories is further reflected in their intra-class correlations: $T_I(2) = .56, T_I(3) = .41, T_I(6) = .59$. The effects of sessions were insignificant for categories 1, 4, and 5, suggesting a lack of rater agreement regarding the usage of these categories for describing session events. The results were, respectively: Cat. 1 - $F(36,72) = 2.11, p > .05$; Cat. 4 - $F(36,72) = 2.69, p > .05$; Cat. 5 - $F(36,72) = 1.60, p > .05$. Rater effects were mixed for these categories but generally were significant: Cat. 1 - $F(2,72) = 13.90, p < .05$; Cat. 4 - $F(2,72) = 8.38, p < .05$;

Cat. 5 - $F(2,72) = 2.85, p > .05$. Again, this general unreliability is evidenced by the corresponding insignificant intra-class correlations of: $T_I(1) = .27$; $T_I(4) = .36$; $T_I(5) = .17$.

From these analyses it is clear that both rate- and category-related phenomena have contributed to the failure of reliability for these categories. As previously mentioned, the base rates of the raters appeared to have accounted for some disagreement, as in the case of category 1 where ratings of occurrence across sessions varied from less than 10% to more than 50% of the time. In future studies, training raters to criteria and further refinement of the categorization scheme empirically would increase reliability. The categories themselves warrant further refinement and perhaps a breakdown into descriptive components, i.e., Categories 4 and 5, while perhaps at least one category, such as Category 1, may require considerable reworking to prove useful for further study. Surely, the high frequency of endorsement of Categories 4 and 5 (50%-80%) by the raters suggests further effort to include such predominant themes in future attempts to analyze short-term group therapy material. In addition, it is likely that the variable quality of the process notes used as the raw material for the present study compounded the difficulty of the raters' task as well as the attempt to discern and categorize themes. Some standardization of recording would facilitate replication.

The findings of this exploratory study suggest that the categorization scheme presented allowed raters to discriminate among categories on the rating task sufficiently to allow for statistically reliable interrater agreement. But closer analysis revealed both category and rater differences which were significant. Thus, three categories emerged as reliable (Categories 2, 3, and 6) while three were shown to be unreliable (Categories 1, 4, and 5).

Methodological Issues

Several important methodological issues concerning group formation and participation were also noted during the three-month period. The screening process we chose was essentially the same as that of Maxmen. Although the cotherapist screened and oriented each referral, we found this process redundant. The referral agents were so appropriate in their recommendations that only two of the patients were deemed by cotherapists to be inappropriate for group. We agree with Erickson (1981) that screening patients for groups in short-stay wards is impractical.

Another interesting methodological issue was the concept of boundary. One of the cotherapists' responsibilities was reinforcing the sepa-

ration of group and milieu. Attempts were often made to permeate this boundary by calling patients away during group time for assessments, medications, or adjunctive treatment. Despite an excellent working relationship between the cotherapists and milieu staff and the perceived usefulness of this modality, the integrity of the group was continually tested and had to be protected with vigilance.

A final methodological issue, voluntary participation, was a pseudo-issue masking more important considerations, the chief one being maximum beneficial participation. In our screening process, much time was wasted with patients discussing their voluntary status. Again, we agree with Erickson (1981) that voluntary patients in effect submit to a total treatment program. Subsequent to our study, we dropped both the screening process and discussions of voluntary participation. We accepted all referrals with minimal disruption to group census or group process.

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Participants' Perception of Therapeutic Factors in Psychodrama

Peter Felix Kellermann

Results from a review of the literature on patient perception of factors in psychotherapy groups are compared to the results of a similar study carried out in psychodrama. A questionnaire was administered to 30 participants of psychodrama in an attempt to assess which specific factors they found most and least helpful. The results show that self-understanding, catharsis, and interpersonal learning were perceived to be most helpful, the order of ranking being very similar to those made by participants of verbal group psychotherapy.

One way to approach the question of what facilitates change in psychodrama is to ask participants what they find most helpful in the psychodramatic experience. Yalom (1970) asked participants of verbal group psychotherapy this question, and found that "group therapy draws its unique potency from its interpersonal and group properties. The agent of change appears to be the group and the intermember influence network" (p. 103). The object of the present study is to compare this finding with the results of a similar study carried out with participants of psychodrama.

Therapeutic Factors in Group Psychotherapy

A wide body of literature has been published on therapeutic factors in group psychotherapy. Until the mid-fifties, the literature consisted mainly of impressionistic accounts by therapists of what they thought

were the important aspects of their own practice. Corsini and Rosenberg (1955) attempted to establish a general classification of such accounts by reviewing 300 articles on group psychotherapy. They found nine major classes of therapeutic factors, which could be subsumed into three broad categories: (1) emotional: acceptance, altruism, and transference; (2) cognitive: spectator therapy, universalization, and intellectualization; (3) actional: reality testing, ventilation, and interaction.

The sixties saw the beginning of systematic research in this area, the most common methodological approach being to ask members of group psychotherapy what aspects they found most helpful in their group experiences (Berzon, Pious, & Parson, 1963; Dickoff & Lakin, 1963). From this research literature, Yalom (1970) abstracted a list of 12 curative factors which he termed: self-understanding (insight), interpersonal learning (both input and output), universality, instillation of hope, altruism, recapitulation of primary family group (family re-enactment), catharsis, cohesiveness, identification, guidance, and existential issues. In a study carried out by Yalom, Tinklenberg, and Gilula (1970), a Q-sort was constructed containing 60 items grouped in quintets representing each of the 12 factors. This Q-sort was distributed to 20 "successful, well-educated, middle-socioeconomic-class outpatients," who ranked them in the order of each item's helpfulness. The study showed that "interpersonal learning," together with catharsis, cohesiveness, and insight, were the factors most valued by the subjects.

During the following years, a great number of similar studies were carried out with different types of groups. Such studies, published between 1970 and 1983, are presented along with their outcomes in Table 2. The list of these studies includes 11 references which had already been reviewed by Butler and Fuhrman (1983a).

An analysis of Table 1 indicates that groups and participants while differing considerably all seem to value certain basic mechanisms of change. The factors most highly valued in the majority of studies were: interpersonal learning, catharsis, and self-understanding. As pointed out by Yalom (1970), these factors seem to be universal to all therapy groups.

Therapeutic Factors in Psychodrama Groups

In attempting to ascertain whether the same therapeutic factors are also valued highly by participants of psychodrama, a similar study was carried out, seeking: (1) Those factors perceived by psychodrama participants as the most and the least helpful, and (2) A comparison of the answers to this question with those from participants in verbal group psychotherapy.

Table 1—Therapeutic Factors Valued Most Highly by Therapy Group Members 1970–1983

Author	Type of Group	Population	Sample Size (N)	Factors Valued Most Highly
Yalom, Tinklenberg & Gilula 1970	long-term interactional group therapy	successful neurotic outpatients	20	interpersonal learning input catharsis cohesiveness
Lieberman, Yalom & Miles 1973	short-term encounter group	volunteer students	206	interpersonal learning input universality guidance hope cohesiveness altruism
Maxmen 1973	short-term interactional group therapy	inpatient with various diagnoses	100	interpersonal learning input & output catharsis insight
Weiner 1974	short- and long-term group therapy	neurotic outpatients	27	interpersonal learning input & output catharsis insight
Rohrbaugh & Bartels 1975	short- and long-term group therapy	mixed in- and outpatients	72	interpersonal learning input & output catharsis insight
Sherry & Hurley 1976	short-term growth groups	volunteer students	16	interpersonal learning input catharsis interpersonal learning output

(table continues)

Table 1—Continued

Author	Type of Group	Population	Sample Size (N)	Factors Valued Most Highly
Bloch & Reibstein* 1980	long-term interactional group therapy	neurotic outpatients	33	self-understanding self-disclosure interpersonal learning cohesiveness
Butler & Fuhrman 1980	long-term group therapy	psychotics in day-treatment	28	
Butler & Fuhrman 1980	long-term group therapy	neurotic outpatients	68	insight universality interpersonal learning input
Long & Cope 1980	long-term group meetings	felony offenders	12	catharsis cohesiveness interpersonal learning input
Mower 1980	group therapy	neurotic students	25	interpersonal learning input insight universality
Mower 1980	personal growth groups	volunteer students	31	interpersonal learning input insight altruism
Flora-Tostado 1981	group therapy	outpatients	42	catharsis insight hope

Author	Type of Group	Population	Sample Size (N)	Factors Valued Most Highly
Kanas & Barr 1982	short-term supportive group therapy	schizophrenic inpatients		catharsis interpersonal learning
Butler & Fuhrman 1983b	long-term group therapy	high and low functioning outpatients	91	catharsis self understanding interpersonal learning input & output
Leszcz, Yalom & Norden 1983	short-term supportive group therapy	acute inpatients high level	51	interpersonal learning self-understanding
Leszcz, Yalom & Norden 1983	short-term supportive group therapy	chronic inpatients low level	51	catharsis universality altruism
Marcovitz & Smith 1983	short-term psychodynamic group therapy	inpatients with various diagnoses	30	catharsis cohesiveness altruism

*Bloch & Reibstein's (1980) self-understanding corresponds to Yalom's interpersonal learning input (feedback); self-disclosure is the act of revealing personal information to the group. The latter differs from catharsis, which is release of feelings.

Method

Thirty participants of psychodrama were studied, 7 men and 23 women. Their average age was 35 (range 22–57). More than a third of the subjects were professional or semiprofessional, 9 were skilled workers, 4 were students, 2 were housewives and 1 was unemployed. The participants, members of one of the long-term, therapeutic/experiential/didactic groups in Israel, were relatively well-functioning individuals, some of them being clients referred for therapy and others being professionals who came for training. Subjects were chosen from among those who had participated in a group for a minimum of four months, but most of them had had more than one year of psychodrama experience. They were also required to have been protagonists at least once and to evaluate psychodrama in general as helpful (on a rating scale from most to least helpful). The groups were led by experienced practitioners of psychodrama who had been trained in the classical method.

All subjects were asked to complete a therapeutic-factor questionnaire, constructed on the basis of Yalom's (1970) 12 categories and 60 items, by scoring each item on a 5-point scale of helpfulness. The items, which were translated into Hebrew, were presented in random order. The therapeutic-factor questionnaire was utilized because it takes less time to complete than Yalom's Q-sort and could be distributed to a whole group of participants at the same time.

Results

The results of this pilot study showed that self-understanding, catharsis, and interpersonal learning were top-ranked by the subjects.

As can be seen in Table 2, the order of rankings (obtained by combining the mean rank of the five items as rated by 30 subjects) are similar to those found by Yalom (1970). The Rank Order Correlation Coefficient between the two rankings equals 0.84, which implies an overall positive relationship between the present study and Yalom's study. We may therefore conclude that therapeutic factors ranked high in psychodrama do not differ from those found in verbal group psychotherapy.

The highest priority was granted to self-understanding and catharsis. While psychodrama practitioners have generally recognized the value of catharsis, they have for the most part viewed cognitive insight and self-understanding as of relatively little importance. It is therefore of particular interest to note its top rank among the subjects. Interpersonal learning (both input and output) was also valued highly by the subjects and the item "Learning how I come across to others" received the highest ranking, indicating the importance of interpersonal feedback in psychodrama.

Table 2—Categories Most Linked to Helpfulness in Psychodrama

Rank order present study	Categories	Rank order Yalom's study
1	Self-understanding (Insight)	4
2	Catharsis	2
3	Interpersonal learning—Input	1
4	Interpersonal learning—Output	5
5	Existential factors	6
6	Group cohesiveness	3
7	Family re-enactment	10
8	Altruism	9
9	Universality	7
10	Instillation of hope	8
11	Identification	12
12	Guidance	11

Despite frequent recapitulations of the primary family experience in psychodrama, family re-enactment as such was not considered very helpful by our subjects. Similarly, the factors altruism (as in the technique of role reversal), universality (as in the phase of sharing), hope (as in some closure scenes), and identification (e.g., with the director), received low rankings.

Finally, guidance was considered least important by the subjects, and the item "Group members telling me what to do" received the lowest ranking, many subjects finding it irrelevant because, in their group, nobody told them what to do.

Conclusions

In considering these results, we must keep in mind that the content of the curative-factor questionnaire utilized in this pilot study is problematic. Authors such as Weiner (1974), Rohrbaugh and Bartels (1975), and Bloch and Reibstein (1980), found Yalom's items biased in his favor (e.g., presenting twice as many available choices in the category of interpersonal learning as in any other single category). They argued that since the items do not represent independent dimensions of helpfulness, they lack some mechanisms that may be important in group psychotherapy. To compensate for this limitation, Bloch and Reibstein (1980) used an open-ended questionnaire in which they asked subjects to describe the most important event in their group meetings and

then assigned these to therapeutic factors according to a manual. However, as can be seen in Table 1, their findings were not very different from those found in other studies.

With the above-mentioned bias of Yalom's items in mind, the questionnaire used in the present study added the following question (to be answered before scoring the items): "Of all the events you have experienced in psychodrama, which was the most significant one for you? Try to remember that event. What helped you in that event?" Subjects answered this question in their own words, using language from the psychodrama vocabulary. For example, some emphasized the importance of "role reversing with a parent," "encountering" a group member, being the "auxiliary ego" in someone's drama, and experiencing an understanding "double." The role of the director was also acknowledged, without specification of his or her most important qualities. The open-ended evaluation of helpfulness seemed to demand more awareness than some subjects were capable of and did not provide much new information beyond that which had been acquired from the 60 items. On the whole, the answers to it were in agreement with the findings reported above.

Despite major differences in the practical application of psychodrama and verbal group psychotherapy, participants in both settings appreciated similar therapeutic factors. These include cognitive insight, emotional abreaction, and interpersonal learning, which seem to be universally considered as mechanisms of change, each one interrelated with the others in a complex manner.

While the idea of evaluating the therapeutic factors of psychodrama from the participant's point of view is a valid one, it is only a first step towards a more comprehensive investigation in this direction. It is hoped that eventually a method of assessing the special characteristics of psychodrama will be invented and employed. Further research on the therapeutic significance of behavioral learning, therapeutic paradoxes, nonspecific healing aids (e.g., placebo), and therapist personality (e.g., charisma) in the psychodramatic process would also supplement the findings of the present study and help deepen our understanding in this area.

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Call For 1986 ASGPP Research Award Nomination

The ASGPP Research Committee invites nominations for the 1986 ASGPP RESEARCH AWARD. The purpose of this award is to recognize one particular published research study that has contributed to knowledge in the field of psychodrama, sociometry or group psychotherapy. Nominations may be journal articles published in 1984-85 and/or manuscripts that have been accepted for publication. Nominations must include the following:

1. Name, address and telephone number of author(s) and person(s) nominating the research.
2. Five copies of a brief statement describing the significance of the research to knowledge in the field of psychodrama & sociometry.
3. Five computer copies of the article.

DEADLINE FOR NOMINATIONS IS DECEMBER 31, 1985.
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DEPARTMENT OF PSYCHOLOGY, WEST CHESTER UNI-
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Moreno's "Process Philosophy"

Adam Blatner

The philosophical ideas implicit in the work of Dr. J. L. Moreno have some important commonalities with the academic tradition called "process philosophy," and expressed most cogently by Alfred North Whitehead and his associates. Some of the ideas of these two systems could be integrated with benefit, and the theoretical basis of psychodrama and sociometry would be strengthened by having a more solid philosophical foundation.

Jacob L. Moreno developed a variety of philosophical ideas which have continuing relevance for our modern age. While his work lacked sophistication and rigorous systematic coherence, it nevertheless contained certain ideas that represent genuine contributions in the history of philosophy. One school of thought in contemporary philosophy offers a potential foundation for Moreno's concepts within a more rigorous tradition: the process thought of Alfred North Whitehead.

As with Moreno, Whitehead's ideas emphasize the importance of creativity as an essential aspect of the workings of the cosmos. In this sense, process philosophy would also include the work of Henri Bergson, Charles Peirce, Nicolai Berdyaev, and more recently, Charles Hartshorne and his students and associates (Haught, 1984; Jentz, 1985). This approach also has roots in the writings of Plato, Spinoza, Leibniz, Hegel, Fechner, and others in the history of Western thought.

The reason Whitehead coined the term process was to emphasize a view of reality that operated in terms of events rather than things. This view has been increasingly validated in the work of modern subatomic

physicists (Talbot, 1982). A natural extension of this line of thinking was that the world might be conceptualized in terms of dynamic relationships, and, as with Heisenberg's law in quantum physics, the observational process becomes inextricably involved in the understanding of whatever is being observed. In other words, a phenomenological rather than a materialistic or positivistic position is given precedence. Process thought involves the concept that everything is essentially an expression of a kind of mind, an idea called "psychicalism."

A related idea, and one which is also part of Moreno's thought, is that the universe is animated not from a single outside source, but rather through the spontaneity inherent in every particle of existence. This doctrine may be subsumed under the technical term "panentheism." The late Swami Muktananda expressed a similar idea: "God vibrates through you as you." Thus, the individuation of each being is itself a reflection of the divine process of creativity.

Another concept in process thought is that the metaphor of the relationship of the individual to the wholeness of the universe (i.e., God) is changed from being that of a child to a parent or a subject to a king. Rather, it is thought of as the relationship of a cell to the organism, or of a thought/image to the ongoing consciousness of an incomprehensibly great mind. This idea has been termed the "world soul" by Hartshorne, the term being taken from Plato's *Timaeus* and theoretically elaborated (Hartshorne, 1983).

Moreno's view of the "Father" as needing the creativity of every being in order to emerge or develop reflects a similar organismic sense of interdependence. In philosophical terms, God is said to be partly "contingent" on the events and creative actions in the world (meaning all worlds). This idea is also expressed in the book, *The Saviors of God*, by the Greek author, Nikos Kazantzakis (1960).

Moreno's Contributions to Process Thought

In focusing on the psychological process of spontaneity and in exploring its nature and how it can be cultivated, Moreno added a useful complex of ideas to the tradition of process philosophy. For example, Moreno extended Bergson's idea of ongoing creativity in the universe by emphasizing the category of "revolutionary" creative action in the present moment. From an impersonal general quality, Moreno pointed out the personal potential for meaningful participation though individual and collective spontaneity (Moreno, 1971).

Moreno's social psychological emphasis and his universalism could be thought of as an intuitive extension of the process tradition describ-

ing the interdependence of all beings. Developments in ecology and systems thinking in the last half century confirm this approach. In adding a practical group of procedures for facilitating the evolution of this wholeness, Moreno demonstrated how the behavioral sciences can implement the inspirations of a relevant philosophical orientation.

Incidentally, there is a great compatibility between much of Moreno's work and aspects of the individual psychology of Alfred Adler. For example, Moreno's social theories are in essential harmony with Adler's concept of the central importance of "*Gemeinschaftsgefühl*," translated as "fellow feeling" or "social interest." Moreno's term, "sociatry," reflected his sense of a need for approaches to healing the greater social matrix. His use of role reversal as a basis for genuine encounter may be applied as a natural tool for the cultivation of social interest and cooperative attitudes (Ansbacher & Ansbacher, 1956).

Moreno further applied the world soul metaphor in his own way by developing prescriptions for responsibility: Acting spontaneously in the here and now, giving priority to those closest in time and space. These "sociogenetic laws" reflected his own brand of early existential thought.

In summary, the process philosophy of Whitehead, Hartshorne, and others provides a useful foundation for many of Moreno's ideas, and, in turn, Moreno's methods offer useful ways to implement process thought. The four basic process ideas of psychicalism, panentheism, creativity, and the world soul become an integrated nucleus for further creative elaboration in our modern world.

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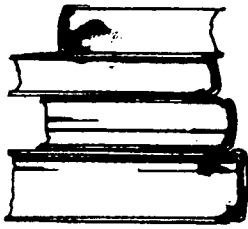
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BOOK REVIEWS

Title: *Psychodrama: Experience and Process*

Authors: Elaine Eller-Goldman and Delcy Schram Morrison

Publication date: 1985

Publisher: Kendall/Hunt Publishing Co., Dubuque, Iowa

Price: \$12.95

Psychodrama has become a very popular approach to working with diverse populations in a variety of settings. In their book, *Psychodrama: Experience and Process*, authors Elaine Eller-Goldman and Delcy Schram Morrison of Camelback Hospital's Western Institute for Psychodrama in Scottsdale, Arizona, draw on their many years of knowledge and experience as therapists and trainers in applying this method to a range of psychiatric disorders primarily in hospitals. This varied experience is the focus of this volume, intended for professional practitioners and those interested in understanding what the authors term as the "classic, complete, protagonist-centered psychodrama" (p. xi).

Briefly, the organization of the book is in four sections that parallel the warm-up, action, sharing, and dialogue parts of the protagonist-centered psychodrama. Section 1 introduces the reader to the authors' philosophical viewpoint which emphasizes the patient's personal responsibility. As Goldman and Morrison state, "when we treat people with the expectation that they will conduct themselves as healthy, attentive individuals, they generally do so" (p. 3). In this section the authors underscore the need for confidentiality and discuss the concepts of tele, spontaneity, and creativity. An article by Zerka T. Moreno is included to provide the reader with explanations of the standard rules of psychodrama. This is followed by further references to techniques and concludes with a discussion of warm up, scene setting, the use of auxiliary egos, and the concept and use of role reversal.

Section 2 begins with a discussion of content and process in psychodrama and the focusing techniques designed particularly to assist hospitalized patients in distinguishing between the two. Recognizing the potential therapeutic value of symbols, fantasies, dreams, and halluci-

nations, Goldman and Morrison illustrate through examples how these concepts can be used psychodramatically. The remainder of the section centers on the Psychodramatic Spiral, a visual teaching aid designed by the authors to teach students the process of classical psychodrama. Visually, the Spiral consists of three concentric circles, each one smaller than the preceding one. Utilizing Zerka T. Moreno's concept that movement should occur from the periphery to the core and that the session should come full circle, the eight stages are intended to capture this movement. The Spiral serves as a general map of a session that can be expected to progress roughly in the following sequence: 1) present oriented scene, 2) recent present scene, 3) recent past scene, 4) deeper past scene, 5) early childhood scene, 6) catharsis, 7) concretization and 8) insight and integration.

After describing the conceptual basis for the Psychodramatic Spiral, Section 3 illuminates how the Spiral can be applied in actual sessions. Case examples offer a mix of single and double protagonists and several families. Inserted are a few studies supporting the use of psychodrama with alcoholics, substance abusers, and disadvantaged youth. The remainder of the section focuses on training issues. A rationale for co-leading as a learning experience for novice directors is presented in conjunction with the authors' particular approach to training, critiquing and processing in the teaching seminars. In concluding Section 3, Goldman and Morrison describe the hospital theater in which their psychodramatic work takes place.

In a responsible manner the authors conclude the volume by identifying some cautions and ethical considerations. Emphasizing how easily an individual may be opened up through techniques and how necessary and difficult it can be to achieve closure, Goldman and Morrison stress the need to have a sound rationale for selecting any technique. Finally, they present the ethical principles prescribed by the American Society of Group Psychotherapy and Psychodrama and list organizations and journals directly applicable to psychodrama. A glossary of terms and techniques is included.

It is clear that Goldman and Morrison are conscientious, dedicated, and skilled practitioners. This is reinforced by their statements throughout addressing the need for training and assessment. The major strengths center on the authors' experience with diverse populations and the description and application of the Psychodramatic Spiral. As they note, psychodrama is applied from many points of view, and each person develops a particular approach based on individual backgrounds, ideas, creativity, and diverse philosophies. This can lead to confusion for the person trying to grasp concrete ideas of how to plan

and lead groups. As a tracking technique, the Psychodramatic Spiral lends some clarity and structure to how an actual session might evolve.

Having noted these features, there are a number of weaknesses that deserve attention. These can be categorized under two major headings: structural/organizational problems and the true believer syndrome. First, this was a difficult book to read. The organization was haphazard, with unrelated topics clustered together with no apparent reason and without appropriate transitions. Redundancies and an overabundance of quotations abound. Examples of faulty syntax and sexist language created further distractions. When the authors resorted to an occasional "him/her," it was awkwardly expressed. Generally, the use of "man" and "he" prevailed. These limitations made it difficult to tease out the authors' meaning. (It should be noted that a number of manuals exist to help with inclusive language, including the *Publication Manual of the American Psychological Association*, 3rd edition).

While Goldman and Morrison indicate the need for careful assessment and assert that psychodrama is not a panacea, they give puzzling messages. When they mention utilizing only very selected information regarding a patient prior to entry into a psychodrama group, they imply incomplete assessment. Concerns about readiness and appropriateness surface. Do they employ any screening devices? Does everyone belong in their group? Does everyone benefit from touch? Touch may have a healing power for some, but not for everyone. How is spontaneity developed and nourished? Does it happen more easily for some members than for others? If so, how do the leaders work with these differences?

Goldman and Morrison's philosophy that when people are treated responsibly they generally act responsibly is especially misleading. What does this mean? Do all people respond in such a way? What happens when members do not respond in a healthy, responsible manner? What is done with resisting, difficult patients? While they note a few examples of resistance, it is not clear what they did to engage these patients. Is psychodrama contraindicated? From reading this book, one would think that psychiatric patients are a homogenized group of people who will all eventually respond positively to psychodrama.

While accounts of success are important, what can be learned from failures? This question becomes critical when reading the accounts of various sessions. The descriptions imply a linear movement toward change; this movement simply does not occur when working with people, especially those with multiple problems. The ups and downs, and discouragements and resistances are not addressed. What the reader takes away from the vignettes is a notion that change is smooth and basically uncomplicated.

It would have been more instructive if the authors had selected a few case examples and discussed the complexities of the change process. Discussions of how the protagonist emerged, what approaches worked, which ones did not, and the time involved from beginning to end would have been valuable. In addition, further elaboration is needed on how role-playing techniques were chosen to provide a given patient with further understanding of actual life conflicts and how these techniques assisted patients in rehearsing for future encounters and transferring the group learnings to everyday situations. Goldman and Morrison note the importance of this process but do not really illustrate how the interpretation, analysis, and discussions occur. Particularly helpful would be accounts of how a technique might be introduced, not accepted, and later reintroduced with more success. Especially for those who struggle for direction and clarity, this attention would be most beneficial.

In summary, *Psychodrama: Experience and Process* receives a mixed review. On a positive note, it provides the reader with accounts of psychodramatic work conducted by highly experienced leaders. The Psychodramatic Spiral gives the practitioner a guide to use in charting sessions. However, the presentation of material, the conflicting statements with regard to assessment, and the presentation of what appears to be inevitable positive change create serious concerns. The authors clearly have a more sophisticated and sound knowledge base than is evidenced in their book. Reading this volume may unfortunately lead one to believe that psychodrama is a panacea and can work with anyone. If Goldman and Morrison were to omit certain parts, rearrange the content to reflect more organization and clarification, then this might be valuable reading for those interested in studying and practicing psychodrama.

Diana Hulse

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ERRATUM: The correct title of the book reviewed on page 108 of the Summer JGPPS is *Psychodynamic Group Psychotherapy*.

Title: *Annual Review of Behavior Therapy: Theory and Practice, Vol. 9*

Authors: G. T. Wilson, C. M. Franks, K. D. Brownell, and P. C. Kendall

Publication Date: 1984

Publisher: The Guilford Press, New York

Price: \$27.50

Jacob L. Moreno once published (1963) a reply to an article by Hans Eysenck, early pioneer in the behavioral therapy tradition, in which he pointed out some major similarities between his work and the approach to the treatment of psychopathology that Eysenck was advocating under the title of "behavior therapy." Behavior therapy has subsequently evolved through the coalescence of a number of diverse developments, primarily from ideas originating within the field of mainstream, empirical psychology. Despite some significant similarities in general approach (Sturm, 1965), and the obvious possibility that benefits could arise out of constructive rapprochement, psychodrama and sociometry are not among those "diverse" developments," although behavior therapists do make use of groups, role plays, and role modeling. That is too bad, for both approaches to the alleviation of human distress could probably have benefited from an interactive relationship.

Lamentations aside, the current volume under review is, as the name implies, the latest in a series of annual publications in which the state of the art of the behavior therapies is surveyed. It is an ambitious work and its nine chapters cover a wide scope of topics and issues, going way beyond a simple reporting of the latest techniques and applications of those various approaches which collectively make up the behavioral therapies. Although theory, technique, and application get their share of space, so do a large variety of other topics, including ethics, values, the image of behavior therapy, trends in the practice of behavior therapy, models of training, delivery of services, the relationships between practice and research, and more. This is a book which is rich in a number of ways. The authors are obviously knowledgeable, thoughtful, and well qualified for the venture which they have undertaken. In addition, all four write well, a bonus that this reviewer appreciates.

What the "diverse streams" of thought and practice that comprise behavior therapy have in common is some connection with laboratory psychology. Behavioral therapy approaches are based either on knowledge derived from the empirical study of human behavior, or represent the adaptation of laboratory procedures originally designed for the empirical study of human behavior to the therapeutic domain. Some of the advantages are that behavior therapy avoids the mystification associated with most of the other therapeutic methods, and behind its varied approaches is a remarkable data base derived from empirical

studies. The behavioral therapy techniques, coming from the laboratory, naturally lend themselves well to research. This interaction between research and therapy is not so chummy nor so well integrated as researchers would like to think, as noted on pages 4 to 9. It has, however, served to demystify a considerable area of psychopathology, as, for example, the whole area of anxiety disorders and phobias.

The behaviorists' reformulation of certain problems and their approaches to remediation are well worth consideration, even when some sacred cows of older established methods are threatened. Indeed, techniques that can be identified as belonging to behavioral therapy have been widely adapted, in bits and pieces, by many therapists who would not necessarily identify themselves as behavioral therapists. It would be helpful for these individuals to know more about the background of the techniques they employ.

This is an obviously valuable, worthwhile work and not only for those clinicians and researchers who identify themselves with the behavior therapy tradition, movement, collective, or community (whichever it is or may turn out to be). The ninth volume of *The Annual Review of Behavior Therapy* has something of interest for anybody who is involved in the broader field of psychotherapy, although those readers who are not already familiar with behavior therapy and the way that psychologists write (and quote the literature) will find the technical chapters generally unintelligible.

Having entered the domain of clinical psychology in the early days of behavior therapy, when it was called "learning theory approaches to therapy," this reviewer is left with an overall impression that behavior therapy is growing up and agrees with author Franks who says, in Chapter 7:

Behavior therapy is no longer a traditional one-to-one intervention model transferred into a learning theory framework. Along with a recognition of the limitations as well as the strengths of conditioning and S-R theory goes an awareness of new developments in systems theory, environmental and ecological psychology, social psychology, and cognition. Interaction and reciprocity are among the hallmarks of contemporary behavior therapy.

Perhaps it is time for behavior therapy to meet psychodrama and sociometry. There is no question that both could benefit, psychodrama from an interaction with the empirical approach, and behavior therapy from the psycho-social wholism characteristic of the Morenean system.

Moreno always was way ahead of his time!

John Nolte

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Call For Papers

January 15, 1986, Deadline for *Call for Papers* for Gracie Square Hospital's Third Annual Conference, "*Effecting Change: Group Strategies in Short Term Treatment*". Conference date, June 5, 1986. We invite presentation from all disciplines and treatment modalities which deal with abovementioned topic. For information write to: Fran Hamburg, M.S., A.D.T.R.; Director, Department of Therapeutic Activities; Gracie Square Hospital; 420 East 76th Street; New York, NY 10021.

The 1986 meeting of ASGPP will have a new focus and format, one designed for renewal of our creativity and spontaneity as an organization and as persons and professionals. There has been in the last ten years a concentration of efforts upon the professionalism in psychodrama within the mental health fields. The 1986 meeting will provide for some role relief from these demands as we conceive of this meeting as a renewal of our connectedness to each other and the world in which we as a community live and practice. Also there will be an emphasis on neglected aspects of Moreno's work, networking, and academic and conceptual concerns. The following outline for a four-day conference gives our idea of a basic structure for the conference and provides space for your suggestions/contributions to its design. Please respond to it in the spaces provided below, or contact the ASGPP Program Committee.

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Renewal: The Person and the Profession

Location: Mount Airy Lodge
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bus and limo)

Dates: May 8, 9, 10, and 11, 1986

Suggested Structure: A daily community meeting; daily lunch meeting with small groups; play; evening meals with speakers; sociometric events; philosophic forums; creative arts events; advanced professional workshops; conversational hours; networking with special interest groups, i.e. research, clinical practice, etc. and permanent theatres of psychodrama, encounter and sociodrama.

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Are you interested in attending ☐ Yes ☐ No

Are you interested in being on the program or offering an event? If yes, please describe: (Action on your program suggestions will be taken by the Program Committee).

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Information for Authors

The *Journal of Group Psychotherapy, Psychodrama and Sociometry* publishes manuscripts that deal with the application of group psychotherapy, psychodrama, sociometry, role playing, life skills training, and other action methods to the fields of psychotherapy, counseling, and education. Preference will be given to articles dealing with experimental research and empirical studies. The journal will continue to publish reviews of the literature, case reports, and action techniques. Theoretical articles will be published if they have practical application. Theme issues will be published from time to time.

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1. Contributors should submit two copies of each manuscript to be considered for publication. In addition, the author should keep an exact copy so the editors can refer to specific pages and lines if a question arises. The manuscript should be double spaced with wide margins.

2. Each manuscript must be accompanied by an abstract of about 100 words. It should precede the text and include brief statements of the problem, the method, the data, and conclusions. In the case of a manuscript commenting on an article previously published in the JGPPS, the abstract should state the topics covered and the central thesis, as well as identifying the date of the issue in which the article appeared.

3. The *Publication Manual of the American Psychological Association*, 3rd edition, the American Psychological Association, 1983, should be used as a style reference in preparation of manuscripts. Special attention should be directed to *references*. Only articles and books specifically cited in the text of the article should be listed in the references.

4. Reproductions of figures (graphs and charts) may be submitted for review purposes, but the originals must be supplied if the manuscript is accepted for publication. Tables should be prepared and captioned exactly as they are to appear in the journal.

5. Explanatory notes are avoided by incorporating their content in the text.

6. Accepted manuscripts are normally published within six months of acceptance. Each author receives two complimentary copies of the issue in which the article appears.

7. Submissions are addressed to the managing editor, *Journal of Group Psychotherapy, Psychodrama, and Sociometry*, HELDREF Publications, 4000 Albe-marle Street, N.W., Washington, D.C. 20016.

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