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The International Psychodrama Community

Introduction

IT IS WITH GREAT PERSONAL PLEASURE that I write the introduction to this issue of the Journal. Since my entry into the psychodrama field in 1967, I have traveled widely and have been an advocate of close collaboration and communication among psychodramatists throughout the world.

Although Moreno settled in the United States, the international community has long been an important force in the psychodrama movement. For me, it has been inspirational to see the intense interest and to watch the development of psychodrama in both the Western and Eastern worlds. The excitement and the stimulation of meeting colleagues from other countries has never waned, and each congress or meeting has added new ideas and much creativity to the work of all of us, everywhere.

Articles in this issue focus on psychodrama in Israel, England, Australia, and Japan. As most of us know, there are psychodrama movements in other countries as well.

England and Marcia Karp are like "family." We have been close friends and colleagues for 22 years, and it is with great warmth that I welcome her words in this issue. Marcia and her husband Ken Sprague have been a strong creative influence upon the psychodrama movement in Britain.

My experience in Israel, where the psychodramatists are few in number but great in enthusiasm, youth, and determination, was personally and professionally heartening. June Hare's article beautifully delineates psychodrama in Israel and the Israeli psychodramatists.

Japan, the country, was breathtaking and enchanting. The psychodrama community there is like a Japanese garden, quietly beautiful, yet intense and open. The Japanese psychodramatists are as taken with psychodrama as I am with them and their culture. Dr. Mashine's article aptly describes the on-going development of psychodrama in Japan. I had the pleasure of conducting a workshop with the Tokyo Psychodrama Group last October, and their enthusiasm for the method is delightful.

I have yet to visit Australia, but my contacts with Max Clayton, Teena Hucker, and others have given me great impetus to see and hear more of

Australian psychodramatists and their country. In their own way, they seem to embody the strength and breadth of that country. Max Clayton, particularly, has been the driving force behind the Australian psychodrama movement. Warren Parry, an Australian psychodramatist, recently visited a number of centers and reports here on psychodrama Italian style and the changing face of psychodrama in Taiwan. Australian Teena Lee-Hucker has written an interesting article, which will appear in a later issue, on her work with children.

All of the authors presented here have been instrumental in the development of psychodrama in their respective countries. Moreover, they have each developed themselves in unique and creative ways that greatly enhance the practice of psychodrama throughout the world.

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Call for Papers

Notice of Special Issues of the *Journal of Group Psychotherapy, Psychodrama and Sociometry*

Articles are invited for consideration for a special issue dealing with psychodrama, sociodrama, role playing, and sociometry with children and adolescents. Articles should be received by December 31, 1988.

Articles are invited for consideration for a special issue focusing on college and university teaching in which psychodrama, sociodrama, role playing, and sociometry are used as part of the teaching methodology. Submissions should be received by March 1, 1989.

Articles being submitted should be mailed to Managing Editor, JGPPS, Heldref Publications, 4000 Albemarle St. N.W., Washington, DC 20016. Please refer to the Information for Authors, which is printed in the journal, for specific instructions for manuscript submissions.

Psychodrama in Britain: Prophecy and Legacy

MARCIA KARP

ABSTRACT. This article reviews classical psychodrama in Britain and its development from 1973 to 1988, a 15-year time span. The actual warm up to this development included a demonstration in London by J. L. Moreno and a prophetic psychodrama in which the author was protagonist. The enactment of the plan and the sharing of Moreno's action methods are discussed. Some commonalities of the New York Beacon Academy training program and the Holwell Centre for Psychodrama and Sociodrama training model are presented. The article also discusses the British Psychodrama Association and the current committee on training standards.

J. L. MORENO, IN THE 1940s, gave a lecture/demonstration at the Maudsley Hospital in London. The reaction was a mixed one. Some said he was before his time, some said his ideas were quackery, and some heralded him as a genius of contemporary psychiatry. Since 1900, Vienna had been the backdrop for Moreno's ideas, and the combination of theater, philosophy, psychology, religion, and politics was a significant influence on his thinking. Good psychodrama was meant to be good theater. This theatricality and Moreno's charisma were seen by some as a curious showmanship, alien to professional behavior. For British academics who were steeped in more conservative analytic thinking, that part of Moreno was difficult to understand. All who reported seeing him run a session had vivid memories of the work. Either visually or verbally, the impact was a strong one.

The Prophetic Psychodrama

Twenty years after that demonstration, I became a student at Moreno's training academy in Beacon, New York. In 1968, I had my last session there as protagonist and student. My life was in a state of flux. Many of

my roles were changing. I was about to become a professional, to marry, and to emigrate to another country. I lingered a long time outside the theater before that last session. I sat on a wooden chair amid the tall grass. The strong wind moved the grass, the leaves, and the clouds. Staring at the tall grass, which was horizontal from the force of the wind, I became aware of movement in its pure form. Change and movement were the single focus at that moment. As I walked into the theater, somewhat dazed, I wanted to construct a symbolic representation of my training in psychodrama and look at where it might lead. The symbol became a Beacon Tree of Learning. Group members played the roles of leaves, branches, earth, and trunk. The group formed a firm foundation. I became a huge branch and spoke:

> Each year there are many students who come for training, many who become a bud, a leaf, and then drop off to enrich the earth. Many are never seen again. I then become an acorn on the branch and will speak again.

I wished to drop to the earth, set down roots, and make another tree next to the "Beacon Tree." The tree would be a training center where students might learn and develop and, in turn, grow their own centers of learning, their own trees.

The Enactment—from a Seedling

In 1973, a meeting was held at the Maudsley Hospital in the office of Dr. Isaac Marks. Drs. John Cobb and Malcolm Pines were also present. Zerka Moreno had kindly written a letter to introduce my work in Britain. Those at the meeting arranged for the first interdisciplinary training group in psychodrama, which took place weekly for a year. There were nurses, doctors, psychologists, social workers, and occupational therapists, who participated in the group both in and out of their professional roles. Others in Britain were already using psychodrama. Dean and Doreen Elephthery from the United States had a training group two to three times a year. Sue Jennings, a dramatherapist, also introduced the idea. While psychodrama had not become a movement in Britain, it was an idea that was periodically considered.

The Holwell Centre

In 1973, my partner, Ken Sprague, had bought a farm in the countryside of Devon. The following summer we invited the Maudsley group (13 people) down for a weekend in our barn. The farm, built in the 12th century, provided an oak-beamed converted granary as the psychodrama theater, as well as two courtyards to sit in and 5 acres in which to walk

and talk. The kitchen table, which seats 20, sits on a 200-year-old slate floor. The huge kitchen hearth has had log fires for many years. In building Holwell as a training center, the sense of a living community has always been an important element. Beacon was also a microcosm of society, having at its base a sense of family, the original group. Living under one roof, students both live to learn together and learn to live together. Holwell is more isolated than Beacon. The nearest neighbor is one mile away. Both centers promote an encounter, eye to eye, face to face, between its members. At Beacon and Holwell, the sessions are held in the theater, each morning and afternoon, with an evening discussion. At Beacon, we came down to the house in the evening to discuss the day's work with Moreno and Zerka. At Holwell, we conduct the evening one of two ways: Either the students choose a theme and conduct the discussion, or we process the two sessions of the day with the director, protagonist, and group. Each gives feedback on the process and then focuses on the director's task and how it functioned. The processing is done before the next work session takes place. The training program runs year around and is residential. Week-long courses form the basis for the training blocks. Each year, some 200 students come for training.

Diploma Training

There are two diplomas awarded at Holwell—the Diploma of Competence in Advanced Psychodrama and the Diploma of Competence in Group Action Methods. Each requires 780 practicum hours, which is 13 weeks. A qualifying examination demonstrating clinical competence as a director is expected (or equivalent requirements must be satisfied). A thesis of special interest is due prior to the qualifying examination. Holwell weekends provide 20 hours of training; week-long courses, 56 hours.

Directional Criteria

One of the more interesting developments is that of studying the criteria that contribute to making competent directors in psychodrama. These criteria include elements difficult to measure, such as imagination, curiosity, empathy, playfulness, daring, self-knowledge, maturity, and mastery of the method itself. Some of the inspirational and technical qualities of a good director are presented here. Neither the list nor the categories are complete, but they can be helpful points on which to focus. The inspirational qualities are those that sow the seeds of change in behavior. The technical qualities are those that show an adequate grasp and skill in technique.

Sharing Psychodrama in Britain

During the last 15 years, we have seen workshops, training groups, and patient groups flourish throughout Britain. The formal organization of the National Health Service has created the first psychodrama post. The British Psychodrama Association, established in 1984, encourages and develops the use of psychodrama. It produces a journal, a yearly conference, and a newsletter. In 1988, a standards committee set minimum standards for the training to be carried out by primary trainers. Each trainer is encouraged to maintain a unique training program that also recognizes the National Standards requirements. Each trainer must have completed a recognized training program, such as that which exists at Holwell or a comparable program. They must have completed at least 2 years post-qualification experience in directing psychodrama and must be members of the British Psychodrama Association. Students must have the majority (500 hours) of their training with a primary trainer and a percentage spent with secondary trainers. Part of the student training must be residential (the weeks are stipulated), and part of the training must be in sociodrama. Ken Sprague, Co-Director of Holwell Centre, offers sociodrama training tailored for clinical and nonclinical use. Two essays, between 3,000 and 10,000 words, are required, with one looking at therapy and the other practice.

The major development in Britain is that new psychodrama trainers are arising from, and cooperating with, the Holwell program. The national training committee will hold three lists of names: those accepted for training, those who have completed training, and the names of trainers. Interchange between training programs is built into the standards to give students more exposure and experience. Working knowledge of other contemporary psychotherapy is expected.

The British Psychodrama Association, as well as its journal, functions with guidance and help from Holwell, but the independence of the organization is a test of the development of the movement in Britain. Over the past 15 years, the Beacon Tree of Learning has been established, trainers are carrying on responsible work, and other trees are well established. The prophecy and legacy of psychodrama in Britain has been a fascinating production in which to play a part.

Inspirational Qualities of a Director

1. To inspire another person or a group, the director needs to sow the seeds of change. The director gives an optimistic and affirmative view of the group's potential.
2. The director models the ability to deal with his or her own

warm up to the task of directing. Using infectious spontaneity, the director not only creates an atmosphere in which something real and fruitful will happen but also creates an atmosphere for positive action to take place.

3. The director is unafraid to be a magician. He or she creates moments where all is possible.

4. Imagination, curiosity, playfulness, empathy, and daring are incorporated into developing a mastery of the method.

5. He or she creates an atmosphere where the unknown, the unspoken, the unborn—that which didn't happen—are as important as what actually occurred in life itself. Psychodrama particularly is about what didn't happen, what life didn't give us the opportunity to do.

6. The director must have a true sense of play, fun, and freshness and embody the humor of life as well as the pathos. On Moreno's urn, it is written: "In memory of the man who brought joy and laughter into psychiatry."

7. The director must incorporate his or her own heroes as part of the blood and muscle of the effort. Rather than having one's trainer on one's back or sitting on one's shoulder, the director has the ability to tailor the methodology to his or her own personality.

8. The individual must trust the method used. If the director does not trust it, why should the group or individual in need of help?

9. Preconceived notions of what should happen in the next moment should be left at the door. That the director must be open to the needs of the other, not to his or her own need to prove something, is true. What is truth is in the perception of each individual; therefore, we cannot decide it for each other.

10. The director must be able to follow the emotional smoke of the person in need—a protagonist or a group member. Body clues must be carefully watched. Change of the skin color or tension, rubbing the eyes, tears welling up, constant swallowing, or change of physical or ideational position may be indications of emotions aroused that need to be observed, commented on, and followed through.

11. Self-knowledge and maturity provide a backbone for the director's behavior.

12. The director knows Moreno's original ideas, hopes, and inspirations and is able to transfer these into the action.

13. The director needs a sense of theater. What is theatrically interesting to the group holds their attention. People must be able to hear and see the action. There should be scene changes, entries and exits, and a sense of the unexpected and the unpredictable in order to keep an atmosphere of creativity.

14. The director needs to use the group. If the group is not needed, they feel unseen. Psychodrama is a group process, not one-to-one therapy in a group setting.

15. The director needs to become a protagonist with another director to feel repeatedly the power of the psychodramatic method.

Technical Qualities of a Director

1. The director should be a clear speaker. He or she is not an actor but is full of action, not a pretender but a seer of truth. The director does not interfere with his or her own communicating capacity. To honor the expressive capacity in the director inspires others to honor their own ability.

2. The director has a clear understanding of the power of role-reversal. For an individual to reverse roles with another is the driving force of the psychodrama. The greatest learning often takes place in the role of another person.

3. The director has a good grasp of the techniques within the psychodrama such as doubling, mirroring, interviewing, self-presentation, role-training, etc. He or she can use them with ease and adapts the techniques appropriate to fit the situation.

4. The director needs the ability to visualize the act hunger of the protagonist and to foresee what is needed in the scene enacted to demonstrate either where the person is or where the person wants to be.

5. The director is able to pick up group themes and issues and weave them into the fabric of the work at hand.

6. The director must be a scientist, that is, must have the ability to look at the work objectively—not as good or bad but as it is. Moreno's cosmic view was to be able to see the humanity in the human and the human in humanity.

7. The director is a social investigator looking at the background of the moment as well as at the moment.

8. Creative planning helps the director and protagonist consolidate the purpose of the session and find the form to achieve it.

9. The role of orienter is important. The director must learn to deal with his or her own initial anxieties and then orient to the group, rather than to self. This leads to a clear perception of the needs of the protagonist and the needs of other group members. The director is an assessor of the moment, rather like a primitive animal sniffing out the environment. When open to the moment, the human being is a keen perceiver.

Psychodrama in Israel

JUNE RABSON HARE

ABSTRACT. Psychodrama in Israel is conducted by a small set of persons who have been trained in the Morenean tradition. They conduct personal-growth, therapy, training, and supervision groups with a wide variety of persons and in a number of different settings. The psychodramatists are practitioners and trainers, and some have also published books on the subject and conducted empirical and theoretical research. In addition to the classical format of psychodrama, psychodramatic techniques, as well as role play, sociodrama, and sociometry, are also used separately. Recurring themes in psychodrama reflect the fact that Israel is a predominantly modern immigrant society with many ethnic groups, survivors of the Holocaust, a series of wars, and the continuing threat of violence.

IN ISRAEL TODAY, nine people are practicing psychodrama as their main professional activity. However, many other professionals in expressive, gestalt, and other therapies use psychodramatic techniques, role play, and sociodrama without claiming an affiliation to Moreno. Role playing and action techniques are widely used, not only in the mental health field but also in education, industry, managerial training, and the personnel fields. The Israeli Defense Force uses sociometry—sometimes in the authentic sociometric sense, sometimes in what Moreno referred to as "near-sociometry," where questions do not contain specific criteria and are not necessarily used to organize groups but amount to peer or buddy ratings.

Sociodrama is used in educational drama and theater and in innovative programs of community and social-action theater; however, it is doubtful that the practitioners or participants consciously recognize or refer to their activities as sociodrama. Parenthetically, journalistic accounts of the current unrest (the *intifada*) and problems in the West Bank and Gaza use dramaturgical terminology and categories. Incidents are described as though they are sociodrama, with events being "staged" for an "audience" and with "protagonists" for themes and "antagonists" on various sides being identified. It is interesting that this is in line with a

current trend, heavily influenced by the immense impact of visual and printed media, especially television and films, in which people are accustomed to viewing, assessing, reviewing, and evaluating news as entertainment. This trend may be compared with those of the 1940s and '50s, when current events were often discussed in psychological language, and of the 1960s and '70s, when sociological language was used because of an awareness of different groups, cultural, and ethnic compositions.

The history of psychodrama may be described in two phases. The first followed the visit of Dr. Jacob Levy Moreno to Israel in 1959 when he gave lectures and demonstrations of psychodrama to mental health professionals. The second incorporates the present phase. (Zerka T. Moreno, who accompanied her husband on his early visit, returned to run workshops in Israel 25 years later.) Prof. David Kipper, a student of Moreno's, returned to Israel after his studies and made significant contributions to the history and development of psychodrama in Israel by his own work and research and in the recognition afforded to psychodrama by psychologists and other professionals in mental health. Dr. Kipper belongs to what may be called the first generation of psychodrama practitioners in Israel. For many years, he was the only Moreno-trained psychodrama director in Israel, teaching courses at Bar-Ilan University where he established the first psychodrama theater in Israel. Others who were using psychodrama in the late 1960s and early '70s in teaching and in psychiatric practice and training were Prof. Ada Abraham, Prof. Hans Kreitler, and the late Prof. Shimon Kulscar. Then, in the late 1970s and early '80s, the second generation of psychodrama practitioners emerged. Einya Artzi, M.Ed., completed her training at the Moreno Institute and returned to Israel; Yaacov Naor returned to Israel with an M.Ed. in expressive therapies and a specialization in psychodrama; Eliav Naharin, M.A., returned to Israel with psychodramatic training and experience to add to his already practiced therapeutic and dramatic skills; Peter Felix Natan Kellermann, Ph.D., immigrated to Israel from Sweden, with psychodrama training; June Rabson Hare, M.Soc. Sci. (S.W.), and Prof. A. Paul Hare emigrated from South Africa; Prof. Roger Yehoshua Dufour and Nicole Dufour emigrated from France.

Now, as the 1980s move into their completion, psychodrama is being formally promoted—in courses given at the main universities, in private practices, in newly established institutes of psychodrama, and by the founding in 1987 of the Israeli Association for Psychodrama. The association has three major goals: (1) to support and encourage psychodrama in Israel, (2) to define standards for professional training in psychodrama and to certify candidates who meet the appropriate criteria, and

(3) to host visitors and to establish contact with international associations. The details of these goals are currently being worked on and refined.

The Cast

This section will introduce the cast of players, or protagonists, promoting psychodrama in Israel. It could be that I have unintentionally left out the work of some professionals who use psychodrama quite extensively but whose work is not known to the members of the association. Publications related to psychodrama that have been written by Israeli psychodramatists have been compiled into a bibliography by the author.

The most experienced practicing psychodramatist in Israel is Prof. David Kipper, who has not only a national but also an international reputation in psychodrama circles. He completed his psychodrama training with Dr. J. L. and Zerka Moreno at the Moreno Institute in Beacon, New York, in 1967. His time is presently divided between Bar-Ilan University in Israel, where he is an associate professor of psychology, and the University of Chicago in America, where he is a visiting associate professor and director of the Behavioral Simulation Unit in the Office of Continuing Education. He also teaches and practices psychodrama with a wide audience of varied professionals. Prof. Kipper is an accredited trainer, educator, and practitioner of the American Board of Examiners in Psychodrama, Group Psychotherapy and Sociometry. At the time of this writing, he is president-elect of the American Society of Group Psychotherapy and Psychodrama. He is a member of the Israel Psychological Association and the American Psychological Association, and the British Psychological Society. He was instrumental in having Israeli clinical psychologists recognize psychodrama as a valid therapeutic tool. Prof. Kipper has done research in the field and published widely in psychology and psychodrama (more than 40 published scientific and professional articles). He has recently published a book on psychodrama.

Another practitioner, also with an academic appointment, is Prof. Ada Abraham, a professor of education at the Hebrew University. Trained in the French tradition of psychodrama, Prof. Abraham teaches courses to education and organizational development students.

Einya Artzi, who completed her training at the Moreno Institute in Beacon, New York, with Dr. J. L. and Zerka Moreno, has been working in Israel as a psychodramatist for 13 years. She came to psychodrama with a background in education and theater and also has a master's degree in expressive therapy from Lesley College in Boston. She is active as a trainer, supervisor, and educator in psychodrama at Tel Aviv University, the Kibbutz College in Tel Aviv (State Teachers College), and the

Lesley College program for the arts in Israel. She also runs more specifically clinical and personal-growth groups. Besides working with students and professionals in the mental health fields, she works with teachers of special education who explore ways of adapting psychodramatic techniques to their own fields. She initiated a special education program for teachers and therapists, emphasizing the importance of sociodrama and sociometry. One of Artzi's special groups is composed of actors who work through psychodrama to attain improved self-awareness and creativity in fulfilling their professional roles. She also uses psychodrama in the classical Morenean tradition as part of a unified system that includes sociometry, sociodrama, and role theory in catalyzing change. Artzi has also developed her own approach to warm up based on modern theater techniques and has written on the use of sociodrama in Israel.

Yaakov Naor is a teacher of psychodrama in the expressive therapies program of the Lesley College Institute of the Arts project in Israel. He moved to psychodrama with a background in social psychology and theater arts through a master's of education in expressive therapies from Lesley College, where his specialization was psychodrama. He is a certified trainer, educator, and practitioner of psychodrama registered by the American Board of Examiners in Psychodrama, Sociometry, and Group Psychotherapy. Through his work at the Lesley College program, and also privately, Naor has run many training and introductory workshops for a wide range of professionals in Israel and co-founded an Expressive Therapy Center for children. In 1986, he opened a private institute of psychodrama, known as The Inner Theatre, in Tel Aviv, where he runs training and therapy groups. Here he instituted the Moreno tradition of open sessions designed to introduce newcomers to the psychodrama method. One of his special foci of psychodrama application is work with Holocaust survivors and their children. Another is the application of psychodrama to psychotic populations. He has a professional appointment at a psychiatric in-patient facility in Israel. Here he runs a rotating program in different units with a patient-staff-student model he has found effective. Yaakov Naor recently directed a psychodrama program on the national television network, focusing on problematic issues for young people.

Peter Felix Natan Kellermann, Ph.D., obtained his psychodrama training during periodic visits (1975–1979) to the Moreno Institute in Beacon and in Sweden. After completing his training, he practiced and taught psychodrama in different parts of Scandinavia. In 1980, he immigrated to Israel, where he worked as a clinical psychologist using psychodrama in various psychiatric institutions. His doctoral thesis investigated the therapeutic aspects of psychodrama from a theoretical and em-

pirical perspective. Presently, he conducts psychodrama training and therapy groups in the Jerusalem Center for Psychodrama and Group Work, which he founded in 1987. In his writing and theoretical research, he attempts a revision of the concepts of psychodrama and a critical reappraisal of the classical psychodramatic process. He has published articles on transference, catharsis, resistance, acting out, charismatic leadership, and outcome research and on psychodrama participants' perceptions of therapeutic factors.

Prof. Roger Yehoshua Dufour and his wife Nicole Dufour immigrated to Israel in 1983 from France, where they had been professionally active as clinical psychologists and psychodramatists. In 1986, they established an institute for psychodrama in Jerusalem, where they run personal-growth and training groups for professionals in education and mental health who want to include psychodrama as part of their professional practice. Mrs. Dufour is the director of the institute. She studied psychodrama at the Sorbonne in Paris and at the French Institute of Psychodrama (I.F.E.P.P.). She works with her husband, who is now teaching in the criminology department of the Bar-Ilan University. Roger Dufour has written and published extensively on the theory and applications of imagery and creativity in therapy in different cultural contexts (more than 70 articles). He is especially interested in problems of conflict and co-existence in human relations. The Dufour approach to psychodrama follows the French school of Morenean psychodrama as transmitted by Schutzenberger. This approach includes a Freudian understanding of psychodynamic functioning, group work theories of Bion, Foulkes, and Lewin, and work in imagery and waking dreams following the theories of Bachelard and Desoille.

Eliav Naharin is an educational psychologist who works in private practice and in the psychological services of the kibbutz movement. He trained in psychodrama at the Moreno Institute in Beacon, New York. His special area of focus is psychodramatic work with children. He also runs personal-growth and training groups for adults at the children and family clinic of Kibbutz Oranim and at Haifa University. He has written two books, both of which are published in Hebrew, one entitled *The Creative Ego* and the other, focusing more exclusively on psychodrama, entitled *Stage Instead of Couch.* An interesting slant to his work with children is that his trainees work with him as a group, so that at any one time the ratio of special helper assigned to each child is one to one. Naharin works extensively with a sociodramatic play and fairy-tale format as well as with the more classical psychodrama modality.

June Rabson Hare emigrated to Israel in 1980 from South Africa. With a master's in social work and a background in theater work, she

also trained during periodic visits to the Moreno Institute in Beacon, New York. She has taught psychodrama courses at the Ben-Gurion University of the Negev and in the Department of Psychotherapy at the Sackler Medical School of Tel Aviv University. She uses role playing, sociodrama, and psychodramatic methods in teaching interviewing skills to social work students and action methods to school principals and in personal-growth groups of child-care workers. She also conducts personal-growth groups for social workers, psychologists, and other professionals in the Negev. Her husband, Prof. A. Paul Hare, uses psychodrama elements and concepts as tools for observing social behavior and has published several articles and books presenting this approach. Although having had some training at the Moreno Institute, he is not a practicing psychodramatist. He has, however, published a short biography of Moreno and a bibliography of Moreno's work. He is a professor of sociology at the Ben-Gurion University of the Negev.

Form, Content, and Participants

One might ask whether psychodrama in Israel, in form or content, differs substantively from psychodrama elsewhere. What in psychodrama practice is unique to Israel? Is there anything special about the society, the people, their problems and concerns that reflects on psychodrama practice? Are any particular techniques or approaches especially useful, or do any particular problems or themes reoccur?

From interviews with Israeli psychodramatists, it would appear that, in format, psychodrama practice is similar to practice elsewhere in the world. Variations probably reflect more the background and personalities of the practitioners and the settings in which they work than the overall Israeli society. On the whole, the typically classical Morenean approach is used, with a sequence of warm up, selection of protagonist, enactment of one or more scenes, closure, and sharing. Sociodrama and role playing are also used. Most of the work is done in a group context, although single techniques or vignettes are used in work with individuals, couples, and families. In the course of their military service, as reserves in the Israeli Defense Force's special psychological units, psychodramatists might use techniques or methods drawn from psychodrama. A mixture of psychodrama is found within the format of single sessions for persons new to psychodrama, in the format of ongoing sequences of clinical, therapeutic, and personal-growth groups, or in the training and supervision groups that meet on a regular basis.

In addition to using psychodrama as the major method, most practitioners also described using specific techniques or action adaptations for

particular purposes or populations. All of the psychodramatists interviewed described running many introductory sessions or longer workshops for a wide range of professionals, including, for example, psychiatrists, psychologists, social workers, teachers, educators, special education teachers, expressive therapists, doctors, and nurses. It is more likely that in these types of workshops, psychodrama in the narrow definition described by Kipper in 1978 is used. This consists of the enactment of at least one scene and the use of at least one technique. Psychodrama in the wider sense—enactment of at least three scenes and use of more than one technique—is more often used in the ongoing sessions.

The psychodramatists found it difficult to describe a typical Israeli participant or type of group. They noted that psychodrama in Israel, once the group is going, looks like psychodrama anywhere else. They pointed, however, to certain tendencies that seem to occur, for example, a slower warm up. Participants do not move "straight into personal work as they do in America" but "take longer to develop trust of each other, the leader, and the process." Once they do develop trust, "they move into deep and meaningful work." One psychodramatist reported that although "I do a psychodrama in the first session, I often use more warm-up techniques than I did in America." Another tendency described was that of sharing turning into advice-giving. "Israelis are always ready to give an opinion, so strict rules about sharing have to be set" was the opinion of one therapist. Verbalizing phrases such as "I was with you" and "I could understand exactly what you were going through" was easier for audience members than the actual sharing from their own life experience connections with the protagonist's world. Although this is probably in common with groups all over the world, this initial difficulty in learning to share was, the psychodramatists agreed, a seemingly cultural phenomenon.

A difficulty in talking about one's problems, of self-disclosure in a group situation, co-exists alongside a very apparent Israeli warmth and openness in social, peer, and family situations. There are many cultural injunctions, arising out of the pioneering experience, the Holocaust, and the security situation, to be strong, brave, and tough. The relating of personal pain is regarded as self-indulgent. In a society where there has been so much loss and bereavement because of wars and continuing conflict and where there is so much stress and tension in everyday life, narrative ventilation, or any expression of strong feelings and emotional catharsis, is often viewed as a sign of weakness and vulnerability. Courage is accepted as an everyday commodity. Personal forcefulness and authoritativeness are valued. In addition to those that might be found in other cultures, these Israeli aspects of a general social self-concept increase the in-

itial resistance to work psychodramatically. Rugged individualism and independent innovation, on the one hand, exist with strong feelings and bonds of peer, family, group, and ethnic ties, on the other. Cultural stereotypes may harden into social clichés that have implications for social role enactment. For example, the native-born Israeli is referred to as a sabra, the fruit of the cactus plant, which is prickly and tough on the outside, tender and sweet within.

The content and themes of psychodramatic exploration were described as those occurring elsewhere—in family, work, and interpersonal relationships, in sociometric loss and separations, and in divorce-related problems. It was agreed, however, that some special themes occur reflecting the nature and composition of Israeli society, with its multiple ethnic and sociocultural diversity, special history, and unique tensions and problems.

The Holocaust and its results are still very much alive in modern Israeli society. Holocaust material often recurs in personal psychodramas of survivors and more often in children of Holocaust survivors. The immigrant experience is another source of psychodramatic work. Memories of the *ma'abarot*, or early immigrant camps of the 1950s, enter the personal work of Israelis mainly of North African or Middle Eastern origin. Childhood experience in institutions or children's villages, because of separation after immigration or before, also are worked upon. A further set of issues still important in Israeli culture is the difficult task of absorbing new immigrants into the society. The current immigrant experience might appear as a psychodramatic theme as immigrants deal with bureaucracy and cultural transition and learn a new language and ways of social and public behavior.

The constant stress and tensions of a society in continuing conflict are also apparent in Israeli psychodrama groups. Themes connected with sudden loss of loved ones, terrorist attacks, border tensions, moral issues connected with political and defense issues, and army service of male relatives, all figure in psychodramatic content. Life on the kibbutzim and moshavim (communal villages) also serves as a focus for exploration and concern. Arab-Jewish relationships might also provide starting-off points for sociodramatic work.

One can conclude that, in form, psychodrama in Israel is similar to that in the United States and other countries. In content, psychodramas reflect the problems of the predominantly immigrant population, the impact of the Holocaust, and the wars and continuing threat of violence. The participants in psychodrama are drawn from a wide range and include professionals in the mental health fields, education, and theater, hospitalized patients, clients in clinical settings, and other interested persons.

Psychodrama in Japan

HAJIME MASHINO

ABSTRACT. This report reviews psychodrama development in Japan, which was introduced by Prof. Matsumura and Prof. Sotobayaski in 1956. Zerka Moreno's workshop in Japan stimulated practitioners to adopt and adapt various movements to psychodramatists' work in Japanese mental hospitals where the members of psychodrama groups are chronic schizophrenics. The Japanese psychodramatists modified the process to fit their needs. This report introduces one of these methods, *omnibus psychodrama*, that was based on the idea of analytical psychodrama. To reform the environment of mental hospitals in Japan, there is a need to develop a Japanese-style psychodrama. The differences in psychodrama among various countries are also examined.

PSYCHODRAMA WAS INTRODUCED in Japan in 1956 by Prof. Daisaku Sotobayashi and Prof. Kohei Matsumura. Prof. Matsumura established the Japan Skinrigeki (psychodrama) Association in 1961. The members of the association conducted their psychodramas in various areas of Japanese life, especially in educational fields.

When I graduated from the Jikei Medical University in 1959, I had already learned psychodrama, probably because I loved theater and had written plays and acted with my friends. After reading *Psychodrama* (Moreno, 1946), I began to direct psychodrama in a mental hospital.

I had learned psychodrama mainly through Moreno's book, and I was influenced by the dramaturgy of some theatrical stages. I had opportunities to stage my drama in a hospital that was managed according to the idea of therapeutic community. Most of the patients were chronic schizophrenics who did not have much interest in a deep psychodrama like the type Moreno conducted. I looked for new dramaturgy that might lead the patients to psychodrama and found a book, *Le Psychodrame chez L'enfant* (Anzieu, 1956). I directed my psychodrama to mental patients, just as Dr. Anzieu did his to children.

In 1972, Prof. Matsumura held the International Congress of Psychodrama in Tokyo. I attended that congress with Dr. Ohara, a professor at Hamamatsu Medical University. We demonstrated the Morita therapy. I

tried to introduce the Morita therapy into my psychodrama at the First International Pacific Rim Regional Congress of Group Psychotherapy in Tokyo last year.

Prof. Toshio Utena, who had been directing his psychodrama in the field of corrections, and I presented the first workshop for clinical psychodramatists in 1978. Mr. Yukio Miyama, the director of the Kyoto Psychodrama Institute, was invited to that workshop as a guest. Ever since, the workshop has been held every summer, and many clinical psychodramatists have learned psychodrama there. In addition, the Japan Skinrigeki Association, which Prof. Matsumura directs, has held workshops every summer and winter.

Prof. Utena and I formed the Japan Clinical Psychodrama Association and had the first meeting for clinical psychodrama studies in 1980. In March 1988, we had the ninth meeting and discussed the differences in dramaturgy between other countries and Japan.

In 1978, Prof. Matsumura invited Dr. Grete Leutz to Japan. After her lecture at the Jikei Medical University, Prof. Matsumura, Dr. J. Suzuki, Dr. K. Kondo, and I discussed with her the possibility of holding the International Congress of Group Psychotherapy in Japan. For this purpose, we had to organize the Japan Association of Group Psychotherapy. In order to do so, we had held some workshops for group psychotherapists. Dr. F. Knobloch was invited to our first workshop, and we held Zerka Moreno's workshop in 1981. Her workshop stimulated us to such an extent that we called that experience "Moreno shock." Since then, some clinical psychodramatists have gathered and associated as the Tokyo Psychodrama Group. We have had a meeting and a workshop every month at the Jochi University in Tokyo and invited Zerka Moreno again for a workshop in 1983.

The following year, Kiyoshi Takara, one of the group members, went to Beacon House to study. We have held three workshops directed by Mr. K. Takara, Dr. Y. Isoda, and myself, every month since then. The Tochigi Psychodrama Group and the Kanagawa Psychodrama Group have developed from these. Other members of the Tokyo Psychodrama Group, Y. Sato and Prof. K. Maeda, attended a 10-week workshop in Australia last year. In 1984, Prof. Matsumura, Prof. Utena, and I established the Japan Association of Psychodrama and had our first congress in Tokyo, to which we invited Dr. R. Bermudez.

In Kyushu, a southwest island of Japan, the Kyushu Psychodrama Group has been developing many activities under the direction of Dr. T. Mukai who learned psychodrama from Prof. Matsumura. They have had their own workshops and publish their own journal. In 1987, they joined the Japan Association of Psychodrama.

Psychodrama for Chronic Schizophrenia

Most of the members of the Japan Association of Clinical Psychodrama are clinical psychologists who work at mental hospitals or public health centers. Though they have some therapeutic groups in their hospitals, most of the patients are chronic schizophrenics. Psychodramatists, therefore, direct their psychodrama for this population. Although Zerka Moreno (1978) said that she had done psychodrama for schizophrenic patients, it is difficult to treat chronic schizophrenia with the classical method, which sometimes stimulates and uncovers patients' anxieties, just as psychoanalysis does. Only an excellent director like Mrs. Moreno can use this method effectively. Most of the schizophrenic patients can play and take some roles, but they cannot empathize with the drama and sit in their seats for it as observers. Psychodramatists in Japan, therefore, have modified their dramaturgy.

As a result, I developed a method called *omnibus psychodrama*, which I reported at the international congress of group psychotherapists in Mexico and had a chance to direct at Zagreb. Anzieu's analytical psychodrama had led me to this method. His psychodrama is for children who are not aware of their problems and, therefore, cannot observe as intended, even though playing roles is fun for them. In his method, a protagonist is ordered to make a story and develop a cast for his drama in which his problems will be projected. All members must play some roles, and no observer exists. In this method, however, there is only one protagonist and only one in each session. Therefore, it is not suitable for treating many patients, especially where there are usually 10 to 20 patients in a session. In omnibus psychodrama, two or three protagonists can play in one session. In my psychodrama, the members play not only the roles of human beings but also the roles of objects such as trees, furniture, mountains, or the sun. In this way, every member can have a role and play in the protagonist's world. Instead of making a story, I lead them to their image, wherever they want to go through the magic door. It is difficult for them to make stories. From an image of a patient's memories, the director constructs the protagonist's world with him.

I have used this method for the aged (Mashino, 1987) and those who need relaxation and recreation but do not want to confront themselves. In the Morita therapy, the therapist leads patients not to focus on his or her distress but on what he or she has to do here and now. For chronic schizophrenics, who have lived a life of inaction, it is necessary to look into their good memories and make them vivid. For the aged, it is important for them to realize they have wonderful memories. Psychodrama is therefore effective in making the memories vivid.

We had a chance to observe various forms of psychodrama, as followed in other countries, at the First International Pacific Rim Congress of Group Psychotherapy last year in Tokyo. After the congress, the Tokyo Psychodrama Group had a transcultural workshop with some Australian psychodramatists. Through these experiences, we are developing psychodrama that is particular to Japanese experiences. Just as Prof. Matsumura presented his psychodrama, "Skinrigeki," I am trying to create a psychodrama that is oriented to Japanese culture.

Utsunomiya, where I live, has become notorious for an incident at its mental hospital. In 1984, the death of a patient provoked the anger and wrath of medical staff and an untherapeutic environment at the hospital. The accident was reported on the mass media, and the government had to answer to it. To protect the rights of patients, the Mental Health Act was reformed. It is necessary, however, to reform not only the health act but also the consciousness of the medical staff of the mental hospitals in Japan. I think this could be done through the development of group psychotherapy, especially psychodrama, in the mental hospitals. Psychodrama will make it easier for medical staff to understand the minds of patients and to see them as living individuals, not as bullish, indifferent, chronic schizophrenics.

Our goals include the development of psychodrama in the mental hospital and the establishment of a training system for future psychodramatists.

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Psychodrama in Australia and New Zealand

G. MAXWELL CLAYTON

ABSTRACT. This article outlines the distinctive emphases in the practice of the psychodramatic method in Australia and New Zealand. The historical review of the beginnings and expansion of psychodramatic work indicates the emphasis on intensive supervision, the development of training standards, and the many applications of the psychodramatic method in different areas of the cultures.

THE PURPOSE OF THIS ARTICLE is to strengthen the bonds between psychodramatists in Australia and New Zealand and psychodramatists in other countries and to build up a stronger identity in the worldwide psychodrama community. The article highlights some of the distinctive emphases and achievements in the training and practice of psychodrama and outlines the historical development of the work from 1971 to the present. Several thousands of professional people have attended psychodrama training seminars during this period. Several hundred people currently are advanced trainees, and over fifty people have received recognition as psychodrama or sociodrama directors or role trainers.

A Psychodramatic Vignette

Last week I attended an auction sale where, to my surprise, I was the successful bidder for a homemade scooter. The metal piping was welded together, and I judged this scooter to be strongly made. Attached to the top of the handlebars was a horse's head cut from a piece of foam and painted. The rubber wheels looked workable. After the auction, several people laughingly asked me what I was going to use it for. They were trying to embarrass me, and they certainly succeeded in making me be more conscious about why I had bought it. Here I was, at age fifty-three, bidding for a small scooter. Other people were wanting it so that their children could play on it. What did I want it for? I wanted it for myself: I want to look at it in my work place; I want to ride on it when I am stuck

in a rut; I want to have people who are attending my group sessions ride on it from time to time.

Even as I was bidding for it, I was thinking of a scientist who was attending weekly group sessions. He was very serious about becoming happy and about expressing himself more freely in intimate relationships. He was only using his intellect in his searching for solutions to his conflicts. Consequently, four days after the auction, I invited the scientist to ride my new purchase. He was in the middle of a psychodrama session. He had just made an aside in which he had said, "That's exactly what happens. As soon as I start to feel warmly toward someone, I am stuck for words, and I withdraw." I asked him to come out of the room with me and told the rest of the group to wait until we returned. In the next room, I taught him to ride the scooter. Although awkward at first, he soon gained confidence and looked very happy. With some encouragement, he entered the group area on the scooter and rode around the warm-up space. The group enjoyed his performance very much, and the spontaneous expression of the group brought greater vitality to his expression. In the next stage of the drama, he continued to express himself in his relationship with the other person, but this time he did it while an auxiliary, whom he had chosen to be himself, was riding on the scooter. No longer did he refer to his old negative self-concept. Instead, he smiled and kept expressing himself toward the other person. From time to time, he began to be overcome with self-consciousness, but each time he glanced over at the playful enjoyer of life and was able to integrate that aspect of himself into his functioning in this intimate relationship.

Emphases in Directing

This situation, which took place in March 1988, expresses much of the practice of psychodrama in Australia and New Zealand, from the time when training in psychodrama was introduced in late 1971. The training and practice of psychodrama has focused on the ordinary living situations of men, women, and children. So many people in Australia and New Zealand have a desire to express themselves more freely and, at the same time, are inhibited by fear of exposure, fear of ridicule, fear of rejection, or fear of failure. The common solution for these people has been to become wishful thinkers who continue in the same old pattern of living and who become increasingly frustrated. The focus has largely been on the typical situations of people as they go about their everyday lives. Those experiencing severe problems that prevent them from working effectively in groups in a community setting have been dealt with in psychodrama sessions in hospitals and clinics and in private practices.

The major application of the psychodrama method, however, has been with people who are endeavoring to develop more adequate functioning and a greater level of spontaneity in the ordinary events of day-to-day living.

There has always been a great emphasis on viewing the group members and the protagonist as a self, expressed as a system of roles, and on developing the ability to make accurate role analyses during the warm-up, action, and sharing phases of each psychodrama session. In the example cited in this article, the director made observations about the functioning of this protagonist in response to someone he liked. A tentative assessment of this person's role system was made in terms of which roles were functional or dysfunctional and which roles were part of a coping system. The effort made by the director to make apt and precise descriptions of the roles and the relationships between the roles has brought about a thoughtful approach. This thoughtful approach has created in directors a greater independence, an inner sense of sureness, and a sense of enjoyment and satisfaction in the work.

There has been an emphasis on mirroring back to group members and protagonists areas of adequacy in their functioning. The director seeks to become aware of the many adequate areas of the protagonists' functioning during the warm-up phase, the interview, and the scene setting and in the early period of psychodramatic production. The director then begins to make plans for the best time to make the protagonist aware of the areas of adequacy and to enable the protagonist to integrate the awareness so that he or she acts more adequately when facing various situations.

In this case, the director took the protagonist out of the scene in which he had become conflicted. For a short time, the protagonist was coached to ride the scooter. The interviewing by the director at this time established that there had been little free play throughout this person's life. Yet he had always wanted to play and had been envious of other children as he observed them letting go. Through the enactment and the applause of the audience, he quickly came to enjoy riding round, began to look confident, and began to develop the identity of a playful free enjoyer of life. Thereafter, when he became conflicted during intimate sharing, brief glances at the auxiliary, who was continuing to stand on the scooter, warmed him up again to being daring.

The frequent use of surprise has brought about a rapid increase of the protagonist's spontaneity level. In the example here, both the interest and vitality of everyone in the room increased when the protagonist was asked to come out of the room at the point of stuckness. An intrigue was created, and the inner sense of emptiness associated with the intrigue gave the sighting of the scooter a greater emotional impact. The person

had a corrective emotional experience while riding the scooter and while integrating the role of the playful fun-lover into his functioning in the developing relationship. The emphasis on training directors to make use of surprise, which has been termed the role of the magician, has been a feature of psychodrama in Australia and New Zealand.

The urging of protagonists to confirm new commitments by taking definite actions has been a continuation of Dr. Moreno's invitation for us to be heroic existentialists. In the example in this article, the protagonist's actions with the other person produced a sense of pride with respect to his developing ability to integrate action and emotional components into his functioning as a warm and friendly companion.

The considerable involvement of the group in dramas has taken the form of encouragement, coaching, participating in the making of role analyses of the protagonist's functioning, and assisting with the making of therapeutic plans. The education of group members during psychodrama sessions has been emphasized. During this drama, the director had encouraged the group members to remember intimate moments in their lives and to identify the roles and the role conflicts that emerged. Cultural factors making for limitations in expression were also identified. The training of directors has focused on developing the roles of educator and social-change agent. The training of psychodrama and sociodrama directors has encouraged trainees to involve themselves in a wide range of activities both in the training groups and in life itself, including physical activities, so that there is built into them a readiness to enter into anything that is produced by a protagonist or group. The vignette described where the director demonstrates and coaches in scooter riding is a small example of this.

The standards of training indicate a number of roles that the director is required to develop. These roles are listed in Figure 1. The continuing endeavor to set out roles for the director that seem to be appropriate at different phases of a drama and to describe those roles has assisted trainees to work out which particular roles they have developed and has also assisted trainers in their planning of training for individual trainees.

History

Beginnings—from 1968 to 1975

The first Australian to become an accredited psychodrama director was Heather McLean, an occupational therapist from the state of Victoria. She began her training at the Moreno Institute at Beacon in 1967 and, on returning to Australia in 1968, applied the psychodramatic method in her work and introduced it to a number of professional people.

FIGURE 1—Roles to Be Developed by the Director of Psychodrama

Roles and Function or Action
Active Listener and Empathizer:
Actively reflects back the protagonist's thoughts and feelings. Understands the particularity of these by seeing the protagonist's life situation from the protagonist's perspective.
Producer:
Creative artist—Produces a drama that is aesthetically pleasing to the audience and that ties in all elements of a protagonist's concern and produces a catharsis of integration for the audience.
Spontaneous actor—Takes whatever role will facilitate the production of a protagonist's drama.
Wise person—Appreciates areas of meaning and values and can take an overview of a protagonist's situation.
Magician—Maintains an element of surprise in the drama.
Social Investigator:
Naive inquirer—Maintains an open attitude of enjoyment in discovering alternative views of life.
Observer—Watches and records accurately what is portrayed as the protagonist enacts the life situation.
Systems thinker—Relates all information to a systems model that sees all elements as dynamic and changing.
Objective analyst and theorist—Analyzes all observed data using role theory as well as clinical experience.
Sociometrist—Analyzes the group structure, constantly using tele relations in the group.
Therapeutic Guide:
Clarifier of group and role warm up—By using group-centered, action-centered, or director-directed warm-up techniques, the director facilitates and then maximizes a group concern.
Group therapist—Relates what is happening in the group to the body of knowledge belonging to group therapy.
Maximizer and concretizer—In psychodrama and sociodrama, assists a protagonist to maximize and concretize to produce extra-reality, a larger-than-life situation.
Conflict resolver—Has strategies for resolving role conflict.
Model—Enacts behavior in the group that is relevant to the issue and helpful in showing new solutions to old situations.
Coach—Assists a protagonist to learn a new role by giving words or actions that are appropriate. Blocks inappropriate responses.
Role-trainer—Sets out behavioral goals for an appropriate new role and trains the protagonist in these behaviors by setting up life situations relevant to the protagonist and to the learning goals.
Believer in creative genius—Believes in the positive movement of the protagonist toward actualizing creative potential.

The first training center was established in Perth, Western Australia, at the end of 1971 by Lynette Clayton and Dr. Max Clayton. Ms. Clayton trained as a psychodramatist in the psychodrama section at Saint Elizabeths Hospital in Washington, D.C., when James Enneis was head of the section. She was there from July 1967 until December 1970, first completing 2 years of training as an intern and then working as a staff psychodramatist. She also attended a number of training sessions at Beacon. Max Clayton trained at Beacon from the latter part of 1967 to 1973. Lynette and Max Clayton founded and directed the Psychodrama Institute of Western Australia and developed curricula and training courses in psychodrama and general group work in Perth. In January 1974, they conducted the first national psychodrama training workshop at the University of New England in Armidale in the state of New South Wales. This most successful workshop was attended by professional people from all over Australia and one clinical psychologist from New Zealand. The interest generated in learning the method led to other workshops being conducted at Armidale by Lynette and Max Clayton. In 1976, they conducted a much larger workshop there with Zerka Moreno, and in 1977, Lynette Clayton and Dr. Leon Fine co-directed a training workshop. Following the first national workshop, Lorna McLay, the head of the counseling department at the University of Auckland in New Zealand, invited Lynette and Max Clayton to conduct a psychodrama training workshop at the University of Auckland. This workshop, held in August 1974, was attended by over 30 professional people. Most of those attending had already been actively engaged in developing organizations such as Lifeline and Youthline as well as new ways—multimedia workshops, for example—of assisting members of the community to grow.

In the 2 years from the beginning of 1974 to the end of 1975, psychodrama work greatly expanded. The number of trainees in Perth increased along with the number of people attending experiential psychodrama groups. In addition, further workshops were conducted in Australia and New Zealand. Moreover, five week-long psychodrama training workshops were conducted at the University of Auckland in 1975 by Dr. Max Clayton, who also established psychodrama training in the South Island at the University of Otago in 1975. He conducted psychodrama training workshops in Morpheth, New South Wales, in Adelaide, South Australia, and in Brisbane, Queensland. These workshops resulted in a number of people committing themselves to a serious course of long-term training and finally to establishing training institutes in these states.

In August 1975, the Psychodrama Institute of Western Australia acquired new premises, which were named The Wasley Centre, A Community Health Services and Training Centre. The building included a

psychodrama theater very similar to the theater at Beacon, having a circular stage with three levels, a balcony, and lights. Zerka Moreno conducted a training workshop there in January of 1976, and this gave a great impetus to the trainees. Lynette and Max Clayton continued to be actively engaged in the conduct of training groups and in the supervision of trainees. Advanced trainees conducted psychodrama groups for members of the community and were given intensive supervision. The number of people attending the center for professional training in psychodrama and group work and for personal development through participation in psychodrama groups and individual, couple, and family therapy soon increased to 500 people per week. Thus, the reputation of psychodrama in that part of the country increased, and a number of other professional people from New Zealand and other states of Australia began to attend residential training workshops.

From 1976 to 1980

From 1976 to 1980, solid foundations were laid for the development of a professional association of psychodramatists and sociodramatists. There were a number of significant factors in this process, some of which are related here.

Dr. Max Clayton conducted training seminars on both the North and South Islands of New Zealand, twice each year, and in all the major cities of Australia, once or twice each year. Most of the training workshops were at least 1 week in duration, and a number were 2 weeks. Clayton adopted a similar method of training to that established by Dr. Moreno and Zerka Moreno at Beacon. All trainees involved themselves, to a great extent, as protagonists. In the beginning, most of these protagonist-centered sessions were conducted by the training director, but, increasingly, trainees directed one another, receiving supervision both during and after the sessions. Strong bonds were built up between many of the trainees from different regions of the two countries. Professional therapists, who previously had no real sense that individuals could benefit from psychotherapy, realized their capabilities were expanding and saw others developing new abilities and letting go of old, outworn ways of thinking and acting. Advanced trainees, functioning with increasing degrees of independence, began to participate in the conduct of residential and non-residential workshops and seminars. For example, Tom Wilson from Perth participated in the conduct of training seminars in New South Wales and then conducted training workshops in Newcastle and in Melbourne, Victoria. Dr. Bill Spence in New South Wales contributed much to the learning of trainees in New South Wales. A silent revolution was taking place as a result of these intensive workshops. A num-

ber of trainees met together for peer group supervision in different cities. Many began to practice their new learnings.

Ongoing training groups began to be established in Sydney in New South Wales, in Brisbane in Queensland, and in Melbourne. In 1977, Teena Lee returned from the United States where she had completed her training as a psychodrama director. She established the Melbourne Centre of Psychodrama and organized regular training seminars and residential workshops.

A number of trainees completed most of their training during this period, finishing their practical assessment as psychodrama or sociodrama directors and commencing work on their written theses, which is one of the requirements for certification as a director. The high standards of training that were maintained meant that trainees made effective applications of the method in their work and that their confidence and commitment grew. For example, Dr. John Carroll, who was at that time the head of the Department of Educational Psychology at Churchlands Teachers College in Perth, and Mrs. Noel Howieson, who was a Senior Lecturer in the same department, incorporated the psychodramatic method into the training of teachers. Dr. Robert Crawford, the Superintendent of Queen Mary Hospital, Hammer Springs, New Zealand, incorporated psychodrama into the treatment program for alcoholics and addicts, both through the conduct of patient groups and in the training of staff. Trish Williams in Perth was responsible for the conduct of a 1-year training course for education department teachers that was based on the principles of sociometry, sociodrama, and role training. Dr. Rex Hunton used psychodramatic principles in the teaching of medical students at the Auckland University School of Medicine. Both Dr. Peter Mulholland and Dr. Barry Blicharski applied the psychodramatic method in their practice of psychiatry in Brisbane. Moreover, Dr. Blicharski established the Boundary Road Centre in Brisbane where many seminars were conducted in gestalt, psychodrama, and other methods and later established the Centre for Experiential Learning in Balmain in Sydney.

The close personal contact of most of the trainees with Lynette or Max Clayton brought a cohesiveness and cooperativeness in the developing movement that strengthened the spirit of trainees. Most of the contact occurred in the context of training groups when intensive supervision was given. The more advanced trainees entered into a more intensive supervisory relationship at the point in the training where they began to direct group sessions of their own.

A more fully established supervisory method focused on the relationship between the director and the group, the director and the protagonist, the director and the auxiliaries, the roles emerging in these rela-

tionships, and on the development of functional role systems. The professional approach to supervision was similar in many respects to that portrayed by Ekstein and Wallerstein in their book, *The Teaching and Learning of Psychotherapy.*

The standards of training were completely rewritten, revised, and published in the Training and Standards Manual. Prior to this time, there were written standards for certification at the levels of auxiliary ego, assistant director, associate director, and psychodrama director. A change to this system was stimulated by changes in some state laws pertaining to the practice of psychology. It was thought advisable to make clear distinctions between the various ways in which the psychodramatic method was being applied. Thus, different standards were drawn up for certification as psychodrama or sociodrama directors, sociometrists, and role trainers.

Establishing Training Standards

The standards manual is an expression of the emphases in the training in Australia and New Zealand and has had a strong influence on the way in which psychodramatic method has been taught and practiced in the eighties. A systems approach is clearly emphasized, and the particular systems approach in which trainees are to become proficient is naturally role theory. The content, skill, and professional identity requirements are spelled out. The requirements for psychodrama director outline the knowledge and abilities to be developed in the areas of systems theory, sociometry, integration of sociometry, organizations, role theory, integration of role theory, family theory and family therapy, integration of family theory, theory of group dynamics and group process, integration of group theory, personality theory and development, clinical knowledge and application, understanding and application of the psychodramatic method, conceptualization of the psychodramatic method, and professional identity. These required areas of knowledge and the written requirements have provided a check list for trainees and have assisted both trainees and their supervisors to work out which abilities have been acquired and what areas need to be focused on next. For example, under the general heading of Integration of Role Theory, the following headings appear:

1. Ability to identify roles
2. Ability to describe accurately the elements of roles observed—the construct, the action, and the feeling
3. Ability to identify deficits or excesses in elements of a role, or imbalance between elements

4. Ability to identify blocks in the warm up to a role and levels of warm up in a role
5. Ability to set out descriptively and diagrammatically an interactive role system
6. Written description of the roles operative in a social and cultural atom, which trainees have investigated, including diagrams, discussion of what changes are called for in the roles, and what interventions would be used, together with a rationale for the intervention

The Standards call for a number of written papers, a practical examination that includes the conduct of a session and a presentation and discussion of the session with the examining board, and a written thesis. The written theses have dealt with many areas over the years and have contributed to the knowledge of other trainees and the development of a positive identity. The following titles of theses are an indication of their variety and scope: "The Management of Anxiety in Educational Groups That Use Role Play," "Discounted Pain," "The Integrity of Living: A Holistic Psychodramatic Approach to the Pattern of Non-commitment," "The Role of the Archetype: An Examination of Psychodramatic Role Theory from a Jungian Perspective," "Sandplay and Psychodrama," "Dr. J. L. Moreno's Psychodramatic Role Concept as Compared with the Sociological Role Concept of P. Berger and T. Luckman," and "The Cultural Atom as a Dynamic Concept."

The Australian and New Zealand Association

The inauguration of the Australian and New Zealand Association of Psychodramatists, Sociodramatists, and Role Trainers took place in one of the colleges at the Australian National University in Canberra. Since 1980, there have been annual conferences held in major cities in Australia and New Zealand, each of which has been organized by a very vigorous and thoughtful group appointed by the regional association.

The organization of the association has been very beneficial in that it allows for the development of clear overall policies and standards while also encouraging individual regions to develop their own particular style of working. The Australian-New Zealand association has an elected president and executive committee who set overall policies. The executive committee appoints a board of examiners that establishes standards for the certification of directors and for the accreditation of training centers and establishes policies and procedures for the conduct of examinations and for the development of training centers. The association, as a whole, normally meets once a year; however, it continues to express itself through regional associations in all states of Australia and New Zealand.

These regional associations have developed their own distinctive constitutions, which are compatible with the constitution of the Australian and New Zealand Association. The regional associations organize lectures, demonstrations, and social activities that build up strong links between practitioners and trainees and educate members of the public about applications of the psychodramatic method.

Training Centers

The three fully accredited training centers are The Psychodrama Institute of Western Australia, which is part of the Wasley Centre, the Melbourne Centre of Psychodrama, and the Australian College of Psychodrama, which also has its headquarters in Melbourne. In addition, there are training centers in Adelaide, Brisbane, and Sydney in Australia and Auckland and Christchurch in New Zealand. These conduct accredited courses of training and are in process of becoming fully accredited training centers. These training centers, as well as other regional groups, have expanded the scope of the training seminars and workshops. Tom Wilson, now one of the training directors at the Wasley Centre, has continued to conduct workshops in many cities and towns in New Zealand and Australia. In addition to the seminars in the theory and practice of classical psychodrama, seminars and workshops teaching sociodrama have been presented, largely through the energetic work of Warren Parry, who is currently one of the training directors at the Wasley Centre.

Applications of the Method

The application of the psychodramatic method in different fields of endeavor developed during this period. For example, Wayne Scott, who was the first director of the Psychodrama Institute of New Zealand and who generated interest in psychodrama through his many visits to different parts of the country, used his abilities as a sociometrist and psychodramatist to initiate retraining programs for unemployed artists and others. Brigid Brandon and Francis Batten, who had both completed their practical assessments as psychodrama directors, have been actively integrating the psychodramatic method into the work of the Drama Action Centre in Sydney where trainees develop their abilities in the dramatic arts. Playback Theatre was established in some cities in Australia and New Zealand because a number of Australians and New Zealanders had trained with Jonathon Fox. The fruits of his work can be seen in the development of the Melbourne Playback Theatre Company by Mary Good and the development of other playback theater groups by Bridget

Brandon and Francis Batten, Deborah Pearson in Perth and Marilyn and Martin Sutcliffe in Auckland. There are many others doing good work in the developing playback theater. Derek Rintel, who completed his training as a psychodrama director in Perth, applied his training in sociometry and psychodrama in the counseling service in the Family Court in Brisbane where he developed a sociometric measure of the relationships of children with each parent. He also conducted role training groups in Brisbane. Warren Parry made extensive use of role theory and role play in his practice as an architect working cooperatively with clients to create house and building plans that suited their needs.

The psychodramatic method has been applied in staff training, organizational development, and management training with private businesses and organizations and with government departments. For example, Colin Martin in Wellington, New Zealand, directs the School of Training for Trainers and has developed an action method that is based on his learning in psychodrama training workshops. This school has a reputation for developing in management a higher level of practical problem-solving ability and an ability to bring about cooperative staff relationships. Lynette Clayton has been actively engaged for many years in integrating the psychodramatic method into the role of the clinician and has been successful as a clinical teacher and psychotherapist. Teena Lee-Hucker has applied her knowledge to the education of children and consults with teachers in schools. Mike Consedine has applied his training as a role trainer and psychodramatist in the training of nurses. This list includes only a portion of those working in group psychodrama activities in Australia and New Zealand.

Trainer Development

In January 1984, the first Trainer Development Workshop was conducted. Now there have been five week-long trainer workshops conducted by Max Clayton with assistance from a number of others. These have focused largely on developing a sound methodology of training and supervision and have been successful in creating a stronger commitment to a supervisory model of training.

International Exchange

A number of trainers, practitioners, and trainees from other countries, who have both conducted training seminars and attended training seminars and conferences, have stimulated new ideas and produced much stronger connections with other cultures. Visiting trainers have included

Dr. Donnell Miller, who made an excellent contribution to the Annual Conference in Auckland and the psychodrama training workshop that followed. Ann Hale, who has stimulated interest in sociometry among a wide range of professional people, Carl Hollander, Bob and Jacqui Siroka, and David Swink visited. Others have included Ken Sprague from Devon in England, Jonathon Steiner and Sue Alexander from the United States. John Devling, who commenced his training in psychodrama in Australia and completed it in the United States with Dr. Leon Fine, has since returned to Australia and has been actively engaged in practicing as a psychodramatist and in conducting training courses. Ari Badaines, who completed his training as a psychodramatist in the United States and who worked in London for several years, is now living in Sydney and conducts training courses there and other localities. Most recently, Dr. Carlos Raimundo and Virginia Raimundo, who completed their psychodrama training in Argentina, have moved to Sydney and have been establishing a positive relationship with the association.

Many Australian and New Zealand practitioners have attended conferences and workshops in the United States, England, Mexico, Argentina, and Japan. Warren Parry from Perth has been able to bring about much closer contact between Japan and Australia. Several Japanese people have attended the 10-week practicum course in sociodrama that he has presented in Perth in the spring of each year. The Pacific-Rim Group Psychotherapy Conference in Tokyo in 1987 was attended by a number of psychodramatists from Australia. Warren Parry conducted training workshops in Japan, involving Australian, New Zealand, and Japanese people. Most recently, the International Conference of Psychodrama and Group Psychotherapy in January 1988 attracted overseas lecturers and visitors from many countries including Dr. Grete Leutz, the president of the International Group Psychotherapy Association, David Swink, Yujiro Isoda, Tomio Miyama, Jaime Rojas-Bermudez, Gloria Heineman, Donna Little, Lawrence Goldstein, and Elaine Sachnoff.

Australian Psychodramatists—An Energetic Group

The growing number of people engaged in the training and practice of psychodrama form an energetic group, which is constantly developing new ideas and making new applications of the psychodramatic method. There is a growing body of literature being created, and this assists with development of a strong identity. The group is committed to continuing the ongoing process of learning, through seminars with one another as well as through the promotion of international contact.

Changing Face

Psychodrama in Taiwan, Republic of China

WARREN PARRY

IN TAIPEI, TAIWAN, it is late October, and summer is fading. The combination of warmth and the green, lush bamboo is welcoming. We are met by rains from the typhoon as we weave through the many, many people crowding the sidewalks of central Taipei, capital of Taiwan. With as many motorcycles as people ahead, it is difficult to move. Evening noodle vendors compete with McDonald's, filling the air with a strange mixture of old and new fast foods. Whoever said fast food is a modern invention is wrong. These activities have been going on here for hundreds of years.

The huge Taiwanese push for modernization is evident in the modern buildings that loom over everything. Yet, everywhere possible, the Chinese character clings on.

We psychodramatists wonder what is at the foundation of this way of life. Because psychodrama unravels the common roots in day-to-day life, we have a sense of excitement about what we will find, meeting and working with the people here.

A wooden three-level stage is familiar, but to find it in the corner of the sixth-floor Acute Ward of the National Taiwan University Hospital is a surprise. We sit with anticipation on folding wooden chairs as patients and staff assemble. Seeing so many seats, 50 to 60, we wonder if they have that many patients attending psychodrama. Tatami mats are stacked to the sides where we would have mattresses and pillows, and someone has hung a pink Chinese lantern over the stage. The green-grey walls and linoleum floors are familiar sights in psychiatric wards, as are the white hospital screens that close off the action space from the other areas of the ward.

Psychodrama is a weekly activity here, as familiar to staff and patients as basket weaving. It is conducted throughout Taiwan with general acceptance as a clinical treatment method, used by an increasing number of professionals in at least 10 hospitals here. It seems contradictory that psychodrama, developed in the West and struggling there against the medical and psychiatric conservatives, is taken for granted here. One

time, while teaching *tai-chi*, the Chinese teacher said: Do this for three years, then you may have a question. Perhaps this affinity for action before understanding is a guiding principle here.

Dr. Chu-Chang Chen, a professor of psychiatry at the National University, introduced psychodrama to Taiwan. He began experimenting with the clinical use of psychodrama in 1974. In 1981, he and others went to Tokyo and met with Zerka Moreno, and, since that time, their practice group has blossomed. Now, like the psychodramatists in Australia and New Zealand, the Taiwanese psychodramatists are moving toward the nonclinical use of the method in organizations and community groups. This aspect is being developed by Professor Agnes Wu.

We wondered what would motivate Dr. Chen, the grandfather of Taiwanese psychodrama, and the others to follow this direction. The psychodramatists in Taipei seem to have a mixture of Confucius's concern for social order and progress and, like all good psychodramatists, have the laughing Buddha's desire for play. It is a strange mixture, yet very appropriate to Taiwan.

Chinese women have little hesitation in standing up to their male counterparts. In a drama in a hospital in Taiwan, the wife as protagonist, when threatened with a knife attack from her drunken husband, tells him that he is sick, he is an alcoholic, and he needs help. She is angry because, before they were married nine months ago, she was honest about her illness (she has been admitted to the hospital diagnosed as a chronic schizophrenic) while he was not. He did not tell her of his drinking problem. He replies to her that she talks too much and that if she continues this way, he will divorce her.

For a Taiwanese woman, this is a serious threat. A husband can easily marry again, but the wife would find it very difficult to remarry. Her parents would no longer want her as a responsibility, for she was married in order for them to become free of that commitment. The director ends the session with the patient resolving to change her ways because it seems no one else will change around her.

Although the women here are not powerless in their expressions—their sharp tongues are evidence of that—their ability to act freely is restricted. Both men and women here seem limited by strongly defined cultural roles.

Psychiatry also appears to play a role in this socially defining process. The woman in the drama was diagnosed as a chronic schizophrenic. Yet, her ability to perceive events and to distinguish herself and others was clear and realistic. She was internally able to attend to and make adequate meaning of her own processing. The woman whose husband had the knife "acted" crazy in a crazy system, going contrary to what was ex-

pected of a Taiwanese wife and woman, and, as a result, accepted herself as "sick."

Staff in the hospital sessions we attended used a team approach to psychodrama. They cooperated with each other, taking roles as directors, auxiliaries, and consultants. The "Lone Ranger" style of superstar directing seems not to have been imported in the psychodrama crate to Taiwan. There is not as much emphasis on individualism. The good of the group and the family are more important than individual benefits to any one person. In the Chinese language, there is no single character for intimacy, and perhaps there are not the same rights of access to the internal world of the other that we demand in our Western relationships.

Strangely enough, psychodrama is listed in Chinese characters in most common Chinese/English dictionaries. Given the amount of systematic psychodrama training that has taken place here, directors have a remarkable flow and feeling for the method. The style of learn-through-doing is well anchored with a lot of heart and genuine feeling of goodwill for the people they work with.

Therapy and healing have been well-developed arts in China for thousands of years. In traditional Chinese medicine, the people pay the doctor when they are well, and he treats them for free when they become sick. We wonder if this approach is so far from the assumptions of sociometry.

It is clear, as we leave Taiwan, that the old forms and the new psychodramatic forms have not yet met each other. It is equally clear that, as they do blend, something unique will be added to our psychodramatic family.

Psychodrama—"Italian Style"

WARREN PARRY

"Go in, find your way around in the dark, discover what is there and what fills this space," said the director.

MY INTRODUCTION TO Italian psychodrama consisted of groping in a dark room and finding familiar things—light switches and dimmers, a raised platform in one corner, mattresses and cushions, and bataka bats. When the light came up, I was standing in a theater with a raised section to the rear with seating levels and a circular carpeted area in the middle. Giovanni Boria, standing at the lights, was grinning with delight as most Italians do when they share something they cherish. This reaction also occurs when they have eaten a beautiful meal or they have been told how wonderful they are. I felt greeted and welcomed in Milan; it was as if we were from the same family and that perhaps Australians are lost relatives of this tribe.

Giovanni Boria is director of the Italian Psychodrama Association and treasurer of the International Group Psychotherapy Association. Trained in classical psychoanalysis, he was attracted to psychodrama after meeting Dr. J. L. Moreno at an open evening in New York. He trains professionals in the clinical use of the method. Since establishing his own studio and theater, he has been building the credibility of the method among other professional colleagues.

My curiosity about the heart of Italian psychodrama practice had been fired first in Perth, where I worked with Italian-Australians, the children of the old country. Now, as I walked the streets of Milan, more questions came to mind.

Dr. Boria reported that he practices and teaches in the classical Morenean style: warmups, sociometric choice of protagonist, enactment, and sharing with the group. Dr. Moreno's smiling face and outreaching arms stretch from a large wall mural to meet visitors entering the studio, and colored photos of Zerka Moreno, working on the stage, dot the walls. The other school of psychodrama practiced in Italy, I am told, is that of the analysts, in which the psychodrama enactment is followed by an analytical session and discussion with the protagonist.

I wanted to know more of the Italian way and how the groups have grown in Italy. When I talked to the group during the warmup, their concerns sounded familiar to my ears: "I have no problems; I want to develop in my work in psychodrama; I love my husband and child more than anything else; I work with unions so now this can help me; I live alone and want to have better relationships; I would like to explore this method more; I am a student of psychology and left my town to study at university. I found that there is strength and a purpose to this group when the people talk, rather like music being played vigorously." Boria directed and talked so fast in Italian that I was forced to watch and feel. As he circled with his hands, psychodrama style, while talking, the atmosphere had an openness and reserve as people listened intently.

Something in my heart responded to these people, and I felt as if I had once been an artist here. Although I was not in the same family as the man opposite, in his beautifully tailored suit, yet there was something inside him that I could relate to as a friend. This was masked under an attractive polish, but someone had taught him a deep love of people; that was obvious. The session ended, and Dr. Boria said goodnight to the group.

What characterizes Italian psychodrama, I decided, is the sharing at the end when people's silence was not empty but filled with questions and feeling. It was more than words that had kept people stuck to their seats that evening.

Contributors to this issue about the international community of psychodramatists . . .

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BRIEF REPORT

Using Sociometry and Role Play to Prepare Housewives to Re-enter the Work Force

MARIE-THERESE BILANIUK

In a program for homemakers who have been out of the work force for 3 years or more, the participants are being trained to do accounting on computers in an 18-week full-time course. The members vary widely in age, education, social and ethnic background, and work experience. As the life-skills coach for the group, I have based my approach on the training model of the Social/Life-Skills Movement (Gazda, 1985) and the earlier suggestions of Carkhuff (1969a, 1969b), which were taken up in Canada by Saskatchewan NewStart, Inc., and by the YWCA of Metropolitan Toronto.

Problems encountered over 2 years of teaching this program centered mainly around conflict between students and the dissatisfaction or defensiveness of some who contended that they were wasting time with life skills, which they felt they had already demonstrated by taking care of their families.

Looking around for a new and clearly work-related approach, I decided to try a role play that would be sustained over several weeks (Milroy, 1982) and would provide a lively framework for the basic life-skills lessons. We started with a series of near-sociometric tests in action, with a wide variety of criteria, applied so that everybody was chosen for something. I wanted students to realize that being rejected for a particular task does not imply being rejected as a person. We then proceeded with a formal sociometric test as described by Ann Hale (1985), with the criterion: Whom would I choose as a business partner? After giving priority to the choices of the most isolated members of the group, I used the results to form groups of five or six. This procedure gave the staff a better idea of the relationships within the classes and indicated which students needed special attention. In addition, it enabled students to experience the importance of making their own choices.

Each group formed a business firm that discussed the requirements and produced an advertisement for a new employee in accounting. Members of each group or firm then reviewed applications and conducted interviews of their fellow students from other groups. Rather than choose one candidate over the others and explain their reasons, each group was asked to give each candidate feedback on her strengths and suggestions for improving her presentation. This procedure had two advantages: It did not increase feelings of rivalry and inferiority, which existed because of their different backgrounds and their previous isolation, and it gave everyone a realistic view of her strengths and weaknesses.

Students rated this unit of our program a very positive help. The necessary paperwork and skill practice were integrated into a role-play frame that was lively and fun. The role reversal enabled students to comprehend an employer's point of view and to gain a greater understanding of the concerns that prompted certain interview questions. The work done in sociometrically chosen groups increased cohesion among our students and eliminated conflict.

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BOOK REVIEW

TITLE: *Child Group Psychotherapy: Future Tense*
AUTHOR: Albert E. Riester and Irvin A. Kraft (Editors)
PUBLICATION DATE: 1988
PUBLISHER: International Universities Press, Inc., 59 Boston Post Road, Madison, CT 06443.
PRICE: $30.00

Because there are surprisingly few textbooks in child group psychotherapy, this work, edited by Albert E. Riester and Irvin A. Kraft, is a most welcome addition to the literature.

This very thorough text, although focused on the future, begins with a history of child psychotherapy, written by the editors, followed by a reprint of Slavson's 1945 article, "Differential Methods of Group Therapy in Relation to Age." Slavson noted that "association with groups must be recognized as a prime experience for life in our culture" (p. 11).

The book is divided into six parts, with the first three parts offering an introduction to the field of group psychotherapy of children and developmental and structural considerations with an emphasis on diagnosis, and the fourth part dealing with "where, when, and how." Part 5 is focused on the person of the therapist, including such issues as countertransference training and supervision and research on child group psychotherapy and is followed by a retrospect and prospect written by Mortimer Schiffer. The text ends with an article by Irvin Kraft on how to be innovative and creative in child group psychotherapy.

Although each of the twelve chapters in this book is enlightening, Chapters 4, 5, 8, 10, and 12 are especially useful for counselors and therapists working with children. In Chapter 4, Jerome Liebowitz and Paulin Kernberg discuss children's diagnostic play groups and their role in assessment planning. The authors describe several advantages to diagnosing children by way of their behavior. For example, the free-play situation allows children to demonstrate their peer-relation difficulties, their relations to adults, and sooner or later the core qualities of their character. The diagnostic group can shorten the time spent evaluating the child because certain kinds of behavioral data (e.g., motoric aspects of

behavior, degree of inhibition and passivity, and level of activity and aggression) are more readily obtained from observation in a group setting. The writers noted that when a child is seen individually in the office, the therapist, especially if the child is very appealing, tends too often either to overemphasize pathology or to minimize it, because the therapist does not have other children of the same age as a "yardstick." The group thus forces the therapist to keep perspective. The authors cite a statement by E. J. Anthony, "Perhaps the day will come when no child in any clinic anywhere in the world will be placed in psychotherapy without a diagnostic evaluation—in the peer group" (p. 79).

In Chapter 5, Beryce W. Maclennan outlines child group psychotherapy practices in special settings. Groups can be held in outpatient, inpatient, or school settings and in private practice. Groups may be led by mental health professionals or by counselors. Children in groups are generally divided by age, for example, as preschool or latency or children entering puberty. In some cases when children have a common, narrow range of problems, for instance, adjusting to the divorce of parents, age may be of less importance. Maclennan discusses the type of children to be found in each setting and the groups that are appropriate for them. The general advantages and constraints of each setting and the ways in which each affects the management of the group program are also considered. The author focuses on the organization of group programs rather than on illustrations of specific methods and techniques.

Although this chapter is valuable for the more-advanced therapist, an elaboration of methods and techniques would be more helpful, especially for the less-experienced group therapist.

In the eighth chapter, Fern J. Cramer Azima discusses some of the special countertransference issues that can emerge in group work. Azima notes that "countertransference is now 'beyond' the children's group per se, and radiates out to and rebounds from network groups" (p. 139). The writer's explanation is that "present-day group theory and technique for children have changed in most instances from a child guidance model to a multidisciplinary approach. The impact of family and behavioral therapies and, equally, systems theory has resulted in the psychotherapist's having to relate and function with cotherapists, a treatment, team, parents, and community" (p. 139). The author's definitions of countertransference for individual and child group therapists are especially helpful. Azima (1973) advocates a broader framework, including conscious reactions to parents, peers, and other significant figures in the psychological network. Azima concludes that "by contrast to the countertransference in individual therapy, in group therapy the therapist is enmeshed in a multiperson system demanding more alertness, self-disclosure, and con-

frontation." The author provides concepts useful for the therapist as well as for the researcher.

Robert R. Dies and Albert E. Riester discuss research on child group therapy, an area much in need of attention. As the authors point out, "researchers had focused most of their interest on group treatment with adults and paid only perfunctory attention to such interventions with children" (p. 174). Their chapter contains an extensive review of the current status of research findings, outlines several critical issues that must be addressed before significant progress can be made, and offers guidelines for empirical investigation. Of special help for the reader are research findings summarized in a series of tables.

The chapter in the book by Irvin A. Kraft provides a review of innovative and creative approaches in child group psychotherapy. This chapter might be particularly helpful for the advanced psychotherapist working with children individually or with groups. The beginning therapist might find Kraft's review too general and have difficulty understanding a particular technique or method.

Although this is not a good text for the beginning therapist, it is a worthwhile book for the advanced therapist and for the researcher. If there is a revision of the work, one would hope that "child" will be referred to as "he" or "she" and not only as "he."

HENYA KLEIN

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Role Reversal: Mr. Rogers Meets a Street Punk

Echoes of Moreno

Robert and I come from very different worlds. He is a fifteen-year-old resident at an emergency shelter for runaway youths, and I am a twenty-seven-year-old counselor there. He describes himself as a "punk" who believes in fighting with his fists. I describe myself as an intellectual who believes in fighting with my mind. He is loyal to his gang in Louisville, the Junior Monks. I am loyal to my family, faith, and values.

To him, I come from another world. I am what he calls "foolish" because of the big words I use. In his eyes, I am from Mr. Rogers' Neighborhood, and I "don't have a clue" about what is going on in his world. To me, he comes from another world where he is dangerous, chemically dependent, and verbally abusive. Yet, we sit and converse about life and about each other. Sitting around the dinner table, we listen to Robert's country radio station twanging that timeless ballad, "The House of the Rising Sun."

"You know what this song is about, don't you, Robert? It's about a whore house," I remark testily.

He raises his sunglasses, smiling mischievously, "You mean a prostitutional facility."

The sunglasses go back over his eyes, but not before this resident of Mr. Rogers' Neighborhood and the street punk appreciate this moment of role reversal.

CHRIS KRAUS
Cincinnati, Ohio

Ethical Principles of Psychologists

The Ethical Principles of Psychologists (formerly entitled Ethical Standards of Psychologists) was adopted by the American Psychological Association's Council of Representatives on January 24, 1981. The revised Ethical Principles contain both substantive and grammatical changes in each of the nine ethical principles constituting the Ethical Standards of Psychologists previously adopted by the Council of Representatives in 1979, plus a new tenth principle entitled Care and Use of Animals. Inquiries concerning the Ethical Principles of Psychologists should be addressed to the Administrative Officer for Ethics, American Psychological Association, 1200 Seventeenth Street, N.W., Washington, D.C. 20036.

These revised Ethical Principles apply to psychologists, to students of psychology, and to others who do work of a psychological nature under the supervision of a psychologist. They are also intended for the guidance of nonmembers of the Association who are engaged in psychological research or practice.

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.

The journal welcomes practitioners' short reports of approximately 500 words. This brief reports section is devoted to descriptions of new techniques, clinical observations, results of small surveys and short studies.

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 Albemarle Street, N.W., Washington, D.C. 20016.

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