HANDBOOK

OF

PSYCHODRAMA

GROUP PSYCHOTHERAPY

GROUP PSYCHOTHERAPY

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THE VALIDITY OF PSYCHODRAMA

J. L. MORENO, M. D.

Moreno Institute, Beacon, N. Y.

The question as to the validity of psychodrama has aroused considerable controversy in the course of the years. There have been two opinions. One emphasizes that the usual measures of reliability and validity do not seem to be particularly appropriate for psychodrama. If each person acts out his life honestly, the data are perfectly reliable and valid. The second opinion is that the current methods of measuring validity can be applied. The two opinions do not exclude one another. The two methods of validation can be combined.

But it is accurate to say that the validity of psychodrama does not require proof beyond its face value. It is a statement of the persons themselves, what they experience at a certain moment in respect to a given activity. Psychodrama deals with primary acts and bits of behavior, and not with "factors" like intelligence, genes, or any other hidden factor. A choice is not more honorable because it is statistically valid. There is no need for further validation as long as the members of the group and their behavior are taken as they are expressed in the present tense and as long as no pretense is made that the future of the participants can be predicted from the events which have been produced or that generalizations can be drawn from whatever the events demonstrated. But one can state with certainty that what matters is that the actions and decisions are valid for the pariticpants themselves at the time when they are experienced. In such a case, one may talk about an "existential" validation, and it should be definitely separated from "scientific" validation. But when one thinks of existential validation, one must guard against automatically thinking that this must be an impulsive and irrational kind of behavior. It may be behavior of the highest and most well-organized kind.

PSYCHODRAMA AND AUDIENCE
WITH EMPHASIS ON CLOSED-CIRCUIT TELEVISION

E. J. VOGELER, JR., M.D. AND IRA A. GREENBERG, PH.D.

Camarillo State Hospital, California*

One aspect of the psychodramatic warm-up that is almost as important to the audience as it is to the patient-protagonist is what Moreno terms simply as the *psychiatric interview*. In this interview the chief therapist or psychodrama director seeks to get to know the patient and as many facets of his problems in as short a time as possible so that some of the problems or some parts of a problem may be better explored in the subsequent enactment. In the process of becoming acquainted with the patient, the director *warms up* the audience by having it become passively involved in the patient's problem so that during the ensuing enactment the audience may be more adequately prepared to experience the spontaneity that the director evokes on the stage.

Such is normally what is to be expected in classical psychodrama, as created by Moreno more than 50 years ago and practiced by him and his disciples in all parts of the world. Nevertheless, there is always an opportunity to add to a psychological theory or a psychotherapeutic technique that, like a growing organism, continues to develop through usage, and this type of creative "adding on" is something Moreno himself warmly encourages. Still, as Bischof notes (1, p. 358), "The applications of Moreno's theories widen with each new devotee, but the basic theory continues to hold."

AUDIENCE INVOLVEMENT

This is what has occurred at Camarillo State Hospital. Here, the senior author has found in the several hundred psychodramatic sessions he has

conducted for patients before the hospital's television cameras that in order to increase the involvement of the patients of the audience in the problem of the protagonist it is helpful to directly involve the audience with the protagonist even before the commencement of the psychodrama. This he accomplished by sharing the psychiatric interview with the patients who made up the audience. These patients were, for the most part, the dozen or so members who formed the weekly psychodrama group, an open group in which newcomers entered as "old timers" left the hospital or no longer required this type of therapy as much as other patients. Therefore, it became a simple matter for patients to learn that they were at all times to feel free to interject themselves into the psychiatric interview and to ask the patient being interviewed whatever questions came to mind, this under the observation and guidance of the therapist.

As one writer has noted (3, p. 119), the audience has a double responsibility: "It serves the patient when it reacts critically or supportively to what is occuring on the stage, and it serves itself through experiencing what is taking place on the stage and thereby gaining insight into its own motivations and conflicts, both as a collective whole and in its individual parts." The same would of course apply to the benefits derived from the audience's participating in the interview conducted by the psychodramatist. The participation in the interview is enough to raise the spontaneity level of those audience members who join the psychiatrist in asking questions or who interrupt the psychiatrist—and this type of minor annoyance is a small price to pay for the involvement gained—by making comments during the interview period before the protagonist is called upon to enact a particular problem.

This audience involvement in the interview, however, is only one half of the novel procedure that has been utilized and is being studied at Camarillo by the senior author. The second half of this different approach may be compared with an earlier concept, Moreno's role-playing. Thus, after many of the patients who make up the studio audience for the psychodramas have about completed asking their questions of the protagonist, the senior author then very often *asks the protagonist how he feels or thinks the audience members have been responding to him* and (following the psychodrama) have responded to his actions.

AUDIENCE CONTRIBUTION

This is done because it is felt that the traumatic incident that might have been enacted is associated in the protagonist's memory with a destructive degree of anxiety about the enacted incident, along with the often accom-

panying feelings of guilt and other destructive emotional investment. Thus, the group or audience members can be counted on to serve as a source of support to help the protagonist deal with what may have been a terrible experience of the past. At the same time, the patient-protagonist's involvement with the audience-response to his enactment is important to his appraisal of reality or serves as an index of his capacity to test reality. Also, when the stage action is concluded, the audience members are in a position to help the patient gain insight into his problem, not by analyzing the patient-protagonist and his problem in the manner of the stereotyped therapist—often a comedy character—acting as if his dogmatic diagnosis should result in a cure, but by *"sharing"* incidents from their own experiences that may in part resemble those of the protagonist. In this simple and supportive sharing the audience members are aiding the protagonist in another way, by providing him with the comfort of knowing that he is not alone with his problems, that others have or have had like problems, and that because of this mutuality are thereby able to empathize with him and with his situation.

The senior author had a twofold need that was met when he developed the technique of involving audience patients in the interview with the protagonist. It was to obtain some background information from the patient-protagonist to prepare for the enactment and to warm up the remaining patients in the group who would form the audience. For, "The director's questioning of a patient, either in the presence of an audience or merely in the presence of the assistant therapists, [auxiliary egos], who will act with the patient, also is a part of the warm-up process" (3, p. 114). But how the questioning of a patient is accomplished is very much dependent upon the situation and the psychotherapist.

TELEVISION SETTING

In the section of Camarillo State Hospital's television studio set aside for psychodrama each Monday morning, the space available is entirely adequate for the seating of the therapist and the dozen or so patients, who, in the course of the hour will form and reform into several changing groups from which the director determines which of the patients will be involved as patient-protagonists, assistant therapists, trained actors or auxiliary egos, and as the audiences. The sessions usually begin with the director and the group seated in a semi-circle facing the two large television cameras and the microphone boom operator, and it actually commences when the director questions the members of the group individually or the group as a whole, and from this initial questioning, which is basic to the warm-up procedure in the

television studio, he decides who he will use as the patient-protagonist in the first psychodrama, and from this point on begins the psychiatric interview.

INTERVIEW PROCEDURE

The needs of the television situation with trained patients operating cameras and manipulating cables are part of the total picture which the psychiatrist and his patients adjust to, the patients responding to the suggestion that they begin the session by becoming quiet and comfortable and the psychiatrist himself being at ease as the camera and other equipment are operating. This is not contrary to the classic or orthodox psychodramatic interview, as detailed by Moreno. The terms "classic" or "orthodox" may appear to be contradictions to the concepts involved in psychodrama, but in actuality they merely represent a type of procedure psychodramatists might guide themselves by, while at all times functioning at the peak of their spontaneity-creativity potential. With this in mind, one might then safely examine what Moreno refers to as "The Interview-Position" (8, p. 253). Moreno states:

The first task of a psychodramatic director is to get the session started. In most cases this is done by a short lecture followed up by an interview with someone selected or volunteering from the group of spectators. This person may be a subject who is to be investigated or a patient who is to be treated. In either case the position which the director takes up must be a natural one and one which implies an acknowledgement of the whole psychodramatic situation: the group, sitting in the audience from which, at any time, anyone may be called upon to function on the stage, and the setting which combines the audience and the stage, with its three levels and its balcony. [This describes the stage at Moreno's sanitarium and academy at Beacon, N.Y.] The position most usually adopted by the director at this juncture is a seated one at the center point of the second level of the stage. Whereas this position is a natural one to assume, it may be well to inquire as to the motives of the director for assuming it and to check the reactions it has upon an average group of twenty people in the audience. . . . The director in this position [is] relaxed. Sitting as he is on the second level, he finds that the upper level's edge presents a convenient rest for his elbow and that he can place his feet comfortably on the first, or lower, level. Inquiry among many spectators brought the comment from each of them that they, too, would assume this particular position and that the relaxation which this position affords the director has a relaxing effect upon each of them. They volunteered the opinion that, if the director were to stand, they themselves would reflect the tension and formality of the position—perhaps because of the fact that they, at the time, would be sitting (8, pp. 253-254).

Other advantages in the director's positioning himself and the patient directly before the audience on the second level of the three-level circular stage is that the two are clearly visible to all audience members and are at the same time on a seemingly equal position to each other. "This is particularly important when it comes to the treatment of a mental patient, Moreno states (8, p. 254) "[as] in psychiatric work, there is often a feeling of coldness or distance between the patient and the physician. This position places them face to face—as man to man, so to speak—with no physical or symbolic barriers between them on the same level."

Interview Procedures at Camarillo

Lacking the specially designed stage and other facilities that may be found at Moreno's headquarters in Beacon, N.Y., the psychodrama director at Camarillo State Hospital substitutes for the intensity of the close-proximity interview, as described by Moreno, the intensity of involvement that emerges when other patients participate in the interview and with this participation bring to the interview the pressures of immediate inter-personal relations, both upon themselves as audience members and upon the patient-protagonist whom they are questioning. No physical barriers between patient and doctor are present at Camarillo, however, as a circular arrangement of the group is constructed with a "face to face" confrontation existing. This then, at Camarillo, becomes a part of the warm-up procedure for all concerned, and the next step is to bring the emotional level of these persons to the highest creative intensities of which they are capable during the psychodramatic enactments. For, as Moreno states (7, p. 337), "The warming up process is the 'operational' manifestation of spontaneity." Elsewhere in *Who Shall Survive?*, which critics have called his greatest book, Moreno says of the various methods that further the warming up process, "The aim of these sundry techniques is not to turn the subjects into actors, but rather to stir them up to be on the stage what they *are*, more deeply and explicitly than they appear to be in life reality" (7, p. 83).

At Camarillo, as in classical psychodrama, the audience members are called upon to comment spontaneously—but at the same time supportively— at the conclusion of a psychodramatic enactment, as well as, at times, during the enactment itself. This also is in accord with the approach of Moreno, of whom Walker writes (9, p. 138), "He also believes that acting in the presence of an audience, who are encouraged to comment freely and even take part in the drama, helps to bring the patient into closer touch with the society in which he ought to be able to live comfortably." At the same time,

the audience's close involvement with the patient, partially as a result of the audience's participation in the psychiatric interview, has a built-in therapeutic pay-off. This can occur, as Bromberg explains (2, p. 293), because "the emotional catharsis which the actor achieved through spontaneous dramatic action moved to the audience as the audience-member automatically placed himself in the role of the actor."

A Psychodramatist's Development

Just as for Moreno (6, p. 80) in that psychodrama grew out of the group psychotherapy processes, so it was for the senior author, who felt the need for a much more intensive type of involvement between himself and the patient and the patient-protagonist and the patients in the audience. Both orthodox group psychotherapy procedures, which he found were limited to small groups, and hypnotic techniques, which he had to limit to individuals in individual treatment, were seen to be inadequate for what he was seeking to accomplish, which was intensive psychotherapy for individuals that large groups could benefit from. This, he felt, could be most effectively achieved through the medium of psychodrama. Hypnosis, the senior author found, was useful in the derivation of material that could be abreacted by the patient, but his subsequent experience showed him that abreacted material could best be incorporated by patients by means of the psychodramatic enactment. At the same time, he has found that abreaction is more effectively accomplished in psychodramas conducted before audiences than in psychodramas conducted only with the director and the auxiliary egos in attendance.

The presence of the group can tend to serve as an additional stimulus to many patient-protagonists, and at the same time its contributions during the discussion periods following the psychodramas cannot be overestimated. This audience presence, of course, is basic to the Morenoean system for behavioral change. Klapman (5, p. 144) compares Moreno's psychodramatic procedure as being "the psychiatric interview equivalent", with the added advantage of calling upon all present to participate in the enactment and in the therapy, either actively or passively. "It is, too, a lecture on a carefully chosen topic, a discussion, a catharsis, an analysis of acted-out events as the audience is allowed to discuss the dramatic action presented, and lastly, it is re-education." (*Ibid.*) Even as passive participants, however, audience members undergo the abreaction or catharsis experience, and as a result of this, as has been found in one instance and suggested in another (4, pp. 250-254), not only can attitudes be changed but there is the possibility that when audience-anxiety is increased by means of the spontaneity of the enactment

and the ensuing telic communication between the patient-protagonist and the audience-patient that certain patients in the audience might be frightened into improved mental health. This is a matter worthy of further exploration.

STUDIO AUDIENCE AND TELEVISION AUDIENCE

Thus, it may be seen, that where the audience-patients may make therapeutic gains even as passive participants in the psychodramatic events merely on the basis of the innate characteristics of psychodrama, it is *a priori* all the more likely that the gain will be greater when the audience members are actively and intensively involved in the director's exploratory interview.

There is another factor, the senior author has discovered, that has tended to make psychodramatic psychotherapy more effective at Camarillo than it has been for him when he has practiced it elsewhere. This added effectiveness is brought about by the fact that the psychodrama is carried out over the hospital's closed-circuit television system, and both the patients who are protagonists and the patients who are audience members within the group, as well as those who serve as "auxiliary egos," tend to gain from the fact that there is an even greater audience "out there." The television cameras represent attention, which is something that in one form or another mental patients have needed almost all of their lives, and which many have failed to receive in the form and at the time it was most needed. In this way, do the cameras symbolize something very real to the patients who make up the psychodramatic group that appears on television, and a report on psychodrama and television at Camarillo to follow some of Moreno's earlier reports and comments (6, 7, 8) might merit consideration.

Still, the active involvement of the audience in the interview is merely one facet of the behavior change that may be brought about through the employment of psychodrama, which is simply an active form of learning. As Moreno has stated, "Learning by doing has been replaced or perhaps better said remodeled, with learning by spontaneity training and psychodramatic procedure, in which therapy and doing go hand in hand, one being an intrinsic part of the other." (8, p. 152.) Therefore, with the audience additionally involved in the *doing* through participation in the interview, the additional therapeutic gains may be anticipated.

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SELF-ACCEPTANCE THROUGH PSYCHODRAMA

SAM OSHERSON

Harvard University

I want to describe in this paper a recently conducted psychodrama in which I was the protagonist. The director was a psychodrama instructor[1] and the audience consisted of the first year graduate students in clinical psychology at Harvard University. The students in the first year class were from various parts of the country and had degrees from highly dissimilar universities and colleges. Although no one knew anyone else in the class before the semester began, we became a closely-knit group, for we all seemed to share common views and interests on many matters. We had often discussed personal problems freely among ourselves and I considered everyone present a close personal friend of mine. In the course of my psychodrama I was able to disclose a long-standing emotional problem which I had never before been able to admit publicly. In this paper I will attempt to describe the psychodramatic situations and their particular resolutions which enabled me to overcome my fears. Dialogue will be quoted whenever essential to an understanding of the situation.

The psychodrama took place in one of the rooms of the Department of Social Relations, equipped with a psychodrama stage, in the late evening. This was the first of a series of "psychodrama workshops" by which the graduate students hoped to familiarize themselves with its uses and methods. None of the students knew very much about psychodrama, and most, including myself, had never participated in one. The particular psychodrama to be described was the second to take place that evening, so that everyone had the advantage of a long "warm-up" period.

After the finish of the first psychodrama, I volunteered to be a protagonist, for I was interested in seeing what—if anything—I would be able to do with psychodrama. I had read that people often were able to express their deepest troubles in the accompanying torrents of emotion. This is what I hoped would happen to me—that I would lose both my self-consciousness and my inhibitions and would, finally, be able to speak of something that had been torturing me for years. I had made many attempts in the past to discuss my problem with people towards whom I felt close but had failed to such an extent that no one even suspected its existence. My behavior always followed

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[1] Trained at the Moreno Institute, Beacon, N.Y.

the same pattern—I would want very much to talk with someone about my secret but my fear and shame would be too strong and I would not be able to bring it into the open. Since coming to Harvard, however, events had taken a new turn. I had long been angry with myself for not being able to disclose this secret to my closest friends. Now I found myself among fourteen people towards whom I felt the highest regard and affection and who obviously had the same feelings for me. As a result my anger towards myself was intensified and I felt almost a need to confess the problem to them. I realized that I could no longer, in effect, lie to the group—for every day that I kept this problem to myself I was denying its existence to them. Thus, at the psychodrama that evening I felt two forces within me—a strong motivation to tell everyone what was plagueing me, and the familiar, powerful inhibitions to prevent me from disclosing anything.

After volunteering, I was asked which of the three psychodrama instructors I would like to have direct me. I immediately picked the same one who had directed the first psychodrama. I did this because I perceived him as a very compassionate and understanding individual who was, at the same time, quite directive and forceful; thus, one part of me was rallying all its strength to avoid any meaningful disclosure, while the other part hoped desperately that this person had the skill and courage to prevent me from escaping the situation.

We started by recreating a meeting I had had during the summer with a professor. The director told me to begin by walking around the long oblong table at which everyone in the room was seated, while describing my feelings and emotions just before I had arrived at the professor's office:

I feel pretty good. . . . I am going to discuss some research plans with Dr. T. . . . I feel no different than usual. . . . I have just come from my apartment, and want to discuss an experiment we are designing together. . . .

One of the audience assumed the role of Dr. T and I entered his "office" on the psychodrama stage. The director asked for my thoughts regarding Dr. T. This was a subject to which I had given much thought for I liked Dr. T very much, yet also perceived him as a vulnerable person who was somewhat unsure of himself. I immediately replied that "he is a lot like me. I see a nervousness underneath his outer show of self-confidence. I guess I identify with him. I think he is basically insecure."

The director then told me to tell this to Dr. T. After I did, "Dr. T" replied: "Gee, Sam, what makes you think that? I don't understand how you got that impression." The other graduate student and myself reversed roles;

he was now Sam Osherson while I was "Dr. T." My response to "Sam's" statement was:

> Well, Sam, I appreciate your mentioning your impression to me, for I see you mean it in good faith. But I don't think you're correct—after all, my behavior has not shown me to be insecure or anxious. I don't see why you should have that opinion of me.

After this answer, the director asked me where I could remember experiencing a nervousness similar to that which I now felt in myself and thought to be present in Dr. T. My response was; "in high school." This was not a difficult answer, for my high school years—due to an interaction of familial turmoil and unfortunate school experiences—are a source of many of the areas of my greatest emotional sensitivity. In response to query, I specified high school English classes as a source of particular anxiety to me.

With the aid of another graduate student who assumed the role of a high school chum, I attempted to recreate the emotions of a typical high school English class. However, now I felt myself closing up. Before mentioning my high school days to the audience it had been easy for me to disclose whatever emotion or thought came into my mind. The imparting of my current feelings of anxiety came as a surprise to the audience—for I was felt to be one of the calmer and more secure members of the group. Yet I had wanted this disclosure to occur, for I resented the assumption by the others of my imperturbability, when in reality I was facing a deeply felt, although not outwardly shown, anxiety. Any more than this, however, I was not prepared to reveal, and by reconstructing my high school days we were approaching an area of myself that I was determined not to let the others see—namely, my strong feelings of inferiority and inability to compete socially with my peers. As a result of this resistance, the conversation in English class with my "high school friend" felt very artificial to me and never went past my asking if he had done his homework. Again we reversed roles, the other graduate student playing Sam Osherson and I portraying "his friend." After another attempt to begin a conversation the director asked me, as "Sam's friend," what I thought of Sam. The answer hurt, but I said it anyway: "Well . . . Sam's O.K. . . . But, well . . . there isn't very much to him." Again I switched roles with the other student, and the director asked me: "Sam, what is your opinion of your friends?" My answer was simple: "I don't think very much of them. We just use each other. That's the way it is in Westchester County—kids associate with each other because they're the only ones around, not because they particularly want to."

The suddenness and simplicity of the director's interpretation startled

me: "So, Sam, you felt inadequate in high school." Through the director's probing, it was drawn out of me that while my feelings of inadequacy were especially strong in my relations with girls, they were also present in my interactions with other boys. It was mainly a feeling of social, rather than intellectual inadequacy. The director then asked for the one person, out of everyone I ever knew, with whom I would have liked to discuss these feelings. I immediately had two associations; first, Dr. A, a psychotherapist whom I had seen while a senior in high school, and who is still a close friend—and second, a young English instructor, Dr. B, whom I had felt quite close to while a sophomore at the University of Vermont. For some reason this English instructor had been on my mind for several days prior to the psychodrama, and I picked him for the talk. I described to the audience a particular day on which he had invited me to his office for a friendly chat. During the course of our talk I had wanted very much to tell him about the anxiety and inferiority feelings I felt, both in and out of class, but had been unable to, and the conversation had stayed on a superficial level. I never forgot my frustration at the instructor's warmth and interest towards me, and my inability to be open and honest with him.

After describing this man's office I sat down and the director told me to tell the instructor how I felt. Furthermore, I was to play both roles—speak as myself, and reply as Dr. B. Again I could feel my resistance to further disclosure increasing. The psychodrama had already gone farther than I originally wanted and I found myself becoming increasingly fearful of the direction in which it might proceed. But, amazingly enough, I did not think of the alternative of stopping the psychodrama altogether. I told the director that nothing more was going to come out and I doubted whether I could play both roles, but was told to go ahead anyway. I sat on one of the chairs in the "office," and said:

> Dr. B, there's something I've been wanting to tell you for a long time. I know you consider me to be quite self-confident, and outstanding in class—but actually I feel quite inadequate . . . . I don't feel at all like the person you probably think I am. I'm actually quite a scared person . . . .

At this point, I could not do anything but look straight ahead, at the chair in which Dr. B was supposed to be sitting. I felt a great aching inside, similar to the feeling I usually experience in a highly tense situation with direct reference to myself. I looked toward the director and told him that I did not know what Dr. B would, or should, have said to me. The director then came on stage and said he would play Dr. B.

But, Sam, you're one of the brightest guys in the class. How can you say you're inferior? Most of the kids are not half the student you are.

I replied:

It's not an intellectual inferiority I feel. I don't feel up to the others socially. I don't seem able to relate to any of the girls. I feel incapable in that area.

A few moments passed during which I became increasingly numb. I mean this literally, for this is a reaction I frequently experienced when a situation was very threatening to the one area of my personality that I wanted no one, ever, to see or to know. The director told me to turn my back to the audience. Then he turned off the lights and explained that we were going to engage in "behind-the-back" technique:

Now let's share with Sam. Sam feels inadequate socially. He feels that he was a failure with girls in his early college years. Does anybody have anything he would like to say?

My first reaction to the director's statement was that nobody else would have anything to add, that I was the only one present with this problem, and that I must really look like a fool. Then I thought that anything anyone said would probably be false and merely an attempt to make me feel better by saying that they had had similar experiences. Suddenly I heard a friend's voice, easily recognized in the dark:

When I was in high school I always wanted girls to like me. I couldn't see why they wouldn't, but I didn't have the confidence to see why they would. So I built up handles which people could touch and be attracted to. I became intelligent—"Oh, he's very smart," the girls would have to say. I became a good athlete, worked with weights, and so on, forever. But whenever I was with a girl, I would give her these handles to magnetize her onto me. I was too afraid to give her myself for I thought I wasn't good enough for her to want. And, of course, this only brought defeat; no one wants handles to a person. It took me a long time before I met someone I was able to give myself to, and still, with people I often feel so inadequate that when I shake hands with them, I hold myself back.

Another easily recognized voice said:

When I was in high school I was very lonely. I didn't think anybody cared to look for what I was really like. I was an academic hero in my class, but it was more important to me that I felt I lacked all the things that I thought were attractive to other people. I felt I just showed up at school to be bright, and went home, and no one thought about me. Now I realize how much all the others lacked—that none of them were the kind

of person I would want for a friend—and that I was incapable of seeing it because I was so concerned with being acceptable.

Finally, a third voice said:

I want very much to say something to you, Sam, but I can't.

Although I started to check myself I found myself replying: "That's strange, L, because I've always felt very close to you." The director cut in sharply: "Don't talk, Sam, just *listen*."

There was a prolonged silence. I was so touched by what had just been said that my earlier numbness had left me. From the tone of the voices and the feelings they contained—in some cases there was also much quavering—I did not doubt their sincerity and honesty. I realized then that I had to tell this particular audience what I had been holding inside for the last nine years. No sooner had I resolved to tell the audience this than I felt a tremendous constriction in my throat. I ignored the enormous fear I felt—I could not lie any more to these people. Feelings of inadequacy may have been the cause of what I was now going to tell those present, but it was far easier for me to speak of that then to reveal this "hideous secret" of mine. What would they think of me when they heard of this weakness? I realized, now that it might be withdrawn, how much the deep bond I had formed with these people meant to me.

I heard the director say from the other side of the room:

Sam, you've been carrying a weight on your back for years. Come, take it off, share it with us . . . . What is it?

I replied that "I have something to tell everyone but I won't do it with my back to them." I turned around while the director quietly turned the lights on. No room ever seemed as silent as this one was when I said, in a low voice:

Never before, except once, have I ever admitted to anyone what I am going to tell you . . . . You should feel proud of yourselves—although I'll probably regret it in the morning, when I wake up from this dream . . . . As a result of the feelings of inadequacy I experienced through junior and senior high school, I . . . . developed a fear . . . . this fear . . . . that I . . . . that I . . . . well . . . . that I stuttered . . . . And ever since junior high school I have been terribly afraid of stuttering in front of people. Now, I know that I don't stutter . . . . Oh, I stutter a little sometimes, but there is *no* anatomical reason why I should . . . . but all these years I have had a fear of speaking in front of people . . . . And if ever anyone carried a weight on their shoulders, this was one.

I couldn't say any more. I literally felt as if I had been purged of some

inner devil. I stared blankly ahead, half slumped over in my chair. I could see the audience, but as far as I was concerned it was as if they were so many statues. My secret had finally come out. The feelings of inadequacy spoken of earlier in the psychodrama had given rise to a belief—beginning when I was in the seventh grade—that I stuttered. As a result of my shame at the thought that I might stutter, I often found myself very hesitant to speak in front of groups or among friends. The fact that I was scared of stuttering was a secret I had kept to myself since then.

The director stood up and asked me if I wanted to assume his role while he played mine. He went on stage, sat down, and said in a weak voice:

> I'm scared. I feel inadequate and unable to speak to people. What can I do? I don't know what to do.

I answered harshly:

> I don't *know* what to do. If I knew, I would tell you.

The director said to me: "Play the director's role. Sam is asking for your help. Give him an answer." He repeated his statement. I said:

> Don't be so goddamn weak. Be honest. What else can you do?

"Sam" said:

> I don't know what to do.

My anger toward myself was aroused:

> Don't whine! It's hard to be honest, but you have to try. Oh, God, how many people have you been false with! Two girl friends last year—for how long did you lie to them? The only thing to do is be completely honest with other people.

My anger and hostility towards the 'Sam" on the stage was quite great, but this opportunity for expression had alleviated it somewhat.

The psychodrama ended when we returned to the first situation which had been created—myself and Dr. T, discussing research plans several months before. I no longer felt much tension, and in fact, felt elated at all that had passed. "Is there anything you want to tell Dr. T?" asked the director. I smiled at the student playing the role, shook his hand, and said:

> Thank you very much, Dr. T. I hope you work things out, because I sure have.

I sat down at the table, emotional drained. I saw everyone smiling at me and knew nothing had changed in anyone's view of me as a person. I said: "I can see that no one thinks any differently of me."

The director smiled even more and said: "I'm scared that if we say anything we will lose the beauty of what just happened." Everyone laughed. Then came a flood of comments and questions:

—"I never heard you stutter!"

—"Oh, I heard you stutter a few times, but I never thought anything of it. We all do it."

—"Sam, who is the one person to whom you did tell your fear." (I explained that I once told it to Dr. A, the psychotherapist I mentioned earlier.)

I thanked everyone at the table and told them that the emotional catharsis I had experienced in telling them of this fear was—as I had been slowly realizing over the past few months—the one thing I needed most. Intellectually I had always known that my fear was irrational and without any basis in reality. But I could not get my emotions to follow my intellect.

Finally, the director asked: "If you all wanted to express your feelings toward Sam non-verbally right now, how would you do it?" Three people immediately rose and shook my hand vigorously. The others came over and embraced me. I doubt if I ever before have been affected in the same way as, one after the other, both men and women came over and put their arms around me—we were human beings trying in the clearest way to show how close together we felt.

As it was after midnight—we had started the workshop at eight o'clock that evening—we broke up and went home. I felt elated. It was a fresh, free feeling. By the time I got back to my apartment I was quite excited and spent at least an hour making notes on all that had happened.

The next day, everyone in the class seemed especially warm to me. I could see that they thought I might be ashamed of what had passed the evening before, and I did my best to show them that I was not. This was soon evidenced by my hearty response to their greetings—their knowledge of my fear of stuttering became something that brought us even closer together.

I have, of course, stuttered a few times since the psychodrama evening, both among my friends and among strangers. But it no longer affects me as before. To others stuttering is another form of speech; to me it had always been a shameful stigma. Self-acceptance came through psychodrama.

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COMMENTS ON SOME COMMONLY-HELD RESERVATIONS ABOUT PSYCHODRAMA

HOWARD BLATNER, M.D.

Stanford University School of Medicine

Professionals in the fields of psychiatry and related fields have been utilizing many new approaches to psychotherapy but they have had some reservations concerning the use of psychodramatic and action methods. In this paper, ten of the frequently expressed objections will be presented and commented on.

The first reservation about Psychodrama arises from the meaning of the use of action in therapy: is enactment equivalent to "acting out?" "Acting out" is generally conceptualized as an antitherapeutic discharge of neurotic tensions through behavior which repeats an unconscious psychic situation; one acts out instead of remembering fully with the appropriate attending emotions. Some people, however, may erroneously infer that the "remembering" must be *verbalized* instead of *enacted*, as the former seems to involve the "conscious" ego. The issue, though, is not verbalization vs. enactment, but whether or not the remembering is complete and done within a therapeutic framework. Thus, Psychodrama is not equivalent to acting out because the enactment takes place within the self-observing context of individual or group therapy. The "acting" occurs *in* the therapy and would better be called "acting-in." This method is analogous to verbal free-association: both are forms of "regression in the service of the ego." The unconscious and preconscious material can be brought into awareness and examined by therapist and patient. Furthermore, there is a mutual and voluntary control of behavior and a willing submission to the limits of time and reality. The enactment has the further advantage of focusing on multiple sensory modalities, as well as the spheres of intuition and feeling; yet the drama remains subject to the observing and analyzing functions of the ego.

The fear that enactment may lead to loss of control is based on a subtle norm of our culture which distrusts action and affect. In this society, enactment has the connotation of the "artificial;" it is associated with the theater, thus perceived as being somewhat frivolous and "unreal." The verbally-oriented psychotherapies of Freud, etc., were generated in a context that held these anti-dramatic values. Excitement and movement have been thought of as being part of a more childish and primitive area of life, an area which seemed to be the opposite of the cognitive and verbal spheres. The association

of action in therapy with a more impulsive and infantile mode of thought and behavior is thus based on a group of questionable assumptions.

Considering the intensity of the catharsis or the expression of conflict which can occur in psychodrama, the second criticism is raised: will the "overwhelming" anxiety precipitate psychosis or violent behavior? Although this will have to be researched statistically, there is no reason to expect that it should. The experience of anxiety occurring in any form of psychotherapy is subject to the context of the therapy and the individual's "social field." If the experience is associated with a sense of abandonment or a sense that others also fear that he may lose control, the anxiety becomes magnified. In the psychodrama, support arises from the presence of the group and the confidence and skill of the therapist. In this context, the idea of avoiding upsetting a patient is antitherapeutic. As in verbal therapies, the problem is not whether to generate anxiety, but rather how to structure this essential process in therapy: The channelling of anxiety is done through the use of proper timing and the maintenance of some effective coping strategies which are available as alternatives to the old patterns that must be renounced. The presence of the group lends further support to the protagonist, for it communicates to him that others will stay with him in his desperations. A cohesive and confident group can also be reassuring to the protagonist who fears loss of control. The phenomena of action and emotion are thus channeled to become strengths rather than liabilities in therapy.

The third objection to Psychodrama is that it seems too unnatural; that is, as a form of therapy it is quite different from what patients and some therapists may expect from a "medical model." What may not be realized is that all therapies are to some extent different in the nature of their context from the harsh and shallow everyday experience of the patient. Yet, one way of viewing psychotherapy is that it helps the patient re-experience his life and interactions in a new light. If we consider the verbal and content-oriented dialogue as one context, then the use of self-examined enactments may be considered another. These contexts could then be thought of as two different media; the world of verbal interchange is more familiar to most people, but involvement in the media of action methods opens new worlds of experience. As Marshall McLuhan suggests, "The hybrid or the meeting of two media is a moment of truth and revelation from which new form is born. For the parallel between two media holds us on the frontiers between forms that snap us out of the Narcissus-narcosis. The moment of meeting of media is a moment of freedom and release from the ordinary trance imposed by them on our senses." When an individual uses action methods,

however "unnatural" they may seem at first, he begins to see into the richness of the world of action, emotion, and imagination.

Indeed, it is surprising that the common form of psychotherapy seems so natural. The image of help arising from two people conversing in a quiet room fits many recent individual-centered norms in our society, but it is not similar to any cross-cultural "archetype" of therapy! It may be that since real lack of empirical or solid theoretical justification for any form of psychotherapy exists, and since there is a conservative tendency to follow the medical maxim of "Primum non nocere," (First, do no harm."), therapists often retreat to the least active form of therapy that is compatible with a medical model.

The needs of the therapists are perhaps reflected in the choice of a passive, conversational, and non-directive model whose roots lie in a respectable "scientific" origin of the Psychoanalytic tradition. The patients must give some validation to this overtly "medical" approach, for it is not too different (at first) from their expectations of their other doctors. These are only a few of the factors which have contributed to the norm of what is "natural" in psychotherapy in this culture.

In the light of these norms, some people might expect that it is difficult to participate in psychodrama; either in entering the enactments or taking assigned roles. Those who observe psychodrama for the first time are often impressed with how readily participants step into action and become quickly involved. Of course, the smoothness of this process will also depend on the adequacy of the warm-up and the skill of the director. Afterwards, rather than feeling that they have done something "different," participants report that their experience had been simply recreated, without having been subjected to any sense of artificiality. . . . A further criticism is that Psychodrama is "directive," implying by this that the therapist uses "tricky techniques" in an authoritarian effort to manipulate the patient's statements, so that they will fit into some preconceived theoretical bias. In answer, it should be noted that to be "directive," in the sense of requesting that the protagonist try out some activity, is not at all the same as being "directive" in the sense of imposing a focus of investigation or some interpretation on a patient. Within the drama, there remains a great deal of flexibility in the unfolding of the action, and a mutuality of choice exists as to the direction of investigation. The well-trained therapist has trust in the protagonist's creative ability to learn from the group and the enactment process itself, and will not have to spend time trying to get "points across" to the patient. Thus, it is

quite possible to fully respect the protagonist's choice of what he feels ready
to explore in even the most structured of psychodramas.

A fifth issue questions the usefulness of applying action methods to
clarify group process. (9) The assumption may be that a group should deal
with all intragroup conflicts by verbal discussion, with the implication that
this is the most "direct" way of approach. In a group with communications
difficulties, however, each member works from a particular perceptual and
emotional frame of reference. Often only a *shared* experience can provide an
object of focus to which all can relate and against which different expectan-
cies and attitudes can be clarified. (7) The use of an action technique in this
context can facilitate the group's verbal analysis of their conflict.

A sixth objection to the use of Psychodrama is that the use of "tech-
niques" by a therapist is incompatible with an "honest and genuine relation-
ship" with the patient. The phrase it is a "gimmick" has been used by some
critics. Insofar as a therapist is not aware of his method of operating and
is pretending not to be using techniques—or is unclear as to what they are—
then he could justifiably be called "non-genuine." On the other hand, if the
technique is used in an open manner, is explicit as to its nature, is time-
limited, and is related to the enactment and not the therapeutic relationship,
then the therapist is being neither insincere nor ambiguous.

A seventh criticism of Psychodrama arises from some observers who have
observed the method directed by directors who have had insufficient training.
These observers state that the enactments were boring to the audience, awk-
ward for the participants, and destructive of the self-esteem of the protag-
onists. These criticisms relate not to Psychodrama, but to three common
pitfalls of directing described below.

If the director himself is inactive, and demands only a verbal inter-
change with an occasional role-reversal, the enactment will seem physically
and psychologically sluggish. The participants as well as the observing group
will feel "bogged-down." Yet the reason for this feeling of construction in
the process may be hard to recognize: For many people in our culture do
not realize how action, expression, and the nuances of non-verbal communi-
cation are intrinsic to the sense of spontaneity, excitement, and involvement
in our lives. Thus, to create an effective psychodrama, the director must use
a proper "warm-up"; this involves, among other things, the use of a great
deal of physical movement—a concept essential to the theory of action
therapy. (5)

A second failure in technique arises from the director's assigning roles
to the participants which are unfamiliar and/or too emotionally loaded. The

enactment will then seem awkward, because the participants will feel embarrassed and unsure of the behavior expected of them. To avoid this, a director must first build a sense of cohesion in the group, develop permissive norms of behavior, and properly "warm up" the participants. (5)

The third pitfall involves directors who feel that the therapeutic element of the psychodrama arises from interpretation. As in individual or group psychotherapy, confrontations without a context of support, or poorly-timed interpretations can lead to a distressing loss of self-esteem in the protagonist. Because Psychodrama can lead to even more exposure of the participant's feelings and fears, and allows the group to comment on his non-verbal behaviors which cannot then be denied or rationalized, there is a correspondingly greater vulnerability to ego-deflating remarks. The therapist must ensure a supportive response after the enactment in order to minimize the sense of destructiveness which can be felt by groups in the post-enactment discussion, (e.g., using techniques of "sharing," "ego-building," etc.). Often the drama itself has provided a great deal of "confrontation" to the protagonist, and the skillful director will make the fullest use of this without having to resort to intellectualized interpretations.

Related to the improper use of interpretation by the director is the pitfall of subtly altering the goal of the psychodrama towards ends not desired by the protagonist. For example, if the task of the group is to increase skill-training, (e.g., in teaching, nursing, counselling), it would be inappropriate for the leader to allow a focus on the personal problems of those in the role-playing enactments.

If the unskilled director falls into these errors of technique, it should be noted that it is not the method of psychodrama that is to blame.

An eighth criticism of psychodrama is that any use of "roles" is artificial and is contributing to a "phony" and "game-like" mode of behavior. This view arises out of a growing confusion about the meaning and implications of "taking roles." There is a growing bias against "superficiality," and many cultural tendencies which have created a distrust in the idea of roles. (It is not appropriate here to deal fully with an enumeration of the factors which have led to this bias.) Let it suffice to say that the concept of "role" has many aspects and has roots in psychological and sociological as well as psychodramatic theory. It is not a concept which need imply "phoniness," but is compatible with a model of man as an involved, spontaneous, and fully self-actualizing being. (10)

The ninth question arises from a suspicion that enactment creates distortion of the protagonist's conflict, thus rendering the method invalid. This

criticism can also be directed at the verbal psychotherapies: the reconstructions of past events is subject to the censorship of the patient. However, the introduction of action leads to a mobilization of somasthetic cues which in turn stimulate action. This immersion in the sense-memories of the protagonist leads to his further involvement and a reduction of defensive maneuvers which would distort the revelation of the historical event. Indeed, the criticism of "distortion" might be less relevant to psychodrama than to other therapies.

The last reservation about Psychodrama that will be commented upon is that the method awaits the validation of properly-controlled outcome studies. Although this problem is relevant to other forms of psychotherapy, there is nonetheless a responsibility of serious workers in the field to continue to subject their activities to rigorous theoretical and empirical research.

In summary, this paper has presented an attempt to answer ten commonly-held reservations about the use of the psychodramatic method in psychotherapy. The author hopes that this commentary will stimulate further dialogue about the indications and applications of these different techniques.

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FIRST LESSON IN PSYCHODRAMA

HEATHER McLEAN, D.OCC.TH., A.A.O.T.

Geelong, Victoria, Australia

If there is any way that I can assist young people as they go through the agonies of growing up, then I will do it. Surely this time of searching for self identity must be the most difficult period that we have to contend with. Like most young people my search for myself was a slow and painfully difficult process. Not just for myself was it so—but for my family and friends also, who could only sit on the sidelines and watch the action going on. My philosophy of life was to disbelieve anything that was uttered or had been uttered by anyone in authority, and to blatantly disregard any attempts to direct me. It did not matter if the intentions were well meant or not. The wilder my schemes of rebellion, the more popular I was with my friends. But there came a time of self-searching and a time of realising that life really must have more depth to it than I was giving it credit for. Through psychodrama my understanding of myself was more complete and full, in a much shorter time than it could otherwise ever have been.

So it is, that in any and every possible situation I seek out the young people—"Where the action is"—and share their trials and joys with them. And to share with them the fact that they too can have the personal revelations of psychodrama which I have experienced. For in our world, where so many interpersonal relationships are so profoundly disturbed, here there is truth. Here is reality. In and through psychodrama the real beauty of people glows through; here relationships become real and genuine. In many different situations it has been my privilege to be associated with young people. Not just with young people in my home country, but with those in Fiji, Canada, England, and the United States. Although the cultural differences are many, the search for self-identity is not typical to one country alone. The problems of a young girl in Canada who cannot get along well with a difficult parent, are very little different to the ones experienced by the Fijian girl, who has difficulty in accepting direction from the wise men of the village. Currently there has been a chance for me to learn more about American young people during my period of study—to become a psychodramatist and group psychotherapist—at the Moreno Institute in New York.

It has long been my concern, particularly since being here at the Institute, that those professional people who have been trained in special skills, should in some way protect the public from those who impersonate them without ade-

quate training. Just as the surgeon must be trained to use the scalpel, then must the psychodramatist be trained to treat people with this dynamic therapy.

Many people today feel that because they have seen several psycho-dramas then they know all there is to know. They believe that they are competent to direct sessions—in fact, to direct people's lives. These folk are very sadly disillusioned. Some may merely neglect to follow-up vital clues given by the protagonist—but manage in another session to make up the loss. Others so badly mismanage the protagonist that irreparable harm is done.

After several years of use of action methods, there first came an opportunity for me to visit the Moreno Institute at Beacon in 1965, for a training weekend. Initially I was little impressed by the technique but after personal involvement in sessions I was certain that this was the most genuine and real therapeutic process that I had ever encountered. It was with renewed vigour and enthusiasm that I set off back to my hospital, eagerly anticipating the effect that this new technique would have on my patients. My particular interest at this time—as now—was with groups of teenage patients with whom we incorporated psychodrama into the overall activity program.

Let me share with you a condensation of the basic aims and goals of several groups I organised and led during my clinical experience in Canada. My application of this experience and my psychodrama training will vastly alter my role on my return to Australia.

BASIC AIMS

To incorporate a teenage activity program with permissive approach into the overall hospital program, with a view to assessment of patient capabilities prior to their return to the community or to standard groups within the hospital. Many of these patients had been rejected from present groups because of unacceptable attitudes and behavioural patterns. To achieve this aim through activities, group psychotherapy, and psychodrama techniques.

Patients were selected by specific referral, and selection was solely on the basis of age and some obvious behavioural disturbance. The group then, was a test situation for developing ego skill, which would contribute to the individual's total capacity to negotiate later personal relationships—with due regard to himself and to those he interacts with. To achieve this, the aim was to develop group cohesion to such an extent that the patient could feel secure; to provide opportunities for personal recognition within the group; rechanneling of behaviour to more socially acceptable patterns by group pressure on the individual (reality therapy); prevocational assessment; and group

measurement by sociometric analysis of the group dynamics. Once the group had achieved this significant level of integration—through many and varied activities—then the group members shared an expectation of the group potential.

Previously I had been using therapeutic games and near-sociodramatic scenes with them. Certainly many worthwhile goals were achieved—but the new skills I have now would have meant a very different application to these groups. The following dialogue is an example of the work that we were doing. Our work area was a small room in a rather quiet wing of one of the hospital units. There were only two staff members present and ten patients. We were involved in group sports most mornings so that today everyone is content to be involved in indoor activity. This afternoon we will do what we usually do in these situations and set up a slightly structured situation—then according to the individual needs of the patients we will assign them to a particular role.

Today we are doing—"On the Carpet"—and this is the situation. An aunt has given a birthday party for her favourite niece—inviting her niece's friends over to the house to share in the celebrations. Of course, she expects the niece to wear the sweater that she knitted her for her last birthday. But unknown to her the niece detests the sweater. It just so happened that her friend liked it—it was so way out. So the niece gave it to her in exchange for a jumper that she wanted. The niece (we'll call her Anne), arrived at the party and was surprised to find that her friend was wearing the sweater. Her aunt comes over and says how nice it was of her to share the sweater with her friend—and that if she likes it so well then she will knit Anne another one. What will Anne do now?

Knowing the background of these patients I then assigned them to roles. Anne was chosen because she did in actual fact have very real conflicts with her aunt. She was the patient on whom we particularly wanted to focus. The others were chosen for their ability to act particular roles. So we start from when the aunt comes over to tell the niece that she will knit her another of the same ghastly sweaters.

Anne: "That's very nice of you, aunt. Thank you very much." And aside says, "You old crotchety b . . . ."

Aunt: "What was that you said Anne?

Anne: "Oh, nothing Aunt Jane, no I didn't say anything."

Aunt: "Anne I might be an old lady, but I'm not hard of hearing. I distinctly heard you say something, and it sounded like a swear word to me."

Anne: "I was just talking to my friend!"

Aunt: "Now come on Anne. What is it? Don't you like the sweater?"

Anne: "The colour doesn't really suit me very well, Aunt Jane, and . . . ."

Aunt: "Why, you ungrateful youngster. You know what's wrong with you young people today—you don't know when you are being well treated. You don't appreciate the good things of life. If you'd had to go through the depression years like your mother and I then . . . ."

Anne: "You leave my mother out of this. Why do you always have to pick on her?"

Aunt: "Don't you talk back to your aunt—you just listen to me for a moment. Your mother was and is a very weak and sick woman and . . . ."

Anne: "Shut your filthy mouth, you old crow . . . leave my mother out of this."

At this stage Anne is visibly upset. I ask her if she does indeed have some conflicts with her mother.

Anne: "My aunt and my mother are always fighting . . . my mother and my father do not get on well . . . I really don't know what's wrong with our family . . . everyone is always fighting."

Therapist: "When would a fight be most likely to occur, Anne?"

Anne: "There's always a fight when my boyfriend comes over—because my mother and father can't agree when I should be home—and they never like my boyfriends anyway!"

Therapist: "Will you show us that? Who can be your father—will Mr. A. be allright? Can Pat be your mother?"

Anne agrees to the auxiliary ego's and she sets up the situation. She describes the front door where the action takes place. There is a long description of each of the characters by Anne. Also a long explanation of certain other incidents that have been similar. There seems to be a doubt in her mind about which situation to show. The therapist stresses how important it is to re-enact the right situation. The therapist expresses concern to the rest of the group members who are not actively concerned, that they should not disrupt the action. Several boys in the back are snickering and generally misbehaving.

Anne finds the scene. The auxiliaries begin the action following the description that Anne has given them. Anne stands back and listens to them and giggles occasionally.

Therapist: "Anne, what is your role here and what is your father doing?"

Anne: "Well, (smothers another giggle at the actions of her father), I . . . gee, my father isn't like that!"

Therapist: Well, tell Mr. A. what he is really like!"

Anne: "He's quiet—it's my mother who does most of the talking."

Therapist: "Go ahead then, Mr. A."

As the action proceeds it becomes increasingly obvious that Anne is not really warmed up to her role. It is then that I remember that I saw the roles of two individuals reversed when I was at Beacon. So I get Anne to reverse roles with her mother to be her mother.

Mother (Anne): "Why do you never show any interest in Anne—she's your daughter too you know, and you should help to discipline her. You know that Dick is not the right sort of person for her to go out with. And you also know that she should be in by 10 p.m. What's the matter with you, don't you have any feeling for the girl? Don't you love her?"

Father decides to ignore what is going on. He takes out his paper, unfolds it, and proceeds to bury himself behind it.

The action continues on. Anne is very upset. When back in her role and confronting father she is able to release a great deal of aggression towards him —verbally only. With the action over, the sharing session takes place—and appears to round off the session quite well.

Looking back now I think of the wealth of information that was lost. Of how many important areas were not touched. Had I really known the techniques of psychodrama there would have been no need for this agonising farce. Not that all was lost. Anne was a very intelligent girl and did gain a very good intellectual understanding of many of the dynamics that were involved. But most importantly, she should have had the chance for emotional release and relief—and for insight.

Since this time I have completed my qualifications as a psychodrama director, and combined with my prior role as an Occupational Therapist, am very ably equipped to meet each situation as it comes up. With this new knowledge I would now have handled the whole session very differently. It would be very nice were it possible to utilise surplus reality and to re-do the session—but this of course, is not possible. But I can stress the points and areas of the session which should have been handled differently and explain why:—

1. The technique of using a non-threatening standard life situation to warm up the group to action is standard—but on no account should it have been so structured or allowed to consume so much valuable time. There was no reason that the patients should be assigned to roles. As seen so frequently if the scene is similar to the situation of a group member and they need to

work on this problem—then quite naturally they will emerge as the pro-
tagonist.

2. Humour in a situation such as this is fine and valuable—but it is the
therapist's place to make the warm-up so complete that attention of the
group members does not wander and distraction by them does not occur.

3. Actual warm-up to the session was quite fast—the point of movement
from fun to a serious psychodrama should have been emphasized. Stress the
need of a session for the protagonist and then move on.

4. Do not choose the auxiliary ego's for the patient. It is most impor-
tant that they themselves choose as many of the key people in their social
atom as possible.

5. Consolidate and concretize the warm-up. It may seem ridiculous to
the observer to spend time on description of surroundings but when experi-
encing this as a protagonist it aids complete involvement in and warm-up to,
the confrontation. As in the session—you don't just see a door and an argue-
ment. Which room is it? Where is this house or apartment? Does the pro-
tagonist still live there? This need not be a lengthy discussion but can be
handled crisply and clearly before movement into action.

6. The best way to lose the protagonist and the group is to let the
session become a talk session instead of action. Psychodrama is not "tell me"
but "show me." For example, in description of the other auxiliary ego's.

7. I was lucky that my session stayed in the present no matter where the
scene went. It is a very real danger that the "hic et nunc" is lost. Lose the
intense involvement in the present act and the action becomes a thing of the
past—and is so much less real.

8. A perfect booby trap for beginners is to verbally describe the auxil-
iary ego's. Reverse roles. Reverse the protagonist with every role there. When
in the role of Anne—verbal description only is possible. But when she is her
father—she actually envisages being right inside his skin—she does become
him. Invaluable information about facts and feelings, surprisingly enough,
often emerge when the protagonist is in the role of the other. Then do likewise
with each major role. Have Anne be each significant person. Then let the
auxiliary ego's take over.

9. If an auxiliary plays the role contrary to the reality of the role as
known by the protagonist and the protagonist disputes that role as played—
then reverse roles once more. Verbal correction is far less effective than action
correction. Remember, the protagonist knows the person and the situation
better than anyone else.

10. A particular scene as it happened in actuality is not important. If a

protagonist or patient is so rigid that he must present it like this—then it is a further indication of his disturbance. The key is to condense into a "nutshell" the numerous situations involved. Then portray the scene.

11. The therapist should always allow the patient to set the scene and the area to be explored. The latter should know the area important to him— and if he doesn't, then remember this is where he is in his time and space. Then accept that.

12. Which brings me to a vital point. Whatever the protagonist presents must be accepted by the therapist as the truth of the situation. You may suspect that the situation is faulty and slip in some suggestion, but if this is negated by the protagonist—accept it. Further suggestions may be appropriate during the sharing part of the session. But if you give the protagonist the feeling of disbelief—then you will have no protagonist.

13. As a rule the group will not interrupt action if the warm-up has been complete. But should disruption occur the therapist's responsibility is first to the protagonist and then to the group. Squash noisy interruptions. Stay with your protagonist.

14. The frustration of a real life situation is often enormous—for example Anne. Give her a chance for emotional need satisfaction. Find out if there was an earlier situation when the relationship was happier. If not, tell her that in psychodrama she can have the family that she would have liked to have had. Present a scene where she one by one represents each member in role reversal and then fulfills the scene.

15. As a new psychodramatist I lost the emotional content. Psychodrama is to emphasise any emotional content—it is not to dissipate it. Life already tends to do that. When Anne became angry and then started to cry— I changed the scene as fast as lightning. This occurred for many reasons— and was wrongly handled.

16. Following point 15—freeze the scene and get the patient, when able, to soliloquise about the feelings brought out. This may in turn involve change of scene to a completely different setting. Follow the protagonist. Similarly perhaps Anne may have needed the empty chair technique to express her anger at the situation with her parents. New directors should always remember that if in doubt the technique used correctly will carry the action through to it's completion.

17. The stage or work area should not be so cluttered with auxiliary ego's that the action is a muddle.

18. Use techniques—Anne needed a double to assist her expression of feeling. She neeedd to see an auxiliary ego mirror her behaviour so she could

observe her own reactions. She needed a future projection—this can often be a boon to prognosis. Physical movement was lost. The therapeutic stage is invaluable—where there is room to mobilise the protagonist. Likewise, lighting helps to set the mood. It also may reveal some of the deeper feelings which have not been expressed.

These are just a few of the mistakes which a new psychodramatist makes during early work. It's very easy to pick holes in other people's work and productions. How much harder to admit personal mistakes and give criticism of your own session. So it is that I have criticised my own session. It is with a great sense of relief and satisfaction that I can look back now and see the enormous progress that I have made.

You may not realise that psychodrama had it's origins in theatre. But it grew beyond theatre. Psychodrama can be defined as a science which explores the "truth" by dramatic methods. The playwright artistically creates a beautiful production—to please his audience. He creates a cultural conserve —from fictional or reality situations, and no matter how real it is, it is not acted by the real persons. The true people who lived these scenes are in no way involved. The people are not real. They show someone else's truth—not their own. Psychodrama throws away this script. The actors are not actors— they are real people—and they show their truth. These people—protagonist's and auxiliary ego's—show themselves and their lives as they are. Psycho- drama is theatre combined with therapy—and yet still more.

In 1919 in Vienna, a young psychiatrist, Dr. J. L. Moreno, first coined the word group psychotherapy. He developed psychodrama and sociometry. As we have seen through psychodrama the script or conserved creativity of theatre grew into the spontaneous drama, where the accent was on the spon- taneity of the actors as people. There have been very many important books written and edited by Dr. Moreno, who is the founder of Sociometry, Psycho- drama and Group Psychotherapy. Amongst them are these:—"Who Shall Survive," "The First Book of Group Psychotherapy," and "Theatre of Spon- taneity."

In 1925, Dr. Moreno brought his work to America. By his constant and untiring work he has in the intervening years markedly changed the American culture. Ably supported by his wife, Zerka, he continues to write and edit many books and journals and also to teach the many students who flock to the Institute.

Some further explanation of techniques is called for. Many of these names for the various techniques have been used by the playwrights. But as

you will see the definition as applied to the therapeutic theatre—psychodrama
—is very different.

1. *The Protagonist*—from the Greek and means the "first actor." It is
he who is the focus of the psychodrama and he presents his life as in reality,
on the stage. The protagonist is assisted by the auxiliary ego's.

2. *The Auxiliary Egos*—play the roles of those who are absent. Those
key persons who are necessary for the protagonist to present the situation.
They are assisting the protagonist, then, under the direction of the director.

3. *The Director*—is responsible for the therapeutic enactment and
completion of this spontaneous drama. He is responsible to the protagonist
and also to the group—but firstly to the protagonist.

4. *The Group*—they are not a true audience because they are not
passive observers. They may be called upon by the director to assist in the
production at any time. Certainly they will take part in the third part of the
production—as we will see later. Also they may be used as auxiliary egos
either combined with the trained auxiliary egos or as untrained but spontane-
ous assistants.

5. In addition the Auxiliary Egos assist in the many techniques used to
fulfill the protagonist's need within the production. Within this, there are
various ways that they are used:

(a) *Double*—This is when an auxiliary ego is chosen by the director
(or the protagonist) to assist the protagonist by verbalising inner feelings or
enacting physical movements which the protagonist, himself, is unable to
express. Either he is unable to express these feelings or is totally unaware of
them. Perhaps the protagonist has absolutely no awareness or understanding
of his behaviour. The double takes exactly the same physical position as the
protagonist and follows and identifies totally with every movement that he
makes. As you are probably aware, all of these people who are instruments of
the production, must leave aside themselves in an effort to assist the pro-
tagonist.

A Contrary Double—contradicts all the protagonist says and does—and
is used as the director feels this is necessary.

6. *Multiple Doubles*—are sometimes used to show the protagonist how
he looks and sounds to others. An auxiliary takes the role of the protagonist
and the director and the protagonist move aside or offstage, to observe the
"mirror." Perhaps many different group members may each show—as the
mirror of the protagonist—how they each see him. This enables the pro-
tagonist to have a very broad feeling and insight into the way that he presents
himself.

Situations in life are often very complex. You have certainly often been involved in family or social groups and yet been aware of feelings you are unable to express. For an example of the difference between theatre and psychodrama—let's look at the soliloquy and how it ties in with my comments in the above sentences.

7. *Soliloquoy*—In theatre the actor acts another person's role—and portrays that other person's feelings as the playwright sees them. In psychodrama the protagonist himself verbalises his own feelings—the ones which in most situations it is not proper to speak out aloud. So when this technique is used in psychodrama the director directs the protagonist to turn his head aside and to verbalise his feelings—while the rest of the action is frozen.

8. *Non-verbal Techniques*—are used when words hide feelings. Naturally point 7 applies here as it does to most of the other techniques. The words are taken away and the protagonist is directed to show in physical movement what *he* is experiencing. This saves us from the confusion or double meaning often caused by words. It also assists the protagonist when words tend to block and so hinder expression.

9. *Emotional Need Satisfaction*—some protagonists experience very real despair when enacting a situation. They may wish that some situation in their life could have been different—perhaps that they could have had a different mother, or that they could have lived with the other divorced parent instead of the one that they chose. Psychodrama, through surplus reality, brings emotional needs satisfaction for them. The situation is restructured and enacted as the protagonist would have liked it.

10. *Surplus Reality*—as you see in the last point one use of surplus reality—there are many others. Together with the protagonist you can explore the future. We all have ideas of where we will be or of where we would like to be in one, two, or even five years from now. Much is learnt about our future perceptions and goals by this setting of the future scene. There are many situations which are not of the present. In surplus reality, time becomes flexible—and people, past or present, are at our disposal to use in scenes. You will see many of these valuable adjuncts to therapy used at sessions.

11. *The Empty Chair*—is an invaluable technique within the production of a psychodrama and also as a warm-up technique (discussed later). The chair is addressed by the individual protagonist or by the group—as an absentee with whom they have some unfinished business. This can be a part of self that you wish to address, a parent who has passed away (through surplus

reality), or a situation with a friend that you have mishandled or want to learn how to handle. These are just a few of the many uses.

There are many other important techniques which the proficient director uses. But for the beginner these are the most important. Just a few examples of other techniques are: Magic Shop, Role Training, Spontaneity Tests, Sociodrama, Action Sociograms, Dream Re-enactment, and the Living Newspaper.

The psychodramatic process covers three basic stages. The first is the *"Warm-up"*—just as an athlete warms up before a race, so the group needs to warm up to the action before the psychodrama commences. There are of course many warm-up techniques. The second stage is the *"Action"*—here the involvement of the protagonist is complete within the production which is directed by the director and assisted by the auxiliaries. The third stage of the session is the *"Sharing Session"*—In this time the protagonist and the director come and sit before the group. Analysis by the group about what they have seen is not the goal. The protagonist has shared his or her life with them. So they in turn share a parallel life experience with the protagonist, something that in their lives has been similar to the protagonist's situation.

It has been a very real privilege to work and study with my good friends, Dr. Moreno and his charming wife, Zerka. They helped me to grow from a beginner psychodramatist to a director. Perhaps this, in turn, may be of assistance to you.

The most discouraging aspect of my work in many settings was that qualified personnel were not available to continue the work that was begun. Programs slowly slip back into old patterns when the therapist leaves—staff fall back into older and safer roles. One begins to question the value of such wholehearted enthusiasm. Of what value is it?

To answer my own question. The beauty of youth is in it's enthusiasm and idealism. This cannot help but have valuable repercussions. Contact with staff, students and patients, cause ripples of stimulation which are not obvious to the onlooker, or often to the therapist herself. The value of these ambitious programs is in the learning experience for all involved. A wealth of information is now mine to apply in future groups in Australia.

My areas of application of sociometry and psychodrama, as most valuable aspects of group psychotherapy in Australia, will be numerous. My role will largely be a teaching role—I wish to share my new-found skills with other people. Once other people have been trained and have added these skills to their already existing training and talents, then it is time to move into other settings. To move into clinical settings: to explore the need and assist in the setting up of community mental health clinics; to continue my interest

in all types of work with youth—through community youth groups and church organisations; to assist in the training of leaders in all roles within community life; to apply sociometric tests and research to the educational system; to use sociometry and psychodrama in industrial relations, the armed forces, and university groups; and to explore further uses of psychodrama.

Most importantly, to work with people regardless of their roles, and to help them to better understand themselves, and to be able to achieve the most satisfaction possible from their interpersonal relationships.

WHEN IS A DIRECTOR NOT A DIRECTOR?
WHEN HE IS A PROTAGONIST!
(REACTIONS TO A SESSION ON THERAPIST RESISTANCE, ANNUAL MEETING, ASGPP, 1967)

ABEL K. FINK, ED.D.

State University College, Buffalo, New York

1. There can only be one "legitimate" protagonist at a time and the psychodrama is the story of his life. (Through identification, members of the audience and auxiliaries may share much of the essence of the drama as it evolves, but this remains the protagonist's story, for it is his life which gives it unity and coherence.)

2. Once a protagonist is committed to the drama, it is unethical to allow another person to force himself into the role of protagonist—unless, with his consent, the first protagonist yields the stage to another. This may happen when for example, after the psychodrama has begun, it appears obvious to all that another person has a greater immediate need than the original protagonist to portray his drama. Certainly, the director must not be allowed to usurp the role of protagonist because of his powerful position as director of the action.

3. The director is an enabler. He enables the protagonist to portray his drama. Ultimately, one might say that the protagonist himself is the "real director" for it is he from whom the drama emerges, given the skill and assistance of a sensitive director.[1]

4. The director who finds himself becoming the protagonist hopefully will move in the following direction:
    a. He should have enough awareness of the situation and of himself to recognize that he is assuming the role of protagonist.
    b. He should either force himself to return to his role of director and repress for the moment his urge to be protagonist or, if the need is too great, he should,
    c. Share his dilemma with the group and the present protagonist and seek their assistance in solving his dilemma. If the group wants to continue with the original protagonist, a new director must be found; however, if the group and the first protagonist agree, then the director may become the protagonist under the guidance of another director.

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[1] Fink, Abel K. "The Democratic Essence of Psychodrama," *Group Psychotherapy,* 16:156-160 (1963).

5. Sometimes the group resists the idea of having a session:

a. This may be because it is basically not ready for a session. In this case, the session should be cancelled.

b. If the group is blocking because of a feeling of antagonism for the director, the latter should recognize this and attempt to work the problem through with the group.[2]

c. If the group is resisting because the director is not "tuned in to its wavelength" steps must be taken to facilitate communcation, perhaps via role reversal between group and director.

d. If the antagonism toward the director cannot be worked through successfully, either a new director must be found or the session cancelled.

6. A group session without a director can be a dangerous vehicle for it does not provide for direction of the action into productive channels nor for the protection of potential protagonists, and people may be hurt in the mad scramble. When a hostile group exists, the (would be) director must guard against an attempt to "fight it out" for when this happens, he stands as a protagonist facing a group of antagonists without the control and protection of a director—and in such a case he runs the risk of being crucified.

7. The co-directing of sessions is possible when the directors are able to work together without getting in each other's way. At any given time, one or the other is directing. When one has an idea about the movement of the session, the other either yields the directorship or serves as auxiliary. At times, the directors may withdraw and consult with each other before attempting a new approach.

However, too many directors, or directors who compete or conflict with each other can do great harm to the group and each other. Such competition among qualified directors may be an indication that their needs to be protagonists remain unfulfilled. As indicated above, an insightful director should be able to recognize it when his own personal need to be a protagonist may influence his directing and should be able to take appropriate steps.

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ZUR VERWERTBARKEIT DES PSYCHODRAMAS IN DER SCHIZOPHRENIETHERAPIE

P. BERNER, M.D. AND H. G. ZAPOTOCZKY, M.D.

Psychiatrischen-Neurologischen Universitatsklinik, Wien, Österreich*

> "Ti draso?"
> Wie soll ich mich verhalten?
> (Aischylos: "Orest")
> "No one is separate from another;
> how difficult
> That is. I move, and the movement
> goes from life
> To life all round me. And yet I have
> to be
> Myself. And what if my freedom becomes
> Another person's compulsion.
> (Christopher Fry: "Venus Observed")

Seit J. L. Moreno "freies spontanes Handeln, volles Ausleben im Rahmen der therapeutischen Sitzung", als die "fundamentale Regel in Psychodrama" bezeichnet hat, sind von verschiedenen Seiten immer wieder Vorschläge zur Technik dieses "acting out" vorgebracht worden. In der Tat hat jeder Therapeut, der sich mit Psychodrama beschäftigt, mehr oder weniger seine eigene Technik entwickelt.

Im Folgenden sei über Methoden berichtet, die wir seit 3 Jahren bei psychodramatischen Therapiestunden im Rahmen der Wiener Psychiatrischen-Universitätsklinik entwickelt und erprobt haben. Dabei waren folgende Gesichtspunkte bestimmend:

1. Wir hatten uns fast ausschliesslich mit schizophrenen Patienten zu beschäftigen, wobei auch antriebsgestörte und chronische Kranke miteinbezogen wurden.

2. Diese Patienten standen unter somatischer Therapie und zwar wurden sie entweder einer Neuroleptika- oder Elektro- bzw. Insulinschockbehandlung unterzogen. Demnach handelte es sich um Patienten, die teils unter mnestischen Störungen, teils unter extrapyramidalen Nebenerscheinungen litten.

Unsere Therapiegruppe umfasste jeweils 4 Teilnehmer beiderlei Geschlechts im Alter von 15 bis 35 Jahren, dazu noch einen Therapeuten und einem Co-Therapeuten. Die Auswahl der Patienten erfolgte jeweils durch die beiden Therapeuten und wurde so gehandhabt, dass jeder Patient jeweils an

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* Vorstand: Prof. Dr. H. Hoff.

mehreren durchschnittlich 4-6 Sitzungen zu je 1 Stunde wöchentlich teilnahm. Als Schauplatz diente ein Gruppentherapiezimmer, wobei die Szene durch die kreisförmige Sitzanordnung abgezirkelt war. Man bediente sich einfacher Requisiten.

Das Wesentliche des Psychodramas erblickten wir in der Möglichkeit, die sich dem Patienten eröffnet, sich in eine Situation zu versetzen, die für ihn eine gewisse Schlüsselposition bedeuten kann, das heisst, eine Situation zu finden in der er sich selbt akzeptieren—oder wieder akzeptieren—kann. Wir können uns seine regressiven Tendenzen, die im Rahmen der Erkrankung zur Geltung kommen, therapeutisch zu Nutze machen und in eine bestimmte Richtung lenken. Das wurde dadurch angestrebt, dass wir den Patienten ausagieren liessen, in dem wir ihm eine Rollenwahl bzw. Rollengestaltung ermöglicht haben. Unsere Überlegungen zielten dabei daraufhin, die jeweilige Therapiestunde zwar auf einen oder zwei Patienten abzustimmen, jedoch immer eine der Gruppe adaequate Aktion zu erzielen. Je nach der besonderen Zusammensetzung der Gruppe, nach ihrer Spontanaktivität und Bereitwilligkeit, den Therapeuten zu folgen, haben wir uns verschiedener Praktiken bedient.

1. *Bewegungsspiele, Pantomime*

Darunter verstehen wir dramatische Aktionen, die auf einen allgemeinen Bewegungsablauf in der Gruppe hinzielen, die unabhängig von der Problematik des Einzelnen ablaufen und meist wortlos ausgeführt werden. Als Beispiel mag die Szene an der Morgenbusstation dienen. Es warten mehr Fahrgäste als Sitzplätze frei sind. Es kommt also zu einer Wettbewerbssituation, die beliebig abwandelt und auf welche die Gruppe jeweils verschieden reagieren kann.

Der Übergang zur Pantomime ist fliessend. Der bekannte Mime Samy MOLCHO hat wiederholt an der Klinik mit Patienten pantomimisch gearbeitet und demonstriert, wie man kataleptisch erstarrte Persönlichkeiten motorisch "aufschlüsseln", auflöckern kann. Eine solche Aufschlüsselung erweist sich bei "antriebsgestörten", affektleeren und besonders "autistischen" Patienten, aber auch bei solchen, die aus in der Psychodynamik liegenden Gründen, jeder Art von Problemen Ausdruck zu verleihen, von vornherein hartnäckigen Widerstand entgegensetzen, als indiziert. Bewegungsspiele und Pantomime können bei solchen Patienten als Schrittmacher für eine der folgenden Methoden dienen. Hiebei lässt sich eine Verbesserung des motorischen Ausdrucksvermögens erzielen. Es kommt uns therapeutisch aber nicht nur auf die Beherrschung einer Bewegung an, sondern vielmehr auch auf den

emotionalen Rückhalt, mit dem sie ausgeführt wird oder der ihre Ausführung verhindert; eine sonst motorisch nicht weiter auffällige Patientin mit einer Laktationspsychose war nicht imstande, die als Kind dienende Puppe zu wickeln oder zum Stillakt anzulegen.

Im Bewegungsspiel konnte sie den entsprechenden Bewegungsablauf erleben, ohne das dieser jedoch von entsprechenden positiven Affekten begleitet wurde. Man konnte vielmehr aus der unbeholfenen, plumpen Art, mit der sie nach langer Zeit die Bewegung erlernte, den Widerstand gegen die Beschäftigung mit dem Kind ermessen. Eine Auseinandersetzung mit dem Problem, das in ihrer Einstellung zu dem Kinde lag, konnte erst bei einem der im folgenden beschriebenen Märchenspiele erzielt werden.

Wir haben in diesen Situationsspielen einerseits einen ersten Anstoss zu einer Wiedererlangung des motorischen Ausdrucksvermögens erzielt. Andererseits wurden die Angelpunkte des Widerstandes greifbar gemacht, wobei sich deutlich zeigte, dass eine Fortführung der pantomimischen Methode keine weiteren therapeutischen Fortschritte zu zeitigen vermochte. Man kann derartige Bewegungsspiele als "Korrelation zu dem in der realen Lebenssituation Möglichen" (WEISE und ALBERT) auffassen. Das in der realen Lebenssituation nötige Verhalten wird aber beim psychiatrischen Patienten dadurch verhindert, dass er die Realität nur in der Projektion seines infantilen Bewegungssystems sehen kann. Solche gezielte Bewegungsspiele präzisieren daher nur jene Situationen, in welchen der Patient auf Grund seiner Psychodynamik scheitern muss, spielen daher nicht eine konfliktlösende, sondern eher-fördernde Rolle und dienen somit im Grunde als Hilfsmittel, Richtpunkte für das weitere therapeutische Vorgehen zu liefern. Handelt es sich jedoch um das Spielen von "neurotischen Situationen", die keine direkte Beziehung zum Psychodynamischen Konflikt des Einzelnen haben, so kommt ihnen ein allgemeiner, auflockernder, für eine psychodramatische Therapie bereitmachender Effekt zu.

2. Zweitens Märchenspiele

In einem weiteren Schritt wurden möglichst einfache Märchen nach den Brüdern Grimm wie z.B. "Rotkäppchen, Hänsel und Gretel, Froschkönig, Rumpelstilzchen" vorgelesen und in kurzen Zügen noch einmal nacherzählt; dann liessen wir die Gruppenteilnehmer Rollen daraus auswählen, wobei jeder sich für eine in dem Märchen erwähnte oder auch für eine frei erfundene Figur entscheiden konnte. Auch die Auswahl eines Gegenstandes oder eines Begriffes war möglich wie z.B. die Darstellung eines Hauses, eines Baumes, des Windes der Nacht etc. Das Märchen war jeweils im Hindblick auf einen

bestimmten Patienten ausgewählt worden; so wurde mit der oben erwähnten, an einer Laktationspsychose leidenden Patientin das Märchen vom Rumpelstilzchen gespielt. Dabei kam es erstmalig zu der unter heftiger Affektäusserung von der Patientin erkannten Tatsache, dass sie weder ihre Rolle als Mutter noch als Frau zu akzeptieren bereit war. Märchen zeichnen sich gerade durch ihre Bedeutungsvielheit, ihre "Überdeterminiertheit" aus, ihnen gemeinsam ist ein hinter jeder Deutung liegender Symbolcharakter, weil sie sich ja aus echter Symbolik zusammensetzen. Dies hat bereits Wilhelm GRIMM in seinen Anmerkungen zu den "Kinder- und Hausmärchen" mit der Feststellung vermerkt, dass das Gemeinsame der Märchen "einem Brunnen, dessen Tiefe man nicht kennt, aus dem aber jeder nach seinem Bedürfnis schöpft," gleiche. Dementsprechend wurde das Schwergewicht des Handlungsablaufes und die gespielte Auffassung der einzelnen Rollen je nach der individuellen Problematik der einzelnen Teilnehmer jeweils anders gestalten. Wurden dann noch in derselben Sitzung die Rollen getauscht, sodass ein bestimmter Patient auch seinen Gegenspieler darstellen konnte (Spiegelverfahren), dann war der ursprüngliche Handlungsablauf oft gar nicht mehr zu erkennen. Was aber stets vom Märchen blieb und in der individuellen Darstellung besonders zum Ausdruck kam, waren bestimmte Grundszenen, bzw. Grundmotive wie z.B. die Auseinandersetzung Mutter—Tochter, Vater —Sohn, das Festhalten an absurd erscheinenden Geboten, Geschwistereifersucht, Identifikation mit besonders aggressiven Gestalten wie dem Wolf, der Hexe etc., die von den Patienten anfangs immer gemieden wurden, weshalb die Therapeuten diese Rollen zunächst selbst übernahmen.

Abgesehen davon, dass Märchen sich für unser psychotherapeutisches Bemühen eben wegen der Vielzahl der ihnen enthaltenen Symbolgestalten- und Handlungen besonders eignen, haben sie zudem noch den Vorteil, dass ihr Inhalt meist allen Patienten aus der Kindheit bekannt ist. Infolge der bei allen Patienten vorhandenen Regressionen waren ihnen zudem diese Inhalte noch besonder gut zugänglich. Dabei scheint uns zusätzlich noch eine weitere Aufgabe, die das Märchen für das normale Kind erfüllt, eine Annäherung an die konflikte zu ermöglichen: das Märchen gestattet eine Beschäftigung mit angstbesetzten, tabuierten Grundproblemen, für die ein offenes Aussprechen ohne Verkleidung des Märchens nicht möglich ist. Darin liegt auch der erzieherische Wert des Märchens, nämlich die Anleitung dazu, wo, wann und wie Dinge empfunden und erlebt werden dürfen, die der Intimsphäre vorbehalten sind. Über den Weg der symbolischen Kommunikation sagt das Märchen z.B., dass die tabuierte Sexualität, eingebettet in die Liebe, auf einmal ein erlaubtes und daher legitimes Verhalten werden kann.

Bei Patienten, denen dieser Reifungsvorgang auf Grund ihrer psycho-dynamischen Vorentwicklung vorenthalten blieb, deren Intimbeziehung durch das Hinneinnehmen von Tabus in sie gestört oder überhaupt unmöglich war, gelang es, durch Märchenspiele diese Fehlhaltung zu erfühlen, ensatzweise zu korrigieren und für eine spätere intellektuele Beziehung aufzuschliessen.

Auch dort wo den Patienten der Konflikt teilweise bewusst war—ohne das sie selbstverständlich seine Beziehung zur frühkindlichen Psychodynamik wirklich erfasst hatten—kam der Darstellung von Märchen insoferne eine therapeutische Bedeutung zu, als das Märchen auch noch folgende Aufgaben erfüllt: Es ermöglicht infolge seiner Stellung am Schnittpunkt von magischem und doch realen Gegebenheiten entsprechendem Erleben die symbolische Beschäftigung mit widerstandbesetzten Problemen, deren Berührung im Bezugsystem der Realität des Alltagslebens so angsterzeugend ist, dass man davor zurückschreckt. Insoferne scheint uns das Märchenspiel mit Ermachs-enen der Spieltherapie bei Kindern zu gleichen: alles ist reversibel, alles kann rückgängig gemacht werden—Todeswünsche, Liebesbegehren usw. können wieder aus der ge—und erlebten Wirklichkeit in den Bereich der "harmlosen" Phantasie zurückgerissen werden, die noch dazu gar nicht dem Patienten selbst angehört, sondern für die der Autor des Märchens verantwortlich ist. Das Märchen brüskiert nicht die Ambivalenz, sondern gibt ihr breiten Spiel-raum—alles ist—und ist auch nicht. Da Märchen jedoch das Allgemeingut eines Kollektivs sind, heben sie den Einzelnen aus der Einsamkeit mit den eigenen Konflikten heraus; der Patient ist in ihnen "aufgehoben'—in der doppelten Bedeutung dieses Wortes. Alle Beteiligten verstehen ihn, können aber nicht über ihn urteilen, da er sich ja jederzeit durch den Übertritt in die Realität wieder von dem in der Rolle geleisteten Bekenntnis distanzieren kann. Da dies aber für jeden Mitspielenden—den Therapeuten inbegriffen.—zutrifft, besteht eine "complicite" zwischen ihnen. Sie kann dann hinüber-gerettet werden, in das reale Gespräch der Patienten untereinander und auch in das therapeutische Gespräch mit dem Arzt.

So hat z.B. die Darstellung des Märchen vom "Froschkönig" einer Reihe von Patienten beiderlei Geschlechts die Möglichkeit gegeben, sich mit ihrer Sexualproblematik auseinanderzusetzen und ihr weniger ängstlich gegenüber-zustehen, was im Kontakt der Teilnehmer in einem gelösterem Verhalten dem anderen Geschlecht gegenüber unmittelbar nach dem Spiel zum Ausdruck kam und auch weiterhin bestehen blieb.

Nach der Darstellung der Märchen wurden mit der Gruppe verschiedene, auf einen bestimmten Patienten abgestimmte Konfliktsthemen herausgear-beitet, die dann noch im Verlaufe derselben Therapiestunden frei spontan

dargestellt wurden. Dies war meist umso ergiebiger, je mehr vorher vom Einzelnen Patienten betont wurde, dass sich der Konflikt nur im Märchen so darbiete, während die Wirklichkeit ganz anders aussehe. Der Versuch auf das einleitende Märchenspiel zu verzichten erwies sich als ungünstig: Wenn wir z.B. vom Spiel analoger Grundszenen ausgingen, die wie etwa in Szenen aus Cocteaus Taschentheater in Form von Alltagsbegebenheiten mit einer weniger archaischen Symbolik vorliegen, war die anschliessende freie Darstellung durch unsere psychotische Patienten lange nicht so engiebig.

Hier sei der Fall eines Patienten angeführt, der auf der Station durch sein querulatorischesdestruktives Wesen auffiel. In der Psychodramagruppe wählte er unabhängig von dem vorgelesenen Märchen stets die Rolle eines Jägers aus, wobei er darin völlig aufging. Der Versuch, ihn im Rahmen der Darstellung von Alltagsszenen der beschriebenen Art zur Aktion zu führen, scheiterte stets; nur in dem unverfänglichen Märchen konnte er sich die Freiheit jener Rollenfigur erlauben, die ihm zusagende Rolle ganz auf sich zu nehmen.

Es ist klar, dass auf diese Weise die Widerstände der Patienten gegen die Darstellung einer Rolle gleichsam übertölpelt werden. Es geht im Psychodrama aber gar nicht so sehr um das Bewusstmachen dieser Widerstände, sondern um das Ausagieren, um das Hineinfinden in eine Rolle, um eine Ichstärkung und dadurch um die Möglichkeit einer neuen Ichgestaltung. Nach Slavson leitet sich die Ichstärkung in der Gruppentherapie schon aus der Tatsache her, dass das Ich vonder Notwendigkeit der Verdrängung schädlicher Impulse und libidinöser Strebungen befreit wird. Das braucht auch hier—wie im Psychodrama—nicht unmittelbar bewusst zu werden. Der Therapeut als Regisseur muss dem schizophrenen Patienten, der durch die psychotische Erlebnisvollzugsstörung von sich aus gar nicht zu einer ungebrochenen Datstellung seiner Konflikte gelangen kann, die Angst vor dem Ausleben nehmen. Gleichzeitig muss er ihm aber auch die entsprechende Form dazubieten, ohne das Risiko einer psychotischen Excerbation zu erhöhen. Die magische Ausdrucksform des Märchens umfängt den schizophrenen Patienten, bei dem es ja—wie E. Bleuler eindrücklich gezeigt hat—zu einem massiven Durchbruch des magisch-dereistischen Denkens kommt, wie eine vertraute At.-mosphäre. Dadurch wird die psychotische Denk-, Affekt- und Ausdrucksstörung selbst vom Patienten nicht mehr so bewusst als etwas erlebt, dass ihn von den anderen Grundsätzen entfremdet.

3. *Primär individuelle Darstellung eines Konfliktes*

Ausgehend von der exakten Beschreibung seines Milieus, seiner Lebenssituation, des "magischen wenn," wie es Stanislawskij ausgedrückt hat, stellt

sich der Patient seine Requisiten selbst, wählt aus den Gruppenteilnehmern jeweils seine Gegenspieler aus und führt sich selbst auf diese Weise in die dramatische Aktion ein, d.h. er überführt sich selbst. Plötzlich stent er so vor einer Situation, die er sich—wie unzählige vorher—selbst geschaffen hat und die für ihn konflikthaft ist. Hier haben wir uns ganz der Rechnik Morenos angeschlossen, allerdings bei Schizophrenen welchen es eben an den formalen Möglichkeiten des Ausdrucks und der Darstellung auf Grund ihrer Erkrankung mangelt, nicht die Fraude und den Erfolg sehen, wie das bei Neurotikern der Fall ist. Wir haben daher diese Methode nicht für sich allein, sondern lediglich in der früher geschilderten Art im Anschluss an das Märchenspiel angewandt.

Ausgehend vom pantomimisch-körperlich-bewegten Ausdruck haben wir also auf diese variable und dynamische Weise unsere Gruppenteilnehmer jeweils bis zu einer wünschenswerten Form der individuellen und freien Rollengestaltung herangeführt. Man muss nun fragen was damit erreicht wurde. Immer wieder wurde—speziell von psychoanalytischer Seite (Stokvis) herder Methode des Psychodramas allgemein entgegenhalten, sie decke nicht auf, sondern ersetze ein pathologisches Verhalten durch ein anderes. Was ereignet sich nun wirklich in der Ichgestaltung, im "acting out" des psychodramas? Der Wunsch, der psychotische Patient möge eine Situation oder Rolle finden, die er als krankmachende erkennen und schliesslich variieren kann, bleibt doch wohl utopisch. Auch hängt schliesslich die Erkrankung durch eine Psychose nicht von einer bestimmten Lebenssituation allein ab. Wir meinen, je nach der Zusammensetzung unserer Therapiegruppen verschiedene Therapieziele erreichen zu können.

1. Sprengung der Isolierung, Anregung zur Kontaktsuch und wirkliche Aufnahme von Beziehungen, "Förderung der persönlichen Spontaneität" (Ch. Müller), Vermittlung des Gefühles, irgend etwas "gemacht oder bewältight" zu haben. Darin unterscheidet sich der Erfolg der Methode des Psychodramas durch nichts von dem der Gruppentherapie im allgemeinen.

2. Affektabfuhr durch motorisches und rollengemässes Ausagieren. Dabei konnten wir beobachten, dass es gar nicht darauf ankam, wie oft der Patient "seiner" Situation gegenübergestellt wird. Wichtig ist lediglich die Intensität dieser Konfrontation, die Heftigkeit des Auslebens. Darin würden wir den spezifischen Beitrag des Psychodramas zu den bisherigen psychotherapeutischen Methoden sehen.

3. Innewerden einer bestimmten Konfliktsituation oder konflikthaften Fehlhaltung. In diesem Fall kann das Psychodrama die Möglichkeit einer Rollenfindung geben, wodurch der Patient mit einem anderen "Gesicht" aus

seinen Konfliktsituationen herauszutreten vermag. Dabei bietet die Methode des Psychodramas die Chance, den Patienten im Spiel auf andere, ihm bisher unerschlossene aber mögliche und erreichbare Positionen hinzuführen. Freilich wird das Psychodrama hier höchstens Anstoss dazu sein, sozusagen erste Erfahrung mit sich selbst vermitteln können, deren sich dann andere psychotherapeutische Methoden annehmen müssen. Auf diese Art gewinnt der Patient im Vergleich zu dem ihm bisher möglichen neue Freiheitsgrade, die es ihm unter Umständen auch gestatten, sich in gelösterer und daher distanzierter Form, nicht nur mit den der Psychodynamik entstammenden sekundär-verarbeitungen, sondern auch mit seinen psychotischen Grundstörungen auseinander zu setzen.

Etwa nach 4 Therapiestunden haben wir bei unseren Patienten, vor allem wenn inzwischen kein neuer Patient zur Gruppe dazugestossen ist, eine gewisse "Rollenmüdigkeit" beobachten können. Die Patienten wollen dann entweder über ihre Probleme reden oder sie drängen darauf hin "echtes" Theater zu spielen, d.h. eine vorgegebene Rolle in einem Theaterstück darzustellen. Man kann diese Tatsache als Hinweis dafür ansehen, dass der Patient nun an einem therapeutisch wichtigen Moment angelangt ist: Er scheint jetzt zu einer Konfrontation mit seinen Konflikten und zur Identifikation mit sozial möglichen und tragbaren Rollen bereit zu sein. Wenn das Psychodrama hiezu vermittelnd beitragen konnte, sind unserer Meinung nach die therapeutischen Hoffnungen die man auf diese Methode setzt, erfüllt.

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DETERMINANTS OF THE SOCIOMETRIC-PATTERN IN AN EDUCATIONAL GROUP

HUMAIR HASHMI*

Government College, Lahore, Pakistan

INTRODUCTION

In the previous paper (1) we saw the relationship between the roles that students play in facilitating the process of education and their Sociometric-ranks, in an educational group, from the Department of Psychology, Government College, Lahore. We discovered that the most-liked person was not always the one who made a relatively greater contribution in the facilitation and advancement of the educational process of the whole group. In other words he was chosen primarily because of some others traits and functions, rather than his educational ability and thus had become a powerful factor in taking the group away from its goal (attainment of education). The group as a whole, therefore, was primarily moving away from its goal rather than towards it. Since the individual satisfactions in a group are closely connected with the achievement of the goal (2), we therefore concluded that any member of this group was a dissatified and confused person. He was confused because he had become a victim of the group-phenomena and did not know the reason of his dissatisfaction.

Our main aim in taking up the present research was to identify the factors influencing the choice of the most-liked person in the group; the identification of these factors would throw a light on the functions performed by this person. We could then experimentally control and manipulate them in a way which would facilitate the achievement of the group-goal.

If the educational ability of a student constitutes a relatively insignificant variable in the determination of his Sociometric-rank then what other variables could be more significant in the determination of this rank?

In the present research, then, we have largely confined ourselves with a view to (a) identify some of the variables that influence the Sociometric-choice in a given group; (b) find out if some of these variables contribute relatively more than the others in the determination of a person's Sociometric-rank.

For the identification of some of these variables, we treated the students of 5th Year Class of the Department of Psychology as a group. These students were more or less strangers to each other before they joined this department, six months ago. Given a certain time for interaction, they formed themselves into a group, as in contrast to a crowd which has no ideology, or is a mere congregation which exists for a relatively shorter period of time. We were therefore justified in treating them as an integrated group, having a definite pattern of likes and dislikes (teles (3)).

This kind of pattern emerges due to two broad categories of factors: (a) the field of stimulation open to each group member under the given circumstances; (b) the past experience and learning of each of these group members by which they put their personal meanings to this stimulation. In other words a pattern of likes and dislikes is determined by the interaction between the group-members, and their respective interpretations of this interaction (4).

Each individual of this group, on the other hand, has undergone a process of socialization (5) in different social situations during his past life. He has learned and adopted those modes of behaviour which were dubbed as "good" and has learned to discard those which were dubbed as "bad." This process of adoption and discarding has gradually developed into a definite standard of measurement (6), (a frame of reference) by which the individual interprets his own and the behaviour of others around him. He will like all those people in a given group whom he perceives to be adherents to his personal standards, and dislike all those whom he perceives as deviants from these standards. His Sociometric-choice, therefore, is largely influenced by his personal frame of reference. We could expect to find a high positive correlation between this (his personal frame of reference) and his Sociometric-choice for any other member in a given group.

From this it follows that if we determine the frame of reference of the group as a whole we should expect to find a positive correlation between a Sociometric pattern and this group-frame-of-reference, and the higher the positive correlation the greater its significance in the determination of the Sociometric pattern. If, on the other hand, we find a Zero correlation then it would mean that the determination of the Sociometric pattern is quite independent of the group frame of reference, i.e. the identified frame of reference has no bearing on the determination of a Sociometric-choice of a person in the group.

Our first task then was to determine this group frame of reference. To do this we asked these group members to write down, on a piece of paper, the traits and qualities that they liked in a particular person. The person did not have to be from within this group. We also asked them to rate these traits in order of preference, the best-liked trait on top of this list, the second best below it and so on. They were asked to rate as many traits as they liked. Twenty one students took part in this research, and the highest number of traits given by a single person was twenty. We collected these pieces of paper, assigned numerical symbols to all the traits listed by each person, tabulated the results, and listed these traits and qualities in an hierarchy. Since these traits and qualities are liked in other people by the group members, these should influence their Sociometric choice in this group also. If any given group member has relatively more of these, he should be liked more by the group as compared to the other members. In this sense, then, this list could be an index of the group frame of reference, influencing the positive teles in the group. We call this list the Trait Hierarchy.

THE TRAIT HIERARCHY

(i)	Intelligence	(204)
(ii)	Religiousness	(158)
(iii)	Sociability	(122)
(iv)	Sympathy	(104)
(v)	Attractiveness	(91)
(vi)	Education	(87)
(vii)	Genius	(86)
(viii)	Smartness	(79)
(ix)	Broadmindedness	(78)
(x)	Faithfulness	(71)
(xi)	Sincerity	(60)
(xii)	Artistic	(56)
(xiii)	Good-looking	(48)
(xiv)	Handsome	(42)
(xv)	Honest	(36)
(xvi)	Kind-hearted	(34)
(xvii)	Understanding	(34)
(xviii)	Imaginative	(31)
(xix)	Kind	(30)
(xx)	Creative	(26)
(xxi)	Tolerant	(24)
(xxii)	Charming	(24)
(xxiii)	Beautiful	(20)

The tabulated scores (given above within brackets) determined the hierarchical rank of these traits and qualities.

These twenty three traits or qualities were selected and the rest discarded because after calculations and tabulations we discovered that they were negligible from the group's view point.

We made no attempt to either change a word (to make them all nouns or adjectives) or categorise these traits. We feared that by doing so we might add to it our own connotations (7) which might be different from the person's who had given them to us. Hence the reader on the one hand, may find words like "intelligence" and "tolerant" (nouns and adjectives) appearing on this list, and on the other hand "Good-looking" and "handsome" which obviously belong to the same class of referents, at different places on this list. But the fact that they appear at different places on this preferential list, justifies our not categorising these words. The most-frequently-liked trait or quality in this group then, is "intelligence" of a person and the second best "religious-ness" and so on.

Our next task was to determine the sociometric pattern of this group. We asked the same twenty one students to write on a piece of paper, the names of those students whom they liked in this group. They were told to make the list in an order of preference and to name as many people as they liked. The group members were not told the purpose of the experiment throughout the whole experiment for the fear that it might affect the results. These pieces of paper were folded to assure secrecy, and handed over to the experimenter. We tabulated the results and made a list of these students in such a way that the most-liked person was placed on top of the list, the second below him and the next below these two and so on. We did not inform the students of their respective sociometric-ranks during the time we were taking the rest of the readings. We call this list the Sociometric Hierarchy. Here is the Hierarchy:—

Positions	Students
I	'A'
II	'B'
III	'C'
IV	'D'
V	'E'
VI	'F'
VII	'G'
VIII	'H'
IX	'J'
X	'K'

| Positions	Students
XI	'M'
XII	'N'
XIII	'P'
XIV	'Q'
XV	'R'
XVI	'S'
XVII	'T'
XVIII	'W'
XIX	'X'
XX	'Y'
XXI	'Z'

(The actual names have been substituted for the symbols. These symbols remain the same throughout this paper).

We had the sociometric hierarchy and the trait hierarchy and now we wanted to see how far the Sociometric-choices were influenced by these traits and qualities. Since we had assumed that these determined the choice of a person in this group, individual 'A' would have the most of these traits and qualities and to the highest degree, as compared to the rest of the group members. Similarly individual 'B' would have these more than the rest but less than 'A' and so on. Individual 'Z' on the other hand would be the person who would have the least amount of these traits and qualities as compared to the rest of the group members.

Our task now was to determine how much or little of these qualities each student had. Since this assessment was not possible by any objective method and since we were more interested in seeing how the group members perceive each other, we made use of the subjective method here also. So the third kind of data was collected by the rating scale method (8). The experimenter had the Sociometric hierarchy and Trait hierarchy before him. He told the group members that he would name one student from within this group, and then would speak out certain traits and qualities. They had to determine how much or how little of that variable the named student had. The ratings were to be made on a five point scale on a piece of paper. If they thought that the person had very little of that trait, they were to put a check-mark on the first point on the scale; like this:—

X

1	2	3	4	5
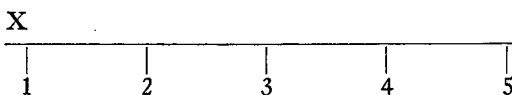
If they thought that he was greatly endowed with that quality they were to put a check-mark on the fifth point,
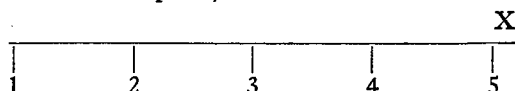
and intervening marks for the rest of the judgements. If according to some, the named students did not possess the named quality at all, then they were to put a zero on that piece of paper.

The students were made to sit in such a way that they would not see each others ratings. They were also forbidden to consult each other or to talk loudly while making these judgments. The experimenter then named a person from the Sociometric-Hierarchy, without informing the group of the rank of the named person. He then told them that he would speak out different traits and qualities one by one and they were required to make their ratings for that person on the five point scale. The experimenter called out the first quality "intelligence"; the group members made their ratings, and folded their papers which were collected by the experimenter. These ratings were then added. This was an index of the group judgment of one trait for the named person. In this manner the group ratings for all the twenty-three traits were collected and the scores of all these were added; that was the quantitative measurement of the group perception for all these traits and qualities of the named person.

In the same manner we collected these measurements of the group for ten students. Four out of these ten were those students who were on the top of the Sociometric-Hierarchy, three were from the bottom and the rest of the three belonged to the middle of this pattern.

We then made a hierarchy according to the ratings given to each individual by the group for all these twenty-three variables. The person awarded the highest score was placed on top of the list, second highest below him and so on. This list, then, represents how the group perceives these individuals separately, and as a whole it determines the relative position of each student. We call this list on page 55 THE TRAIT RATING HIERARCHY.

TRAIT RATING HIERARCHY

Position	Students
I	'A'
II	'C'
III	'B'
IV	'D'
V	'K'
VI	'G'
VII	'W'
VIII	'Z'
IX	'Q'
X	'Y'

This Hierarchy is graphically represented on page 56.
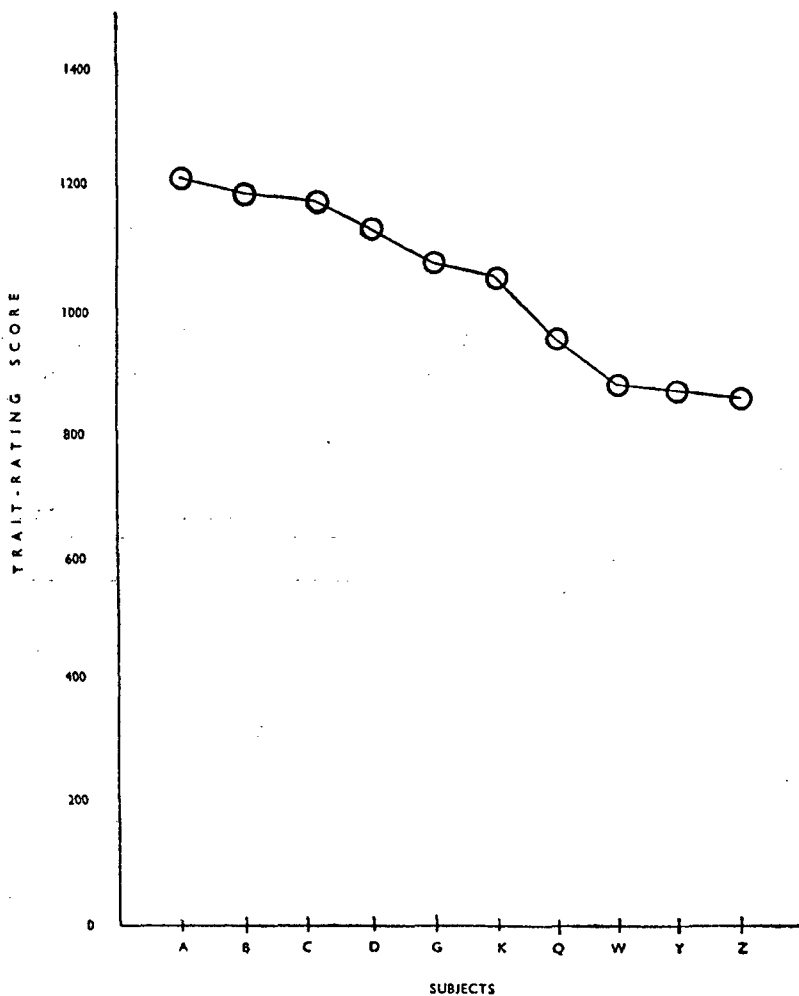
CONCLUSIONS

Since we had assumed that the Sociometric-Choice of these group-members was being influenced by the variables that we have identified, there would be a positive correlation between the Sociometric Hierarchy and Trait Ratings Hierarchy to prove our assumption. We present the two patterns here:—

| SOCIOMETRIC HIERARCHY		TRAIT RATINGS HIERARCHY	
Positions	Students	Positions	Students
I	'A'	I	'A'
II	'B'	II	'C'
III	'C'	III	'B'
IV	'D'	IV	'D'
V	'E'	V	'E'
VI	'F'	VI	'G'
VII	'G'	VII	'N'
VIII	'H'	VIII	'H'
IX	'J'	IX	'M'
X	'K'	X	'F'
XI	'M'	XI	'J'
XII	'N'	XII	'K'
XIII	'P'	XIII	'P'
XIV	'Q'	XIV	'Q'
XV	'R'	XV	'R'
XVI	'S'	XVI	'S'
XVII	'T'	XVII	'T'
XVIII	'W'	XVIII	'W'
XIX	'X'	XIX	'Y'
XX	'Y'	XX	'Z'
XXI	'Z'	XXI	'X'

GRAPH NO. I

Since we could not get the ratings of the rest of the eleven students, we, determined their expected ranks on the trait ratings hierarchy, with the help of the graphic method. Here is the graph showing the measured and expected trait ratings of all the twenty-one students.

GRAPH NO. II

By using different statistical methods (9) we came to the agreement that by making use of the graphic method in determining the expected ranks of these eleven students our conclusions would not be significantly altered.
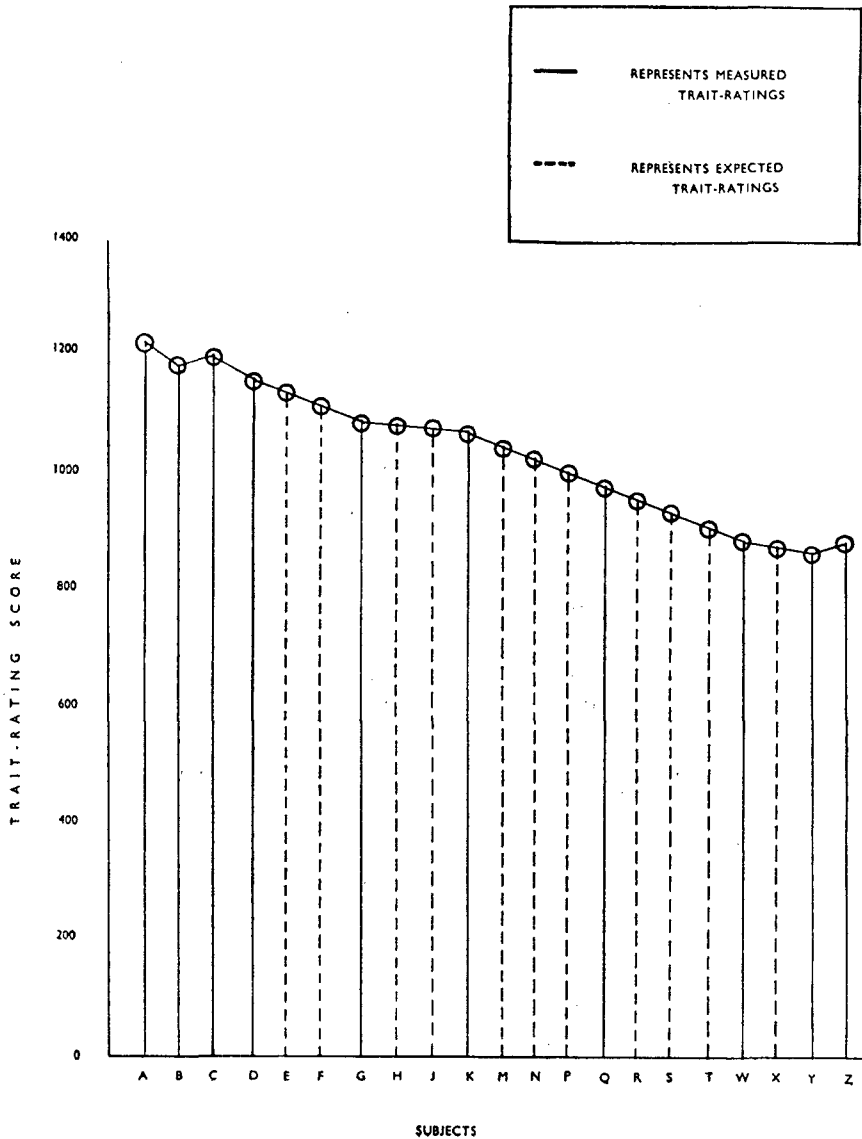
There is a positive correlation of .96 between these two rank-orders. We therefore, can be sure that in this educational group these variables that we have identified, largely determine the Sociometric rank of a group member.

Since the trait list is in order of preferences of the group members and to each trait weighted scores have been attached (that is how we made the hierarchy) we can draw some interesting inferences from the data:—

(*i*) Although we are dealing with an educational group, yet "Education" of a person as a variable in determining his sociometric rank is 6th on the hierarchy. This is an index of the significance that this so-called educational group attaches to the educational ability of a person.

(*ii*) Previously we had found a low positive co-relation (34) between the Sociometric rank and the Educational ability of a student in an identical educational group of this department (10). Since we now know how much significance is attached to this variable, the results of the previous research are supported by this fact.

(*iii*) The variables were arranged into the following categories.

1.	Good looking	(48)	
	Handsome	(42)	
	Attractive	(91)	
	Charming	(24)	304
	Beautiful	(20)	
	Smart	(79)	
2.	Intelligent	(204)	290
	Genius	(86)	
3.	Sympathetic	(104)	
	Kind-hearted	(34)	168
	Kind	(30)	
4.	Faithful	(71)	131
	Sincere	(60)	
5.	Imaginative	(31)	
	Creative	(26)	113
	Artistic	(56)	
6.	Tolerant	(24)	24
7.	Educated	(87)	87
8.	Understanding	(34)	34
9.	Broad-minded	(78)	78
10.	Religious	(158)	194
	Honest	(36)	
11.	Sociable	(122)	122

After adding the weighted scores given in brackets of all the variables in a single category, we come to the interesting conclusion that the Sociometric-rank of a person in this group is largely determined by the first category of variables which includes physical features of the person. Any other single category contributes relatively less as compared to the first.

(iv) Since we had asked the group members to name the traits and qualities that they liked in a person, who may not have been a member of this group, we, can be sure to a reasonable extent that the named traits and qualities represent the image of an ideal of the group. Finding a positive correlation of .96 between the Sociometric Hierarchy and the Trait Ratings Hierarchy, we have discovered that the person who is most-liked in a given group not only facilitates the interaction processes of the group but is also a prototype of an ideal in the minds of the group members. He would, therefore, largely determine the group functions, the group level-of-aspiration etc. and could thus be the single most-potent motivating force in the group phenomena.

If his choice in an educational group is largely being determined by such variables as his physical features, then he would primarily activate such interactional processes within the group which would take the group further away from its goal. In this way the most-liked person would become a powerful variable which would lead the group astray, resulting in heightened dissatisfactions among the group members, since these satisfactions are closely connected with the achievements of the avowed group goal i.e. attainment of education.

The Sociometric method in one of its most simple forms has thus given us a very profound insight into the educational problems of our department. We feel that with some of its more complex and varied forms we can dig even deeper into the realm of group phenomena and perhaps find some solution for such problems.

SUGGESTIONS

While tabulating the results of trait ratings we discovered that the student who is most liked by the group does not necessarily score high on all the variables as compared to other students. But his total score is the highest among his group members. For instance student 'A' is the most liked person and he is also the person whose trait ratings score is the highest. But the group members have consistently scored him low for the second variable namely, religiousness. Religiousness on the other hand, is rated second on the trait hierarchy indicating the significance that the group attaches to this variable, and showing how far this variable influences the sociometric-choice of a person in the group. From this it follows that even when the group

perceives that one of the significant variables is relatively less in a given group member their judgements on the rest of the variables for that person are not appreciably altered. This is particularly so for those members who are placed in the higher ranks of the Sociometric Hierarchy.

Why is it then, that a relative absence of certain significant traits and qualities in these individuals fails to significantly prejudice the group judgments for these group members?

We feel that under these circumstances the group has a tendency to over-look shortcomings on the part of some of its members *i.e.* it accepts deviations from its expectations without changing its judgments about them. This particular characteristic of the group phenomena could be called GROUP ELASTICITY.

Operationally, GROUP ELASTICITY could be defined as a tendency on the part of the group to absorb deviations from its ideology on the part of its members. From this we can further speculate that if any given group has GROUP ELASTICITY there would be some groups which are more elastic than others. We believe that a group under some kind of a stress would be less elastic as compared to a group under normal circumstances. The studies of group behaviour under situational stress seem to support our view (11).

If we could make use of the Sociometric method in some of its more varied forms we could perhaps numerically determine group elasticity, and thus open myriad new avenues of research.

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SOCIOMETRY IN THE CLASSROOM

NORMA L. NEWMARK, PH.D.

City University of New York

AND

SAMUEL GARRY

Board of Education, New York City

INTRODUCTION

Children growing up in todays' culture, and getting their education in the educational park of tomorrow—a design for integrated learning—are certain to learn that our world is made up of many peoples with similarities and differences. Beyond this awareness of difference they must be helped to develop the understanding that neither the similarities nor the differences are necessarily important in their relationships with others. To gain this understanding they should have experiences through which they develop the skill and ability to look beyond the superficialities of race, religion, or nationality and to judge true worth by more substantial guidelines.

Where the opportunity for this learning experience is presented, particularly for the first time as it must certainly be in the educational park, first interactions must be under watchful adult guidance if the young people are to grow in this ability to respect the worth and rights of every individual regardless of the group to which he belongs. There must be wholesome interaction if children are to come to know why others are as they are. This is an important step towards dissolving the artificial barriers which have separated groups in our society. World understanding begins with us and the children with whom we are working.

One recalls the story of the three stone-masons working on a church who were asked what they were doing. Said the first one, "I'm laying stone." The second, "I'm earning a living." But the third, "I'm building a great cathedral." Enthusiasm is the mortar that changes a life—or a job—from merely "laying stone" into a great and exciting undertaking. Without it the truly worthwhile is seldom accomplished.

What forces present in a classroom create the educational environment best calculated to stimulate a desire in the student to exert his strongest effort to succeed in the educational tasks confronting him? For as certainly as the goal of all teaching is to stimulate the student, to stir his interest and excite him to his maximum creative and absorptive powers, just as certainly such

an environment does not just happen. *It must be teacher-made.* To create a state of mind, a point of view, a set of attitudes and beliefs, is to create the maximum learning attitudes of all children.

OBJECTIVES

How can we best provide this atmosphere for all children, an atmosphere where each child has a sense of belonging and where classmates learn to know each other as individual human beings, each with his own assets and liabilities, unique personality and individual skills? What can we do to relieve young students of all distracting forces, such as fear of rejection or the guilt of rejecting, the pain of exclusion or the burden of excluding, and so free him to learn—eagerly, willingly, happily—at the same time he is being prepared for life? Based on previous experience we made some assumption about the work patterns and associations of open-enrollment and host school pupils, and we feel that action in accordance with this assumption moved the groups closer toward the complete goal of educational skills, and appreciation among classmates.

We based our study on the selection of working partners in the classroom through the simple technique of sociometric tests, and we are convinced that this technique is one that will prove increasingly helpful to teachers. Through the use of sociometric choice tests they will learn more about their classroom dynamics than ever the trained eye can perceive, and, as in this study, it will aid them in setting the stage for the optimum learning experience for their students.

THE BASE IS SELECTED, THE STUDY BEGINS

This study was designed as a joint project of the Human Relations Unit and the Industrial Arts Bureau of the New York City Board of Education. Bearing in mind constantly the small size of our sampling, as compared with the size of the school system, the short span of time of the controlled situations, the uniqueness of the situation for the teachers involved, and the minimal supervision and assistance given to them, we think the findings are worthy of a hard look and continued studies.

In previous work together, it was our observations of the work patterns and social patterns of students in the industrial arts shops that led us to believe it would be an ideal laboratory for our study. The proposal for the first phase of the study was a simple one; namely, to study the interrelationships between pupils of the open-enrollment category and those of the non-open enrollment category in the shop classes of selected receiving schools in

one school district and to further study the social and work patterns that develop in a controlled industrial situation. The second part of the study repeated the over-all plan of the first, but included Home Economics, Social Studies and Science classes as well as Industrial Arts classes in two selected receiving schools in one district in Queens.

<div align="center">PILOT STUDY</div>

For the pilot study, 4 junior high schools were selected; later phases used approximately 10 more. The success of the study depended partly upon the willingness of principals and teachers to plan, with our help, an entirely new way of work. Teachers who felt they could not participate were not urged to remain in the study, but were immediately released from commitment. Of importance too, in selection in phase I was the availability of classes so constituted that they were starting a new shop experience and that there were sufficient open-enrollment students to make the study feasible.

As we began our first meetings with the teachers it became apparent that the study would be serving two masters, and, simple as it was, we feel the conclusions clearly show that it served both masters well. It was of value to the teachers and administration for the new ways of work it explored so successfully, and it proved that mutual understanding and integration can be furthered by careful consideration of these goals in planning and developing the teaching of curriculum units. Physical distance may be short, while social distance, mutual acceptance and understanding remain worlds apart.

It was essential if we were to get real interaction and group work that the situation would have to be so structured that there was a logical reason for groups to be formed, and further, that the group work be of such a nature that the contribution of each member was an integral part of each finished project. In Industrial Arts we planned to institute an assembly-line technique where each group did a part of each project, without which there could be no finished project for any member of the group. In the Home Economics classes there is always group work, but usually the groups are self-selected at the beginning of the term and remain unchanged throughout. In this study the groups were changed after each unit was completed.

In Social Studies and Science this type of group work was used for the first time. The groups were responsible for a finished piece of work, with each group member responsible for his share. It was not a question of 3 or 4 reports, but one report, planned by and contributed to by each member.

For many of the teachers it was a new dimension in shop technique and class management. Generally speaking, where group work had been used be-

fore, the reasons for it were not based on pupil selection or teacher planning for the goals with which we were concerned. The teachers raised many questions concerning its feasibility, and within the limits of time and knowledge of the field we helped them in planning. In the Home Economics courses, the supervisors assigned to both schools by the Home Economics Division cooperated in helping the teachers plan the schedule. The teachers' praise for the way of work at the end of the experiment is in direct proportion to their original hesitation. At the completion of the study they were gratified with the results they had obtained, and they felt certain the process had proven its worth. The tape recordings available from the Human Relations Unit or the Industrial Arts Division speaks of some of these reactions, and will be analyzed more fully further on in the report.

The plan, as developed, was a simple one based on sociometric testing correlated with a logical classroom progression. Sociometric choice usually refers to an individual's likes or dislikes of other persons in a group. These likes or dislikes are determined by asking each class member, whom he sees as his friends, or prefers to work with, and so forth. We don't necessarily see or expect agreement among the responses to sociometric questions, but we did hope in this case to see marked change along certain lines.

The choices were made by students in a controlled environment several times with intervals of several weeks. We could then expect change to reflect the normal variations among young teen-agers on "best friends" as well as the changes brought about by close contact during class periods each week in a work and dependency situation with other than self-selected partners. In the Industrial Arts area the change we hoped to achieve was that of improving work skills in a work situation somewhat comparable to the assembly-line of industry and the broadening of skills in interpersonal relations thru personal involvement in acquiring the skill necessary to solve a mutual problem (in this case, completing the projects).

The pupils of the class started work on an individual basis on a simple basic project (different in each school) so that the students could learn something about each other and particularly observe the quality of work done by each student. As this project neared completion, the teacher explained the next project which would involve a group of three, and asked that students select the two classmates they wanted to work with. It was made clear to the students that it might not always be possible to give them their choices, but every effort would be made to do so. If it proved impossible to give them their choices, they would be teamed with classmates who had asked for *them*.

The papers were sent to the Board of Education and the groupings

arranged without consultation with the teachers. The new groupings were sent back to the classroom teacher. This method was used to relieve the teachers of the additional clerical chore. It has, however, some disadvantages that we will discuss later.

The groups were arranged so that there was a mixed grouping of open-enrollment and host school students in almost every class. This was the first consideration; personal preference was secondary. In no case did a teacher report too much objection to the groups as constituted. The first hostility and objection was manifested only when a group member proved to shirk his or her job, or a major complaint, a teammate "fooled around."

As the class was nearing the completion of this project in which each member of each group of three was responsible for one part so there would be three finished projects, the teacher described the next project which required four workmen to complete four pieces of work, and asked for another selection of three students.

Again the groups as constituted by the writers were structured to insure new work partners if the work partners of the previous group of three were not asked for again, and to place open-enrollment and non-open-enrollment students in the same group.

As this project neared completion the last test was employed. At this time the teacher explained that he had just been told there was a possibility that the class might display its work at the exhibit of the Industrial Arts Convention in May at the Hotel New Yorker. The instructions went on ". . . . If this is so, we will need teams of four to go to the exhibit to explain the work we have on display. I'd like you to go with people of your choice, if this is possible. Think about this and then make three choices." . . . etcetera.

The results of this final choice were added to the previous results and from the total study of these charts, plus the recorded statements of the pupils and the teachers, and the teachers evaluation, the conclusions of the group and its workings were drawn.

In the Social Studies and Science classes the same basic plan was used. The difference, however, was in the nature of the work and the length of time the units decided upon took. Social Studies classes composed research papers and the Science class did experiments. The structure was a looser one, for one reason because the term's work had been planned before the classes were selected for the study, and consequently adjustments had to be made, and second, because supervisory help was limited. Despite these drawbacks the time spent in the study was well used.

In Home Economics the "family group" idea was continued, with the

variation that the student groups were changed according to the study plan, and in one case enough group changes were made to make depth study of the sociograms possible.

The students were all asked to complete an evaluation sheet at the conclusion of the study, as were the teachers, and tape recordings were made of students speaking to us in small groups without their teachers, and then of the teachers, alone in the first part and as a group in the second portion.

EVALUATION

What were the gains suggested by the data gathered? In each classroom, to greater or lesser extent, the method proved to have value in stimulating the students to better work, in forming new friendships, in increasing the associations among the students, in revealing the values of the students, in discovering the stars and the isolates. For the teachers it was either an introduction to the uses of sociometry in the classroom, or, if the method was not new to them, an encouragement in further application. The teachers gained a clearer understanding of how their students saw each other and how unlike teachers' opinions of students, students' opinions of their classmates can be, and often are.

The teachers are in agreement that the work produced was by far the best they had ever been able to get from comparable classes. As one teacher put it, "I thought I had been getting the best my pupils had to offer before, but I learned that the effort they expended as part of this work group situation far exceeded all previous work. The feeling of individual contribution to a final group product spurred them on to doing their very best." It must be emphasized here again that the students had no idea they were "special" or part of a study until it was all over. They were not acting for us, or displaying the "Hawthorne Effect"; they were reacting to the feeling of being needed as members of a group, accepted on the basis of their contribution.

One Social Studies teacher expressed concern over the high quality of work produced. She questioned the ability of the youngsters to sustain such a high level of achievement. Only the future can give the answer; however, the results of the study suggests that potential was there, and it was released in the new study situation where each pupil of a group was challenged by the other group members. It is hard to hide poor work in a small group when the others are depending on you. It brings to a large class setting a more intimate way of work. That the students did not feel this drive to succeed as undue tension we feel is revealed in their second choice of new work partners, where bright children were selected again and again, including even the

little tyrant who drove his group to be certain they would complete their tasks on time. (One of the tapes reveals how he learned that sometimes one must be less severe and change orders to suggestions).

Many of the teachers were amazed to learn what was going on in their classrooms, and often found it difficult to believe which students were the most sought after—the natural leaders, but they were all quick to acknowledge what benefits could result from the *proper* use of such information.

How did the students feel about their work experience? The greatest number approved the method of work. The only dissenters were those whose choice proved unwise. Where the choice was theirs, the objection was mild; where the student was not a choice, but an assigned member, the objection was strong. Trouble was always due to the "fooling around" of the weak member of the team, not to poor work.

In the interview, with or without the tape-recorders, which might have caused a few to speak in favor of the project, the youngsters kept repeating that they enjoyed meeting new people; that often they do not really have a chance to learn much about the other people in their classes, or that they are limited to a very few with whom they work all the time, and to students known before. They found the group work a way to do a job with help and support, a sharing which they enjoyed.

Certainly they found drawbacks. At times they found certain students assigned to them burdensome, because their work habits were poor. Never did they complain about the quality of the work, but about the lack of effort or of caring for the group success. Sometimes students were selected first as work partners because they were friends, but in later choices dropped. Some students objected to the lack of personalization in the work, and certainly this is a problem in modern industry and in many other phases of our "specialization-minded" society. (Maybe small groups are the best way to combat this; we do not have a final answer.)

EVALUATIONS

1. It is better to ask a friend for help than a teacher.
2. You suffer for others' errors.
3. I can talk about things I know about.
4. If you work alone you make mistakes and mess up and don't care, but in a group you do a good job on one piece.
5. You get better acquainted.
6. I got a better worker than I thought I was getting. He was O.K.
7. If you're absent someone helps you.

8. I would never have met ———— because I wouldn't have thought to work with him.
9. I didn't want ———— when I heard he had picked me, but he turned out fine.
10. It's fun to change partners and learn how other kids work.

In the taped interviews the same ideas were expressed. There was a feeling of support provided by the group that led one after another to feel he or she could not possibly have done as well alone. It should be noted that there was no lessening of pride in the work each member did. The finished product was theirs, even without a name on it.

The resentment and the difficulties experienced at the formation of the original groupings for the first group project were not as evident in the second groupings for the second group project. The class atmosphere and the work accomplished in the first group project taught the students that it was not as difficult as they imagined to get along with other workers no matter where they came from. This is part of todays industrial climate and it is incumbent upon the Industrial Arts teacher to present this aspect of today's industry to all his students.

Surprisingly, only one youngster had the courage to refuse to select members for a work group. He wrote in, "I want to work alone." The limitations of the study precluded a further study of this student to uncover reasons for his feelings. He did go on to work with a group but whether happily or not we are not able to say. However, several students, particularly girls, said they simply would not work with "just anyone," and would select their own friends. In fairness to them it must be admitted that in their situation there was some justification for their feelings, because the class work of rejected members was below the level of their competence.

On what were choices based? If we use the teachers observations of their classes we find more sophisticated classes making work group selections on the basis of ability, and less mature classes choosing mainly friends, with less regard for working ability. In one group the youngsters told us "you have to be careful about selection of classmates to go into Manhattan for a theater party, because you have to be certain that without supervision their conduct would be good enough not to embarass you." They knew that often bus and yard conduct and language was not what they were used to, even though classroom conduct was good and they enjoy working together. Most children felt they had worked a little harder because of the commitment to the group, but they were glad to have had such an experience.

Some of the comments of the students, in addition to the most prevalent

"it was fun" are worthy of exact repetition, for they are revealing of attitudes and feeling of which we as teachers are not always aware.

<center>STRENGTHS AND WEAKNESSES</center>

Our primary aim was to help teachers devise ways to foster better relationships in their classrooms in order to create a better educational climate. We feel the study did prove that it is possible to improve the social-emotional climate of the classroom if the teacher is aware of the need or desirability of so doing, and that in a challenging situation that is at the same time warm and friendly learning takes place more readily than in a learning situation of aloofness, strangeness, uncertainly or rejection.

It justified our belief that children, like adults, seek the security of the familiar, and they need assistance in making friends and learning about new and different people—*not by being told to be friendly, but by creating the situation for them to be together in natural ways.*

Good intentions on the part of the teacher or human relations' course are not enough. Teachers need "human relations skills and techniques" to help them in creating the classroom climate they'd like to have, and guidance planning to achieve the truly integrated classroom. And by integration we do not mean only racially, but in every conceivable manner. In the development of interpersonal relationships based upon the strengths and values of his fellow classmates, associations between pupils are then based upon criteria which are not supposed characteristics of stereotypes.

Even a very cursory reading of the youngsters evaluation sheets reveal the gain to the students. Repeatedly they say how it worked out alright even though they didn't get their choice all the time and sometimes it was even better. We can only conjecture about the value to the isolates to feel that they had been chosen by others as partners, for in many cases, though they did not become stars, certainly they did pick up some pals who asked to work with them. Some children did pursue friendships outside the school, but for us this was a fringe benefit—we wanted the children happy and working in the classroom, and this we got. In those cases where the teachers reported tensions in the first mixed groupings, they also reported that those tensions were quickly dispelled as the importance of the work took precedence over all else, and in the few visits we made to the classrooms there was little evidence of unrest.

The fact that the researcher charged with developing the groupings knew nothing about the students (sometimes not even the sex because of the foreign names—such as Cya, Yoko and others) except whether they were or

were not open-enrollment, was a mixed blessing. It removed from the work any emotional involvement on the part of the teacher if he had been asked to make the groupings without assistance from an outsider. On the other hand, when at the end of the study we asked for work evaluation and ability groupings on a 1.2.3.4.5. basis—5 being top rating—we found that in some cases we had done the bright, willing workers an injustice, in that a student rated 5 might have been given a group of 1 and 2 ranked students to work with, and that was probably too heavy a load to carry. It was just unfair to put a student rated as I with a group of students rated 4 and 5 because that might be too threatening. It might just as well have proven a sudden spur to the slower learner. These are the aspects of the study we could not pursue because of our limitations, and they added to the frustrations of the work.

In the first semester of the project we worked with 67 children in four classrooms in four schools. Although there were a few more students involved, some are not considered in the total picture because they did not complete all the tests, and in one school results are incomplete due to the fact that no project involving a group of four was actually undertaken. The teacher's absence due to illness made it difficult to follow the schedule. Of these 67 students thirty were in the receiving school because they were in the open-enrollment program and 37 were in the receiving school because they live in the school district. The division which we feel important was this:

School	Total	Open-Enrollment	Non-open Enrollment
JHS Girls	21	8	13
JHS Boys	14	6	8
JHS Boys	13 (not whole class)	5	8
JHS Boys	19	11	8

It should also be borne in mind that the seventh grade classes in the study were *all* in a new school situation, although the students from the school district had probably moved over with many of their K-6 school friends.

The charts (not included here) show the total picture that resulted from the sociometric tests. To facilitate the reading of the charts they were drawn in two ways—dotted line underscoring open-enrollment students and no underlining for students in the receiving schools. Reading the charts from left to right it is possible to see at a glance what progress was made from first choice to the last in the acceptance of the students by each other.

The progression is this:

Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6
Name	Page 1 Sociometric Choice of 3 friends	Page 2 Sociometric Choice of 2 pupils to work with	2 pupils assigned by study director	Sociometric choice of 3 students to work with	3 students assigned by study director

Col. 7

Sociometric Choice of 3
students to go to hotel
for Industrial Arts Ex-
hibition

A cursory study of the four charts shows that in three classes there was considerable movement from column two thru column six, but in one school there was practically no movement from the open-enrollment students toward the host students, but considerable movement from the host students to the open-enrollment group. This is also the only one of the classes where open-enrollment students outnumber host students.

To take a closer look at this class let's first see what the teacher had to say in his evaluation. Remember that according to the plan, the teachers, after having the students fill out the sociometric forms, simply placed them in an envelope supplied to them and mailed them directly to the study director. They did not study them, evaluate, suggest or comment in any way. Not that this is the best method, it was simply expedient.

The teachers were asked in their evaluation how minority groups were accepted, the first week, at the end of the first project, end of the second project, and the end of the third project. One teacher said that during the first week the minority groups tended to stay together. At the end of the first project he noticed that most of the class members requested two talented boys from the minority group. He observed a marked preference for choices based on talent rather than friendship, although outside friendship still influenced many decisions. By the end of the second project he noticed more obvious rejections of the less talented boys that continued through the third project, and a "lionizing" of the talented boys. This we may accept as confirmation of the validity of the sociometric tests.

In evaluating the total experiment he says, "the greatest value of this experiment is that it brought both groups together to an extent they would not have experienced normally. Under usual circumstances the boys would

have clustered according to their outside friendships, which were generally along racial lines. The fact that there was little squabbling, high enthusiasm and good feeling in the shop would seem to indicate our inter-mixing of the groups had little 'negative' value."

The host students seemed to accept the other students without regard to their skill rating, for four non-open enrollment students selected for the semi-social situation boys in the lower skill group who were not chosen by the open-enrollment groups at all.

In fact, it would seem that host students, except for the selection of the one most popular boy, chose all those least popular among their own friends.

In two cases, John H. and Chris D., boys who had received no choices from the open-enrollment group were selected by the host group after the experience of working with them.

In the original friendship grouping here, 10 of 11 open-enrollment boys selected all open-enrollment boys for best friends. One made no choices (absent) and one chose one host and two open-enrollment. Among the host students, of the eight boys only two chose no open-enrollment boys, five chose one, and one chose two. At the conclusion of the study every host boy selected at *least* one open-enrollment boy to travel with, but the only change in the open-enrollment boys was that the one who had selected a host in column two did not continue this pattern. However, an open-enrollment boy made the only switch to a host boy; interestingly enough it is the same boy.

We must ask why then, when the open-enrollment boys are the more skillful workers, and the host students sought them out to work with and offered friendship in a non-skill situation, the open-enrollment students so firmly rejected them? We feel it safe to infer from our evidence, that where the open-enrollment students outnumber the host students the need to make friends was not keenly felt. Or, in addition, that the pressure of the open-enrollment group on each other kept them from moving closer to the host group. It would undoubtedly be of great value to study this group further before drawing any further conclusions. We do feel that this limited study proves that the greatest intergroup interaction comes about where the two groups are closer in size and preferably where the host group is even a little stronger numerically.

Let us take a look at the girls next. Here we find far more changing around and more acceptance of certain students as travel companions than in the previous class discussed.

Here we have 8 open-enrollment and 13 non-open enrollment students. Of the 8 open-enrollment, only one selected all open-enrollment girls as her

best friends. Of the 13 host girls, 7 selected one or more open-enrollment girls, and 6 selected only host students. At the conclusion of the study, 8 girls selected at least one open-enrollment girl and 5 selected only non-open enrollment girls. Of the 8 open-enrollment girls, two did not complete the last page of the sociometric tests. Of the six who did, five selected at least one non-open enrollment student, and four selected all three non-open enrollment students.

Thirteen students selected their travel companions directly from their last group, in whole or in major part, 4 open-enrollment girls selected all non-open enrollment girls to travel with, and 7 non-open enrollment girls selected one open-enrollment girl to travel with.

It is interesting to note that for the girls skill was not the clue to popularity, for only one top skill-rated student showed high choice as a partner. We cannot account for this because the teacher rates this student as high on friendliness, willingness to share, and working well as a group member, as he does the other highly skill girls who were not at all sought after. Without the teachers evaluation we might infer that the highly skilled girls tended to dominate their workgroups and therefore, were undesirable partners.

The most highly chosen girl's popularity decreased as the study progressed.

In summary, the non-open enrollment girls made 8 choices of open-enrollment girls among best friends, 6 for working in a group of three, 15 for working in a group of four, and 11 for a visit to the Hotel New Yorker. Among the girls 11 choices for friendship were made from non-open enrollment group, 4 for working in groups of three, 9 for working in groups of four, and 6 for the trip to the hotel.

It seems safe to say, based on the teachers' statements and the students' comments, and our investigation of the sociometric data, that the work was better than previous groups had produced, group performance was good, and the intergroup acceptance and social growth was advanced because of the experience of the work groups.

In the third class where results are complete enough to consider, all but two of the 13 groups moved to a mixing with boys from other groups. The two groups that showed no change were open-enrollment groups where the boys were neighborhood friends, according to their own statements.

The changes we note here, again, are primarily the result of work group acquaintance. That there is as much movement as we find is especially notable when we look at the class situation as described by the teacher. The class climate started off as tense and finally eased off to relaxed. There were cliques

readily noted, based, the teacher feels, on behavior problems seeking each other out. The pride these limited students took in their finished products can best be understood from hearing them on tape recordings. The teacher felt certain they accomplished what they did because of the planned groupings.

In the second phase we worked with 246 students in 2 schools in 11 classrooms with 10 teachers. Of the 246 students, 61 were open-enrollment and 185 were of host schools. There were four home economics classes, two shop classes, all boys; 2 social studies classes, coed, and two science classes, one of which was a control group. This greater number of classrooms meant less control, planning by teachers with little outside assistance, and far fewer supervisory visits—but no less interesting results.

A few classes we describe in depth:

In one social studies class, there were 9 open-enrollment children of whom 5 were girls and 4 boys, and 23 non-open enrollment of whom 15 were boys and 8 were girls in a relatively homogeneous grouping. For the first choice of friends we find that there were 8 intergroup choices—from host to open-enrollment, and 14 from open-enrollment to hosts. There were four isolates, 12 mutual choices and 4 mixed mutuals. The star of the open-enrollment boys was J.E. who had one choice by an open-enrollment and 3 by host boys. Among the girls F.S. an open-enrollment girl, was the only star having 4 open-enrollment choices and 4 non-open enrollment choices.

The host boys stars were T.W. and P.S., each with 2 open-enrollment choices and 4 or 5 host choices.

At the completion of the first reports a second choice was made again for work partners and here we see a great amount of movement and shifting about.

The students shifted from 18 mutual choices to 7 mutuals. T.W.—a student—rated as 1 is a star with exceptionally interesting choices. For friendship he was selected by a mixed grouping of bright and middle range students. However, on the second choice he was selected primarily by students bright and average who were themselves isolates. Described as a boy with real social adeptness one understands the need of isolates to be with the social lion, regardless of his work ability.

From isolation to top star, W.F. moved, a very bright youngster who, as chairman of his group, drove his members hard and M.L., an open-enrollment boy who proved to be both bright and very charming. The star among the girls remained F.S., an open-enrollment student with an in-born social gift, a good mind, and the determination to be friendly.

The lone original isolate was joined by two more middle-range students.

One open-enrollment isolate, a very poor student, remained a complete isolate, but the five boys and 2 girls rated #5 become stars. In this class where the teacher, as was indicated previously, was concerned about the high level of work we see that scholarship took on real value and one might say, glamour, a situation we feel is much to be desired—not feared.

In another classroom, where there were 9 open-enrollment students and 10 host students who were of significantly lower ability, there was no mixing of students. In fact, the students moved from 19 intergroup choices to 10 after completion of the first project. They moved from 4 mixed mutual choices to none, and from 4 open-enrollment mutuals to 8 open-enrollment mutuals. (This supports a first phase conclusion that too even distribution of open-enrollments and non-open enrollment students or more open-enrollment than non-open enrollments is not conducive to mixing but leads to closer cliqueing.)

The low skill students who were also discipline problems, went from 10 choices to only 3 choices. The open-enrollment star started out with 5 choices from the host students as friends and did not maintain his star position. The open-enrollment student who did become a star had only 2 choices from the host students.

This class, unlike all the others, had the widest variation in ability and background. The teacher was so hard pressed merely to maintain discipline that he had to neglect the other students, who resented the fact that they could not work. The teachers who had more homogeneous groupings could not understand this teachers' lack of enthusiasm for the plan, as he could not understand their enthusiasm for it. It wasn't until the open discussion that closed the study (taped) that it was agreed that too wide a range of ability makes it difficult for the teacher to function, or for a healthy class atmosphere to exist. The more disciplined, willing learners resent and reject the disruptive students and poor relationships develop. To try to group such students is both unfair and unwise, and is always unsuccessful.

In one class in Home Economics the teacher was able to continue the program over a longer period of time. The students were able to make one choice for friends, 3 for work groups, and a final choice for a social experience. In this class there were 7 open-enrollment girls and 17 host girls. An analysis of the choices revealed that there was a doubling in the number of mixed choices from 9 to 18 and from no mixed mutual choices to 3 mixed mutuals.

There was one mutual choice among the open-enrollment children of the last choice. The mutual choices among the host children decreased from 7 at the original friendships to 6 for the final social event choices.

One host student went from a star selected by 2 open-enrollment and 6 host students for one work group and by 3 open-enrollment and 5 host girls in another work group to an isolate in the social situation. Exploring this we found the student to be according to the teacher, a bright child and a good worker, very well able to express herself verbally and in writing. The child of a civil servant of limited means she has traveled extensively and has a social maturity far superior to that of her classmates.

Here is a class described by the teacher as homogeneously below average ability where the best workers (the 5's) and the poorest (the ones) are rejected and the stars selected are in the middle-range—the 3's—where they are neither a threat nor a burden to the group.

When we did the tape-recorded interviews with several of the cooperating teachers, and as we worked on the charts, we found that if teachers knew what to look for and what to do with the insights they had gained, sociometry had proven its worth. Without using the knowledge they gain, teachers cannot profit from the entire procedure. For example, two children in one class were isolates very much in need of some personal help. The group guidance counselor did bring one youngster to our attention. The second boy no one mentioned to us, but his problem of isolation should have been investigated. Then, there was a girl, Harriet, an isolate, trying all paths to find friendship, and never chosen by even one classmate. There were in this class two negro girls in open conflict with each other (one wrote on her choice sheet they could not get along and please not to pair them) and Harriet chose these two girls to be her traveling companions. Why? Certainly a technique as simple as sociometry that can reveal such a situation should be valued, and the knowledge used to help a youngster in need of guidance. In another case, only when we inquired, had one teacher noticed that her classmates feared Laura. We had seen her popularity fade from that of a star to that of an isolate, and perhaps if we had asked for rejectees we would have found her actually rejected by her classmates. Why did this happen to a bright, pretty girl? We found some of the reasons in our interview with her, but to the best of our knowledge the teachers had never pooled their appraisals of Laura with guidance personnel.

Teachers in integrating schools need additional assistance and increased motivation for the use of sociometry and other techniques to assist them in understanding the dynamics of their classrooms. A wise investment of staff time may well be a person trained in sociometry and group dynamics who will assist the classroom teachers, both in teaching the use of the techniques prudently and well, and also in interpreting and discussing the findings.

And above all else, there must be free flow of communications, with confidentiality absolutely guaranteed and held inviolate between teachers, guidance personnel and the students themselves about the unusual patterns of behavior they find in students, their interpretation of these patterns, and their own place in the classroom scheme and in their relationship with the pupils.

In our study, we have been exploring the ways to create in all children an awareness of their fellow classmates, a realization that there is a dependency of one person upon another in this world, and that all must accept each other on individual merits, allow for individual differences, work cooperatively with many kinds of people to achieve desired goals. We have been exploring ways to create in classrooms a climate of acceptance by students of each other regardless of differences, and ways of assisting teachers to attain this climate. For, as we said in our introduction to the study, this ability to work constructively and harmoniously and with a sense of responsibility with all kinds of people is the training our students must have to survive in today's world.

AMERICAN SOCIETY OF GROUP PSYCHOTHERAPY
AND PSYCHODRAMA

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Twenty-Seventh Annual Meeting, 1968

The annual meeting takes place at the Hotel Statler Hilton, New York City, from March 28th through March 31, 1968.

The meeting's theme is: "Towards a Better Community". Topics to be dealt with in the meeting are: "A Critical Appraisal of Group Methods as Applied to Home, Society, Therapy and Education"; the meetings will be in the form of panels, workshops, plenary sessions, action demonstrations, round table discussions, etc., with group and audience involvement and participation.

THIRD INTERNATIONAL CONGRESS OF PSYCHODRAMA, SOCIODRAMA, AND THERAPEUTIC COMMUNITY SEPTEMBER 23-25, 1968, PRAGUE, CZECHOSLOVAKIA

Honorary President: J. L. Moreno, M.D., Moreno Institute; President: F. Knobloch, M.D., Charles University Policlinic, Prague; General Manager: J. Rubes, M.D., Czechoslovak Medical Society, J. E. Purkyne, Prague: Program Chairman: D. Dytrych, M.D., Charles University, Prague.

This Congress is being organized by the Czechoslovak Medical Society, J. E. Purkyne. It is sponsored by the World Center for Psychodrama, Sociometry, and Group Psychotherapy.

Previous International Congresses of Psychodrama took place in Paris (1964) and Barcelona (1966).

Thanks to the two previous successful Congresses, this Congress in Prague will enable us to take another step forward. In addition to scientific and action sessions, the program participants will be selected so as to secure a high professional level of exchange and communication. Instead of lectures, stress will be placed on exchange of opinions among psychotherapists representing various schools. Representatives and observers from the various schools of psychotherapy in the USSR, USA, Great Britain, France, West Germany, Deutsche Demokratische Republik, Austria, Czechoslovakia, Hungary, Poland, Rumania, Bulgaria, Yugoslavia, Greece, Italy, Switzerland, Scandinavia, Belgium, Netherlands, Israel, Turkey, Egypt, Japan, India, Spain, Portugal, Mexico, Argentina, Brazil, Canada, Peru, Venezuela, etc. will take part. The number of registrants will be limited to one thousand persons.

The host city, Prague, is one of the most beautiful and one of the oldest capitals of Europe. Its ancient history and long established leadership as a center of learning makes it a particularly attractive meeting place. In addition to numerous social gatherings, sightseeing trips in this appealing metropolis during the Congress, as well as a variety of tours throughout Czechoslovakia upon its conclusion, are being scheduled.

PRELIMINARY SCIENTIFIC PROGRAM

Plenary Sessions

    Panel I: Psychodrama from the Point of View of Different Thera-
               peutic Schools

    Panel II: Institutional Therapy

Permanent Theater of Psychodrama, Round Tables, Creativity Workshops, Psychodrama Workshops.

Registration Fees

USA and Canada (before April 15, 1968): $40.00; accompanying persons: $25.00. After April 15: $60.00, accompanying persons fee remains the same. All countries other than the above: $40.00.

Registration Address

Third International Congress of Psychodrama, Sociodrama, and Therapeutic Community, P.O. Box 311, Beacon, N.Y. 12508.

Program Participants

Program participants are requested to enclose a brief abstract with their registration and title of their contribution to the program, for proper entry. Deadline for program participants: May 20, 1968.

ANNOUNCEMENTS

Canadian Psychodrama Society

The demand for a Canadian Psychodrama Society arose out of the First Annual Psychodrama Seminar held at the Montreal General Hospital on September 30th and October 1st, 1966, at which Jim Enneis was coordinator.

On the 22nd of October, Allen A. Surkis called and presided over a meeting of those persons interested in the formation of a specialized Society for the fostering of psychodrama. At this initial meeting, a Working Committee emerged which has been responsible for drawing up an Operational Framework (rather than a Constitution at this stage) and for the first year the Society will operate in accordance with this. The Working Committee members are: Allen A. Surkis, M.A., Martin L. Solomon, M.D., Sidney Sanders, M.A., Dr. Samuel Pereg, Mr. Joe O'Connor, Dr. Denis Doyon, Mrs. Marjorie Bedoukian, P.S.W., Mrs. Cecile Solomon, Mrs. Linda Schecter, and Miss Ann Sims. Dr. Martin L. Solomon and Allen A. Surkis are Co-Chairmen and Miss Ann Sims is Secretary/Treasurer to the Society.

MORENO INSTITUTE AWARD, 1967

It is our great pleasure to announce that the Moreno Institute Award for the most outstanding Director of Psychodrama has been given to Zerka T. Moreno, Director of Training of the Moreno Institute.

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FILM CATALOGUE

Four 16 mm., black and white sound films, available for rent (or sale)

1. ## PSYCHODRAMA OF A MARRIAGE

Including "Psychodrama of a Dream"

Running time: one hour and forty minutes. Rental fee: $35.00 per showing, plus $2.50 for postage and handling.

A married couple portray their relationship, the problems they are encountering with each other and their in-laws, parents and children. The director takes them step by step through the psychodramatic exploration of their world; the second part of the film shows the enactment of a dream which discloses the basis for the crisis; the final part engages the participtation of the audience in sharing relevant experiences of their own.
Directed by J. L. Moreno, M. D., this film is a masterpiece of kinematographic and didactic psychodrama.

2. ## PSYCHODRAMA AND
GROUP PSYCHOTHERAPY IN ACTION

Running time: one hour.   Rental fee: $35.00 per showing, plus $1.50 for postage and handling.

A group of patients and staff members in a large state mental hospital participate in a psychodramatic exploration of patients who are considered to be recovered and ready for discharge from the hospital. It shows the director choosing a protagonist who represents a cross-section of the population, going through his psychodramatic enactment of scenes in several categories; going home to his parents; returning to his girlfriend; applying for a job; finding a friend, portraying his nocturnal dreams, and lastly a commentary and conclusions on mass psychiatry.
Directed by J. L. Moreno, M. D.

3. ## INTRODUCTION TO PSYCHODRAMA

Running time: 27 minutes.   Rental fee: $20.00 per showing, plus $.75 for postage and handling.

Some of the basic techniques in psychodrama as self-presentation, role reversal, double, mirror and group participation are demonstrated and explained in action; a commentator explains the process and indicates further practical applications.
Directed by J. L. Moreno, M. D.

4. ## ROLE PLAYING IN GUIDANCE

Running time: 17 minutes.   Rental fee: $20.00 per showing, plus $.75 for postage and handling.

A guidance counselor assists a student in the exploration of the child's problem, and works out possible solutions, through role playing. The film ends with a list of questions and suggestions for teachers to consider in their own uses of these methods.
Directed by Robert B. Haas, Ph.D.