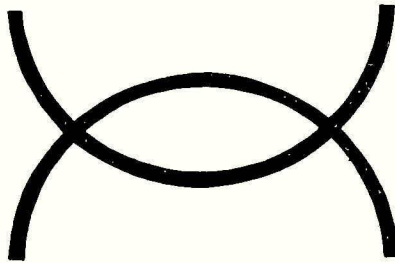


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GROUP PSYCHOTHERAPY AND PSYCHODRAMA

Volume XXVI

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No. 1-2

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GROUP PSYCHOTHERAPY AND PSYCHODRAMA

Volume XXVI

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No. 1-2

CONTENTS

Catharsis: Its Occurrence in Aristotle, Psychodrama and Psychoanalysis — Ildri L. B. Ginn	7
Note on Indications and Contra-Indications for Acting Out in Psychodrama — J. L. Moreno, M.D.	23
Psychodrama and the Crisis of Role Transition — Sandra Garfield	25
Psychodramatic Treatment of a Stutterer — Anath Garber	34
Psychodrama and Multi-Media Therapy with Emotionally Disturbed Children — Nehama Baum	48
Psychodramatic Children's Warm-ups for Adults — Marcia Robbins	67
Laboratory Training: A Review of Problem Areas — B. G. Fiman and D. R. Conner	72
Action Therapy: An Intervention for Increasing Involvement in Human Interaction Training — Walter E. O'Connell, R. R. Baker, P. G. Hanson and R. Ermalinski	92
Implosive Psychodrama — James M. Gumina, Jay V. Gonen and James Hagen	97
The Use of Videotape in Group Psychotherapy — Nazneen S. Mayadas and Donald E. O'Brien	107
Applying Crisis Theory and Sociodrama in Criminal Justice Education — Ronald I. Weiner	120
American Society of Group Psychotherapy and Psychodrama	130
Moreno Institute	133
News and Notes	134

Founded by J. L. Moreno, 1947

CATHARSIS: ITS OCCURRENCE IN ARISTOTLE, PSYCHODRAMA AND PSYCHOANALYSIS*

ILDRI L. B. GINN

Cambridge, Massachusetts

I intend, in this paper, to compare the idea of *catharsis* in three of its most significant incarnations: in its function within Greek tragedy as formulated by Aristotle within the *Poetics*, by Jacob Moreno in its expanded and enhanced place within psychodrama and within the context of the psychoanalytic concept of therapeutic change. The persistence of the term since the ancient times attests to its evocative power: it elicits deep emotional responses in those who hear it. Its centrality to the thought of Moreno is unquestioned. My challenge in this paper is to clarify, precisely and specifically, the connections the psychodramatic catharsis bears to the catharsis on the stage in Greece as well as the enlargement of its therapeutic possibilities from the germinal psychoanalytic understanding.

Following these conceptual presentations, I will illustrate the distinctions between the psychodramatic conception and psychoanalytic conception with two extensive clinical examples taken from my own experience.

I hope to illustrate the significance of *catharsis* as both an idea and an experience and to illuminate its metamorphoses, through time, as well as its fulfillment within psychodrama.

Aristotle is credited with the first definition of the place of catharsis within Greek drama. The idea of catharsis is intimately related to the concept of tragedy within Greek theatre and it is toward this concept of tragedy that we must turn in order to understand the Aristotelian understanding of catharsis. From his *Poetics* comes this definition of tragedy:

Tragedy, then, is an imitation of an action that is serious, complete, and of a certain magnitude; in language embellished with each kind of artistic ornament, the several kinds being found in separate parts of the play; in the form, of action, not of narrative; through pity and fear effecting the proper purgation of these emotions.

Gilbert Norwood (8), in *Greek Tragedy* illuminates some of the assumptions which support the Aristotelian definition. It is important to understand the

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GROUP PSYCHOTHERAPY

nature of Aristotle's frame of reference since his definition has so molded the Western notion of tragedy since its inception:

The definition plainly applies to Greek Tragedy alone and is understood by Aristotle: we observe the omission of what seems to us vital — the fact that tragedy depicts the collision of opposing principles as conveyed by the collision of personalities. Secondly, the famous dictum concerning "purgation" (catharsis) is now generally understood as meaning, not purification, or "edification" of our pity and fear, but as a medical metaphor signifying that these emotions are purged out of our spirit. (8: 43)

So, according to Norwood, tragedy, in the Greek theatre, uses personalities as vehicles for principles. These personalities function within a highly structured *plot* which Aristotle called, in the *Poetics*, "the soul of tragedy". Aristotle is very specific about what constitutes plot. It is important, I feel, to outline some of the major components of this concept (plot) in order to understand what relationship it bears to catharsis. Only when the relationship is clear, can the true place of catharsis within the Greek system be correctly understood.

In this section, I will outline, briefly, the Aristotelian points as they appear, originally, within the *Poetics*. Additional expansion of the points will follow their designation:

The proper scope of tragedy is comprised within such limits that the sequence of events according to the law of probability or necessity, will admit of a change from bad fortune to good or from good to bad.

The requirement for tragedy makes mandatory that a change of fortune appear within the plot and that such a change be justified by the action as well as appearing logically necessary and probable:

The plot must imitate an action and, as a whole, the structural union of the parts being such that if anyone of them is displaced or removed, the whole will be disjointed and disturbed.

Here Aristotle makes clear the organic unity which must exist for the tragedy to occur. There is no room within this conception for the random, arbitrary or unplanned. Aristotle further elaborated on this "unity of action," "of all plots and actions the episodic are the worst, in which the episodes or acts succeed one another without probable or necessary sequence."

In the following point, Aristotle introduces one of his most famous concepts, that of "peripeteia" (Recognition):

Plots are either simple or complex. An action I call simple occurs when the change of fortune takes place without reversal (or recoil) of the action and without recognition. A complex action is one in which the change is accomplished by such Reversal, or Recognition, or by both.

PSYCHODRAMA

Such Reversal (or recoil) is a change by which the train of action produces the opposite of the effect intended. Such a change is, of course, always subject to our rule of probability or necessity.

A complex tragedy, then, involves the achievement of a higher order of understanding (an illumination) or the ascent to a new level of self awareness. Aristotle suggests here, or so I understand it, that a more profound experience is achieved when the plot is complex: the recognition of some new element in the action and the attendant reversal of attitude signifies a more profound experience.

Central to an appreciation of the Aristotelian conception of tragedy is the exclusion of the inexplicable, the imponderable from the action. In his own words:

Within the action there must be nothing irrational. If the irrational cannot be excluded, it should be outside the scope of the tragedy. The unravelling of the plot must arise out of the plot itself; it must not be brought about by some *Deus ex machina*.

It is easy to see, from the foregoing exploration of the underpinnings of Greek Tragedy, how formal and structured a concept it is. Certain kinds of situations must be present and, within these situations, the actors unravel the necessary, logical, sequential nature of these situations. There is no element of surprise, chance, mystery or improbability. Greek Tragedy is a beautiful exercise in the logic of life.

It seems important to reassert, again, that "*the task of tragedy is to produce through the exercise of fear and pity the liberation of such emotions.*" It seems to me that I can understand three distinct conceptions of catharsis present within the Aristotelian framework. The first involves the presence of the cathartic experience within the tragic plot itself. The dramatic arrival of recognition, the reversal of an attitude, the climaxing of emotion within the written play itself constitute one dimension of *catharsis*. The second dimension exists on the stage itself. There the actor, playing the role of the tragic protagonist, achieves the theatrical catharsis of his persona. After enduring the struggle of his experience and achieving a new level of understanding and integration, the stage hero "performs" a catharsis, a purging which triggers the audience catharsis. Within this audience catharsis resides the deeper recognition about life as well as the liberation of fear and pity of which Aristotle speaks. The audience, the witnesses enact, within themselves, those emotions with which they strongly identify on the stage. While the stage emotions are simulated, "theatrical," the witnesses experience their authentic correlates within themselves. As a result, the purging which they experience

GROUP PSYCHOTHERAPY

embodies curative as well as illuminative possibilities. If the experience is powerful and true enough they can be healed.

Moreno (6) writes about the origins of his concept of mental catharsis:

There have been two avenues which led to the psychodramatic view of mental catharsis. The one avenue led from the Greek drama to the conventional drama of today and with it went the universal acceptance of the Aristotelian concept of catharsis. The other avenue led from the religions of the East and the Near East. These religions held that a saint, in order to become a savior, had to make an effort; he had, first, to actualize and save himself. In other words, in the Greek situation the process of mental catharsis was conceived as being localized in the spectator — a passive catharsis. In the religious situation the process of catharsis was localized in the actor, his actual life becoming the stage. This was an active catharsis. In the Greek concept the process of realization of a role took place in an object, in a symbolic person on the stage. In the religious concept the process of realization took place in the subject — the living person who was seeking the catharsis. One might say that passive catharsis is here face to face with active catharsis; aesthetic catharsis with ethical catharsis. These two developments which heretofore have moved along independent paths have been brought to a synthesis by the psychodramatic concept of catharsis. From the ancient Greeks we have retained the drama and the stage, from the Hebrews we have accepted the catharsis of the actor. The spectator has become an actor himself. (5: XIV)

Moreno's initial innovation on the drama challenged, in a radical way, the neat separation between spectators and actors, between the esthetic and the therapeutic as well as the distinction between the individual and universal. All these divisions, these boundaries served to define the territory of the Greek tragedy. At the core of this territory, of these boundaries is the conviction in the necessity of the *plot*. Without plot, without preconceived denouement, predecided recognition, the spontaneity and the creativity of the actors could be released and a community of theatrical participants could be formed. This release from the bondage of plot can make possible imaginative extension into further worlds: "the patient-actor is like a refugee who suddenly shows new strength because he has set foot into a freer and broader world." What is the relationship of catharsis to this enlarged sense of dramatic possibility:

Catharsis is generated by the vision of a new universe and the capability of new growth (abreaction and release of emotion are only surface manifestations). Catharsis begins in the actor as he enacts his own drama, scene after scene, and climaxes the moment when peripety is reached. (5: 16)

PSYCHODRAMA

Moreno's redefinition of the notion of *catharsis* demonstrates the radical character of his departure from Aristotle. Moreno began to develop the revolutionized re-definition in his early writings about the theatre. This quotation is taken from *Das Stegreiftheater*:

Catharsis takes place not only in the spectator and not in the *dramatis personae* of an imaginary production but in the spontaneous actors in the drama who produce the personae by liberating themselves at the same time. (6: 9)

Already this conception of catharsis expands dramatically from the definition which appears in the *Poetics*. In the first place, the catharsis takes place not in an *imaginary* production but in a real dramatic event within the present. All the catharses within the psychodramatic event are authentic catharses; none are simulated. Moreno makes clear the distinction here between "acting" for the theatre and the work of auxiliaries within a psychodrama: the improvisatory nature of the drama makes catharsis possible.

In order to understand Moreno's expansion and extension of the concept of the catharsis, it is significant to examine the meaning of *conserve*. As Moreno says in Volume One, of *Psychodrama*:

The ground upon which the analysis of the theatre is based is not a finished product but the spontaneous and simultaneous realization of a poetic, dramatic work in its process of development from its *status nascendi* on from stage to stage. (5: 15)

This ground differs drastically from the Aristotelian territory. The outcome of the psychodramatic event is not predetermined by any structured set of guidelines or prescriptions. A psychodrama is not enactment of a previously formalized plot. Rather a psychodrama is the spontaneous, processual realization of a dramatic work: it is its own development from stage to stage as it is occurring. Moreno discusses the distinction he makes between the Aristotelian conception of tragedy and psychodrama in Volume One of *Psychodrama*:

Aristotle's definition of tragedy itself as "an imitation of action and of life," questionable even in its conserved form, underwent a profound change. Psychodrama defines the drama as an extension of life and action rather than its imitation but where there is imitation the emphasis is not on that it imitates, but upon the opportunity of recapitulation of unsolved problems within a freer, broader and more flexible social setting. (5: 15)

Where the Greek notion of tragedy created limits of situation, of development and of denouement, psychodrama explodes such limits, the very idea of such

GROUP PSYCHOTHERAPY

limits, to release the creative energy of spontaneity. This imagining, on a stage, in a "freer, broader and more flexible social setting," permits explorations into new worlds of possibilities rather than serving, as does classic tragedy, as an object lesson in the deeper losses and limitations of life. The emphasis has undergone a major and profound shift with Moreno who sees psychodrama as opening out into the unknown, "unplotted," as yet unimagined. Not only is psychodrama not an imitation of life (such a concept is already a constriction) but it is, in its intention and in its form, an expansion into newness.

It is not only in the rejection of the *conserve* of Greek tragedy and in the repudiation of drama as the "imitation of life" that Moreno deviates from Aristotle. Moreno reverses the hierarchy of Aristotelian priorities. Moreno has reversed the status of the catharsis. Where, in Aristotle, the catharsis is secondary to the organic unfolding of the plot, in psychodrama the catharsis is both the main event as well as the aim of the action. To phrase it another way: in classic Greek tragedy, the "*story*" is primary, while in psychodrama, the "*story*" is in the service of the achievement of that ultimate expression and release, catharsis, and integration.

Moreno spoke to his emergent definition of catharsis in remarks to the American Psychiatric Association, May, 1946:

As practically every human activity can be the source of some catharsis, the problem is to determine in what catharsis consists, in which way it differs from happiness, contentment, ecstasy, need satisfaction, and so forth, and whether one source is superior in the production of catharsis to another source; indeed, whether there is an element common to all sources which operates in the production of catharsis. Therefore my aim has been to define catharsis in such a way that all forms of influence will have a demonstrable cathartic effect and can be shown as positive steps within a single total process of operation. I have discovered the common principle producing catharsis to be: spontaneity. (5: d)

Where plot was (Aristotle), there spontaneity shall be according to Moreno. It seems clear that what has occurred in the movement from Aristotle to Moreno has been a reversal of premises. Aristotle has asserted that plot is the necessary ingredient for the occurrence of catharsis: Moreno argues that anti-plot, spontaneity, is the true energy of authentic catharsis.

For Moreno, every element in operation in a psychodrama works toward the achievement of the catharsis. In fact, it is the "single total process of operation" that works, from the base of spontaneity, toward that catharsis in which all participants ultimately share.

There exist various categories of catharsis within the Morenian scheme. There is a broad, organizing concept of catharsis under whose aegis exists the

PSYCHODRAMA

more operational definitions of the term as it exists within a specific psychodramatic occasion. This umbrella concept is mental catharsis (catharsis of integration). In *Who Shall Survive* Moreno (7) himself defines mental catharsis:

Mental catharsis is here defined as a process which accompanies every type of learning not only a finding of resolution to conflict but also a realization of self, not only release and relief but also equilibrium and peace. It is not a *catharsis of abreaction* but a *catharsis of integration*. (7: 35)

This notion of mental catharsis is a considerable enlargement of the etymological meaning (a purging). Catharsis takes on, in this definition, a further dimension of healing: the work of reordering that which the purging displaced. In the Morenian understanding, catharsis is much more than an intense reliving of some past event. Rather it is a communal as well as a private ritual: a shared rite of healing. This communal ritual can be fragmented into its component parts as it functions within a psychodrama itself. Moreno defines the following types of catharsis as they occur within a group: the catharsis of the protagonist, of the auxiliary, of the director and, finally, of the group itself.

He describes himself how this dynamic operates within a group in Volume One of *Psychodrama*:

The subject becomes dynamically aware of the audience. In the beginning of the session, he was angrily or happily aware of it. In the warming up of the production, he became oblivious to its existence but now he sees it again, one by one, strangers and friends. His feeling of guilt and shame reach their climax. However as he was warming up to the production the audience before him was warming up as well. But when he came to an end, he was just beginning. the *tele-empathy*, *transference* complex undergoes a third realignment of forces: it moves from stage to audience, initiating among alter egos intense relation. As the strangers from the group begin to rise and relate their feelings as to what they have learned from the production, he gains a new sense of catharsis: a group catharsis. He has given love and now they are giving love back to him. Whatever his psyche is now, it was moulded originally by the group: by the means of the psychodrama it returns to the group and now members of the audience are sharing their experiences with him as he has shared with them. (5: 18)

The dynamic, interactive nature of the Morenian conception is highlighted in this description. The cathartic energies flow between all components of the psychodramatic event: the group catharsis occurs somewhat as in spontaneous combustion. Rather than the audience responding, unilaterally, to some fixed

GROUP PSYCHOTHERAPY

simulation on the stage, each element within a psychodrama: protagonist, director, auxiliary, audience, participate in the collective catharsis which they jointly create.

I can now begin to sum up some of the major differences between Aristotle and Moreno on the subject of catharsis. It seems clear that Moreno has pioneered on both the frontiers of drama and of therapy: psychodrama represents some radical innovations on both territories. Moreno has created a form which marries the dramatic and the therapeutic: it is both an expansion of prior conceptions of healing as well as further enlargement of the curative power of the dramatic form. Moreno has replaced plot with spontaneity and moved the audience from a passive to an engaged position. He has created a form which makes possible a collective catharsis, shared both in energy and synergy. Most significantly, Moreno has enhanced the possibility for creation and creativity with the drama. He has traveled from the conserve to the creation and in doing so has liberated the theatre to do the same.

The psychoanalytic conception of catharsis (and its behavioral correlate, *abreaction*) first grew out of studies of hysteria by Freud and Breuer, (1893-1895). They discuss initial discovery of the therapeutic value of the catharsis in *Studies of Hysteria*:

For we found, to our great surprise, that each individual hysterical symptom immediately and permanently disappeared when we had succeeded in bringing clearly to light the memory of the event by which it was provoked and in arousing its accompanying affect, and when the patient had described in the greatest possible detail and had put affect into words. Recollection without affect almost invariably produces no results. The physical process which originally took place must be repeated as vividly as possible; it must be brought back to its *status nascendi* and then given verbal utterance. (2: 41)

What Freud does not describe here is the degree of affect required for the recollection to have therapeutic value. It is not entirely clear what bringing the physical process to its "status nascendi" is all about: does the "status of birth" entail a return to only the vivid memory and the feelings the memory arouses or, rather, to the feelings which attend the event at the time of its occurrence? It is my understanding of the Freudian concept that verbal utterance does include not only talking about but also feeling out loud: the intense expression of affect through sound and gesture.

Freud and Breuer were careful, however, not to overemphasize the therapeutic value of catharsis. They qualify its usefulness in the following passage taken from the *Psychotherapy of Hysteria*:

PSYCHODRAMA

I do not maintain that I have actually gotten rid of all the hysterical symptoms that I have undertaken to influence by the cathartic method. But it is my opinion that the obstacles have lain in the personal circumstances of the patients and have not been due to any question of theory. I am justified in leaving these unsuccessful cases out of account in arriving at a judgment, just as a surgeon disregards cases of death which occur under anaesthesia, owing to post operational haemorrhage, accidental sepsis, etc. in making a decision about a new technique. (2: 306-307)

Freud here seems to be saying that the cathartic method works for the deeply repressed traumatic material which hysteria conceals. That is, he claims that the method of deep and vivid recall *with intense expression of feeling* will defuse the psychic power the event still manages to exert over the unconscious. Failures of the method can be explained in terms of intense patient resistance or in other circumstances of the therapy which inhibited the achievement of the cathartic moment:

The cathartic method is not to be regarded as worthless because it is symptomatic and not a causal one. For a causal therapy is in fact as a rule only a prophylactic one; it brings to a halt any further effects of the noxious agency but does not therefore necessarily rid the results which that agency has brought about. As a rule a second phase of treatment is required to perform this task, and in cases of hysteria the cathartic method is quite invaluable for this purpose . . . (2: 308)

Freud here seems to be exonerating a therapy which achieves a remission of painful symptoms. Particularly in hysteria which is so debilitating a sickness the relief of painful and recurrent symptoms is as significant a therapeutic achievement as the understanding of the causation of the disease. But Freud is limiting the profound character of the cathartic experience: catharsis relieves symptoms but it does neither explain nor cure illness:

It may be objected that, in cases of hysteria, like this, in which the illness has run its course, the residual symptoms in any case pass away spontaneously. We may readily leave it for the moment as an unresolved question whether by means of the cathartic therapy we cure only what is capable of spontaneous cure or sometimes only what would have been cleared up spontaneously. (2: 310)

Freud, in his usual unsparing honesty with himself, raises another possible objection to the validity of the cathartic method. Are these symptoms, which catharsis claims to alleviate, capable of spontaneous remission of their own accord? In other words, does the cathartic method simply help along a process

GROUP PSYCHOTHERAPY

which is already "in the works" as it were? He calls the question unresolved. But this may be simple modesty on his part. The discovery of the cathartic method was clearly an important new addition to the growing assemblage of psychoanalytic treatment strategies.

Freud and Breuer conceived, of course, of the cathartic method within the psychoanalytic framework. That is, the patient is passive, reclining and removed from the action, from the context of his experience; he becomes the protagonist in the film being produced inside his head.

It is important to make clear what separates the Freudian concept of abreaction from the Morenian concept of catharsis. In psychoanalysis, the structure encourages reflection and insight. There is no energizing process, no concretization, no active intensification to surface the abreactive experience or to enhance its expression. So, in psychoanalysis, the techniques available to occasion the abreactive experience are limited to free association, the transference relationship, sound and verbal utterance. In psychodrama, alternatively, the entire arsenal of dramatic weaponry is marshalled for the achievement and maximization of the cathartic moment: props, lighting, auxiliaries and a director in addition to such powerful techniques of the psychodramatic theater as role reversal and doubling. Catharsis is, in psychodrama, a dynamic process: a dialectic of feeling and movement between the various components of the psychodramatic event. So for Moreno, and within the psychodramatic model, catharsis is a shared action within a larger stage where the drama is enacted. It is a product of action rather than simply of reflection.

Whereas in psychoanalysis, the process serves reflection and insight; in psychodrama, the process is in service of *mental catharsis*.

I would like now to turn toward some clinical application of the notions of catharsis I have just explored. I want to use two examples to explore: one from a personal report of a psychoanalysis; another from my own work as a psychodrama director. The report of an example of cathartic abreaction comes from an extended discussion with a close friend who spent several years in analysis in Boston:

"The episode I am about to relate to you occurred during my second year of analysis. I was meeting with my analyst four times a week. During these visits, I would lie on a couch and he would sit behind me outside of my sight. The couch was next to a window from which hung venetian blinds very exactly: they were dirty and had goldish tassels with which I played while I talked during my sessions. The sessions always began with the analyst asking me to close my eyes. I would close them and I would lie in silence for several minutes until he asked me to talk about what I was

PSYCHODRAMA

seeing behind my closed lids. Invariably there were some outlines of an image or some colors which, when I concentrated, took some shape and began to form the beginnings of a mental picture.

"Sometimes it would take several long minutes for any such image to emerge; other days I would close my eyes and it was as if a photograph were presented to me behind my eyes.

"I remember this one day very clearly. I closed my eyes quickly upon hearing the instruction and, almost instantaneously, I saw some tall fir trees and a very clear blue sky. I began to describe what I saw as soon as the images became vivid. The doctor pressed me about the picture: were there people there? Did I hear any voices? I remember the effort I made to concentrate on the image and how slowly I began to place these trees and this sky into a coherent memory of a particular place in my early childhood.

"The memory involved a picnic lunch I was having with my parents at a Swiss resort where we were vacationing together. I was about five years old at the time; we had been living in Switzerland on a high mountain lake for about a year or so at the time of the picnic. The analyst questioned me about the details of the scene: how were we sitting? What kinds of food were we eating? I could not know for certain, of course, whether these details were accurate but my *experience* was of watching a film which was being played before my eyes. The doctor then questioned me about the action that ensued. I began to remember the meaning of the scene; the reason that I had recalled it to begin with. This picnic had involved a confrontation between my father and myself that I had forgotten about until this recollection. I had run away from the lunch: for some unknown reason I had raced down to the lake which lay hidden behind the forest of pine trees where we had been sitting. My father had called after me; I had remained silent and had not answered his calls. His cries for me became more and more anxious, more urgent as he was unable to locate me. He chased around through the trees; I heard his quickening steps and rushed breathing. Finally, he appeared, suddenly, from behind a little grove of trees and stood facing me as I huddled by the lake. He was in a rage. He rushed towards me; I held back and cringed in fear. Then he struck me, loudly, across my face.

"My heart started beating quickly and my pace speeded up as I began to remember the reason for the scene which I had recalled so vividly. As I began telling about the chase and the final confrontation and the striking, I began to cry uncontrollably. When I reached the part where I recalled being slapped, I burst forth with sobs and cries which drowned out my

GROUP PSYCHOTHERAPY

words. I was lost, on the couch in the doctor's office, in the grief and sorrow and shame and guilt so long buried which had attended that forgotten event. It was my earliest memory of my father's fierce anger at being duped or crossed in any way. I can still remember my disbelief at being told that my hour was over. I must have been transported by the memory; I had lost complete track of time."

The above is an almost classical example of abreaction. My friend arrived at her memory through the power of free association; she merely permitted her mind to wander until she arrived at the memory behind the cues. She let herself be carried along in the energy of the memory until she arrived to the feeling which had originally accompanied the event. In fact, she claims not to have remembered how she felt when the event actually happened many years ago. She assumed that the feelings she recalled must have been present at the time of the episode. She is not certain that she expressed them at that time.

It is important to note that this reliving of this early trauma, its imaginative reconstruction and the intense experience and expression of affect is all achieved without any physical action. There is no motion; the patient remains reclining on a couch. There is hardly any encouragement from the analyst; in fact, his silence is frequently the only contact he permits.

I emphasize the passive character of psychoanalysis in its relationship to catharsis. The technique merely makes possible an ambiance, a mood in which catharsis is possible. Very little active is done to further along the process of recollection or to intensify whatever feelings attend the beginning of a memory. This passivity, is in radical contradiction to both the theory and practice of psychodrama. Rather than merely permitting the achievement of catharsis, every aspect of the psychodramatic event works toward its occurrence. The concretization of settings, the collapsing of time past and future into time present (the here and now), the dramatization of situations, the presence of alter egos and auxiliaries: everything in a psychodrama conspires to the culmination of catharsis for the protagonist as well as for the director and for the audience.

I can recall a psychodrama which I recently directed which involved the protagonist, the auxiliaries, the audience and the director in a profound cathartic experience. In describing the different aspects of the psychodrama, I hope to illuminate what within the structure lent support and shape to the catharses which emerged. The protagonist was a young woman in her middle twenties whose father had died several months earlier. Her parents were divorced and her father had remarried late in life. He had died and been buried at a great distance from his daughter. His death had required that she travel a great distance and attend to his hysterical widow whom she hardly

PSYCHODRAMA

knew. She was still deeply grieving herself although she had been unable, before the psychodrama, to express some of the deepest feelings attending her loss.

I asked C., the protagonist, how she would like to begin the psychodrama since she seemed already warmed up to begin. She wanted to bring her father to the group, to introduce him to her friends there and to hear what group members had to say about her. She chose a group member to play her father and, through frequent role reversal, she gained touch with the sound of her father's voice and his characteristic way of expressing himself. She had the opportunity to walk into a room as he would and to relate to her as he had in life. This concretization of gesture, of gait lent a dimension of credibility to the scene. His presence on the scene in the first place is the magic of psychodramatic surplus reality: that imagination, fantasy dimension where the impossible is made present.

I think it is important the protagonist himself is responsible for the choice of the scene to be explored as well as for the concretization of the setting and the choice of auxiliaries to be the characters. The exercise of choice at this time compels the protagonist to think in terms of active creation of his own drama: he alone has the power to lend reality to the event that is occurring.

In the case of C., her wish was to hear again her father's voice and to experience himself as though he were still alive. His presence in the group, his acting as an agent among them, warmed up the audience as well as the auxiliaries to the man as he was alive. As for the group member who became C.'s father, he was warmed up to the role as well as to C.'s feeling toward her father. He became C. in her recollected relationship with her dead father. In this configuration the *tele-empathy-transference* which Moreno discusses in Volume One of *Psychodrama*, begins to happen to all parts of the group.

After this scene, in which C., as her father, encountered her group and expressed some of her love toward her father, the psychodrama moved from life into death. C. expressed the need to relive the funeral scene at which she had felt so alienated and alone. During the actual event, she had been cast in the role of comforter rather than of comforted. The needs of the widow and of other less intimate friends took precedence over her own grief. She had, in fact, not begun to truly grieve.

Again, working on the principle of surplus reality, I asked C. to set up the funeral just as she wished it had happened. She chose someone to play herself (her double) and was free to step back from the scene in order to view it afresh. She chose those friends of hers whom she would have liked to have been present. She expressed to her father's widow her disgust and resentment at the widow's self-centered hysteria. She threw out people whom she felt

GROUP PSYCHOTHERAPY

should not have been there. She used a free hand in order to design the scene in the way that most closely suited her own needs.

After this rearranging of past reality in order to suit the emotional claims of the present, C. was prepared to speak directly with her father. He was played, in death, by a group member to whom C. felt some real attachment. His face was covered and he lay rigid on the floor. He seemed quite dead.

The stage was cleared and the scene belonged entirely to the protagonist. Slowly she approached the prone figure on the floor and circled around him. She began, gingerly and tentatively, to touch his face and then to begin to speak to him. In a clear voice, she told him what she had most valued about him and what she would continue to cherish. She expressed her thoughts to him about him at the time of his death. She closed her eyes and rocked him back and forth in her arms. Suddenly, there arose from her deep sobbing and wailing as she began to experience her truest grief at this loss. The haunting sound of her weeping filled the large room where the group was gathered. It had a hollow, aching quality and, as I looked around the room, others had joined with C. in the universal experience of grief in the face of death. People were holding onto each other. I myself was moved to tears.

It seems to me that this psychodrama demonstrates the power of the method to arouse the deepest feelings in all members involved. Those who play roles come closest to the protagonist: on the occasion of role reversal, they actually *are* the protagonist and have the opportunity to experience what is being enacted. Those who merely witness the event also participate emotionally. In the case of C.'s psychodrama, I felt that her catharsis triggered off the latent catharsis in others until ultimately a group catharsis was achieved.

Everything in the psychodrama swelled to this event. The enlivening of her father, the warming up of auxiliaries to their roles, the concretization of sceneries, e.g., the physicalization of the funeral scene, the stimulation of major characteristics of the person and the use of extended, surplus reality.

In this psychodrama, major emotional learning seemed to take place during the catharsis of the protagonist and the group. It was an experience of the deepest expression of emotions and a new integration for everybody concerned on a higher level. The intention and explicit aim of the psychodrama to achieve this purging and integrating experience for all involved was reached.

H. D. F. Kitto (4), in a study entitled *Greek Tragedy*, sums up the Aristotelian sense of the ultimate aim of tragedy:

The catharsis that we are looking for is the ultimate illumination which shall turn a painful story into a profound and moving experience. (4: 62)

PSYCHODRAMA

This goal of the Greek Tragedy, first formalized in its structure by Aristotle, has resonated throughout dramatic history. For Aristotle, this "ultimate illumination" might be achieved only after reversal (recoil) and recognition has occurred. Tragedy can only apply to a limited set of life situations (i.e., "a change from ignorance to knowledge producing love or hate between the persons destined by the poet for good or bad fortune") and must involve the "unravelling of a plot."

Moreno, as early as the 1920's, revolutionized the concept of *catharsis* by liberating it from the bondage of plot and by linking it to his central organizing principle: spontaneity.

This linkage changed the nature of the concept as well as its function within the theatre of spontaneity and psychodrama. Catharsis, rather than occurring with a role enacted by an actor, explodes, in real life, within the psychodramatic protagonist in resonance with the witnessing group. Catharsis is the primary focus of the psychodramatic event: it is the locus of the action as well as its aim. It occurs, not as the result of a predetermined structure and within the limitations of formal plot, but as the result of spontaneous exploration of areas of the protagonist's inner world and feelings. The psychodramatic catharsis is the catharsis of reality: it accords with the real experience on the stage rather than responding to the story line of an artificer.

The healing character of the cathartic experience has been explored and chronicled by psychoanalysis as well. But, like the Aristotelian understanding of the concept, it is secondary to the primary process of psychoanalysis which is the insight borne of reflection which follows the abreaction (catharsis) experience.

At its best psychodrama should permit the widest and deepest expression of feeling as well as illuminate the *status nascendi* of the expressed experience. This ultimate psychodrama would reveal to the protagonist the relationship the explored experience bears to his personality structure as a whole as well as clarify the nature and direction of the work to be done to achieve desired future change.

I feel that some relationships can be suggested between the three notions of catharsis explored in this paper: the classic Greek concept, the psychodramatic and the psychoanalytic usages. Within the Aristotelian division between Simple and Complex Tragedy, I postulate two distinct kinds of catharsis as well as the simple and the complex catharsis. The simple catharsis, in my extended analogy, involves the identification and purging of intense emotion by the audience as they witness the enactment on the stage. Complex catharsis, alternatively, offers not merely purging but illumination: the recognition of reality anew and consequent reversal of inner attitude.

GROUP PSYCHOTHERAPY

This speculative postulation of the complex catharsis in the Aristotelian model corresponds most closely to the Morenian concept of mental catharsis, (the catharsis of integration) involving the purging of emotion for the actor, auxiliary, director and audience, as well as the achievement of a new level of consciousness about personality, society and existence. But whereas the Aristotelian conception is limited in scope to the catharsis of the audience, the psychodramatic conception involves all parts of the psychodrama as well as the various group elements and the group itself.

In psychoanalysis, it seems to me that the catharsis occurs in two differentiated stages: the abreaction reconstructs the experience which triggers the intense discharge of emotion and the analytic process resumes following the abreaction. The analytic process, through its valuation of perspective and detachment, occasions the integration through the pursuit of further insight. Psychoanalysis focuses chiefly on insight and reflection.

It is to Aristotle that we owe the term and its application to the drama. Psychoanalysis enlarged the application to include the explicitly therapeutic: (cathartic) experience for the analysand.

In psychodrama, the activity, the labor of catharsis is at the heart of experience. Moreno has enlarged the scope and work of the concept of catharsis beyond its original limits in both Aristotle and Freud. He has restored catharsis to its most ancient and most profound meaning and function: the healing and elevation of the spirit.

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NOTE ON INDICATIONS AND CONTRA-INDICATIONS FOR ACTING OUT IN PSYCHODRAMA

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The psychodramatic realization of suicidal or homicidal fantasies may give courage and prepare a patient to carry out the suicide in life itself. Such a patient may be already warmed up to the near-action point when the treatment begins. It is obvious that such a treatment process is contra-indicated unless the greatest precautions are taken to protect the patient against himself. First of all, he has to be in the supervised environment of a hospital community. It is contra-indicated in day hospitals, in doctors' offices and in extra-mural clinics.

It is useful to differentiate between individuals who tend to be "tele-sensitive" and those who tend to be "transference-sensitive." Many so-called psychopathic personalities belong to the first class; for them a dynamic and open approach is indicated. The psychodramatist has to have, besides telic sensitivity, knowledge of the codes of alcoholics and drug addicts, as well as of prisoners in a prison, in order to approach them effectively. Any kind of role playing on a fictitious level, unrelated to their actual dynamic problems will not reach them. They need direct and realistic psychodrama. In order to meet the needs of extreme realism, we have gone, for instance, in one of our experiments, with the acceptance of the alcoholic to the point where we have a bar and a bartender in the theater, so that a group of alcoholics can act as freely as in a real barroom. They sit at the counter, order their drinks and get them. They make conversation with neighbors like in a bar. This is often the starting point of alcoholic psychodrama. This apparent extreme tolerance gives the psychodramatist unlimited opportunities for diagnosing and participating in the activities of the patients as if *in situ*, but still under the conditions of possible supervision and control.

Acting out is used in group sessions only when there is a clear indication for it. Frequently an entire session is spent in discussion of a previous session or preparatory to a psychodrama in the next session. It should be remembered that psychodrama and group psychotherapy are two independent developments. Contrary to unsophisticated opinion, psychodrama is the broader classification. Individual, "a deux" psychodrama is possible, it is an accepted

GROUP PSYCHOTHERAPY

and valuable form of psychotherapy. But obviously "individual" group psychotherapy is a contradiction in adjecto. Individual psychodrama may be combined by psychodramatic group treatment in such cases where certain types of problems are not suitable for group revelation or when the patient feels the level of acceptance is not compatible. Similarly, individual psychodrama treatment may be combined with group psychotherapy, psychodrama with verbal group psychotherapy, etc.

It should be remembered that verbal group psychotherapy is the audience portion of psychodrama without the action portion. However, due to the non-psychodramatic orientation of many group psychotherapists who have entered the field, the verbal portion has tended to rely largely on analysis and interpretation, or discussion and verbal confrontation. It is still the major contribution of psychodrama to have insisted that even verbal interchange should not be of this nature, but more on the basis of the encounter, with group members sharing revelations about themselves rather than analyzing and interpreting. This sharing has become one of the more important areas of practical application in group therapy and prepares the group members for the next step, that of going from the verbal to the acting dimension, wherever indicated and when the process can be guided by a skilled psychodramatist.

PSYCHODRAMA AND THE CRISIS OF ROLE TRANSITION*

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INTRODUCTION

Psychodrama and group psychotherapy were originated by the creative genius of J. L. Moreno, M.D. early in this century. His philosophies, theories and continuing development of the methodology have provided the foundation for the outgrowth of innumerable therapeutic approaches in the behavioral and social sciences.

Within the past fifteen years, formulations of the crisis concept and techniques of crisis intervention began to flourish in the literature of social psychiatry. While surveying crisis literature, it became apparent that the treatment approaches considered most efficacious for individuals in a state of crisis held striking parallels to those inherent to the psychodramatic methodology for many decades prior to the emergence of this "new" therapy labeled crisis intervention.

This paper represents a discussion of theoretical and clinical aspects of psychodrama as a group treatment modality which are of particular relevance to the crisis state. The central theme will be upon the crisis of role transition. References will be made to treatment approaches described in crisis literature as likely to promote adaptive responses. These approaches and the concept of the crisis state will be amplified and elucidated in terms of the pre-existing theories and methods directly attributable to Dr. Moreno.

THE CRISIS STATE

The crisis state is as old as history yet interest in it has risen because it is felt that the management and consequences of such periods of stress can include significant and long lasting changes in the level of adequacy of an individual's functioning.

A crisis is simply defined as a severe psychological upset in a state of equilibrium. Although further definition of and response to periods of severe

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GROUP PSYCHOTHERAPY

stress are contingent upon individual personality variables and cultural determinants, it seems that the identification of a crisis state indicating treatment are as follows:

1. A stressful precipitating event of which the individual is aware,
2. Subsequent rapid cognitive and affective disruption unusual for that particular individual which can impair effective functioning and
3. Duration of the disruption for several days to several weeks.

Events which precipitate a crisis state are lengthily categorized and include sudden success, fame or wealth; loss of a loved one; serious illness or accident and changes in life's environment. All of these events hold the common ingredient of a threat to usual patterns of role behavior. Considering this, the crisis state may be viewed in a more refined perspective as the crisis of role transition. Conceptualizing crisis in this manner provides key elements for clarifying the dynamics of this stressful state and guidelines for effective treatment which are found in the psychodramatic methodology.

ROLE DEVELOPMENT AND DISRUPTION

One of Dr. Moreno's many outstanding contributions to the field of social psychiatry is his original formulation and development of role theory and role practice. He expanded the role concept into a theory of personality development and devised innovative methods for studying the role process within life itself. Some of the basic concepts which comprise role theory will be presented as they are essential prerequisites for the proper use of psychodrama in the crisis of role transition.

A role can be defined as the characteristic function an individual assumes in the moment he reacts to a specific situation in which others are involved. "Roles do not emerge from the self but the self emerges from roles." (6, p. 76) The process of role development includes three dimensions:

1. Psychosomatic or physiological roles,
2. Psychodramatic or psychological roles and
3. Social roles.

"Illustrations of psychosomatic roles are the role of the eater and the sexual role. Characteristic patterns of interaction between mother and infant in the process of eating produce role constellations of the eater which can be followed up throughout the different life periods. The bodily attachment of infant to mother is a forerunner of the later behavior in the sexual role." (2, p. V) Example of psychodramatic roles are those of "a mother," "a husband" and "a teacher." Social roles such as "the mother," "the husband" and "the

PSYCHODRAMA

teacher" develop at a later stage and lean upon psychosomatic and psychodramatic roles as earlier forms of experience.

Roles strive towards clustering and unification in all three dimensions and it is through this process that the operational self emerges. The operational self is not a static concept in that roles exist in different stages of formation. Imbalances in the clustering of roles can delay self-realization and be the cause of intrapsychic and interpersonal conflicts. An individual operates in the roles in which he sees himself and faces a set of counter roles in which others see him. "The aspect of what is known as 'ego' are the roles in which one operates and the pattern of role-relations around that individual as their focus." (2, p. V) Role functioning is a reciprocal process wherein an individual's role perceptions and enactments are inextricably related to the expected behavior and position defined by the natural groups to which he belongs. A sudden disruption in usual role behavior will threaten man's status within a group as well as within himself for it includes a redistribution of role-relations for that individual within his socius.

The temporally limited period of a crisis state is construed as a unique psychological phenomenon during which individuals are unusually susceptible to changes in the overall quality of psychosocial adjustment. The growth promoting potential of the crisis of role transition can be linked to Dr. Moreno's differentiation between the concepts of role taking and role playing and their close relationship to his theories of spontaneity and creativity. Role taking is a finished product or a role conserve wherein a man does not deviate from a set pattern of behavior. Role playing is the avenue to becoming a spontaneous man; a process by which one can develop his highest potential. The crisis of role transition can be seen as an opportunity to break out of stultifying role conserves and create a new "script" for self-actualization.

PSYCHODRAMA AND THE CRISIS OF ROLE TRANSITION

Every psychodrama session demonstrates that a role is an interpersonal experience. The method provides the means for studying role behavior *in situ* and under experimental conditions. It is through the study of and experimentation with roles in action that new knowledge about roles can be developed and integrated into life's experiences.

A role crisis can elevate anxiety to its highest peak, rendering one unable to use familiar problem-solving mechanisms. Preparing an individual for the assumption of adequate and new responses to the crisis situation requires the generation of spontaneity. One of the contributions of spontaneity research was to recognize the various phases of spontaneity as one continuous process.

GROUP PSYCHOTHERAPY

(6, p. 545) Anxiety is a function of spontaneity and decreases as the protagonist's spontaneity is augmented via the psychodramatic method. An essential instrument used to facilitate this process is that of the auxiliary ego.

THE AUXILIARY EGO AS AN "INTERPERSONAL DIAGNOSTICIAN" AND A SOCIAL INVESTIGATOR

The auxiliary ego serves to portray in action the roles of significant others in the life of the protagonist; whether the role is real, imagined or symbolic. In constructing a role, the auxiliary ego is trained to identify and integrate their role portrayals with the perceptions and mental processes of the protagonist and to extend roles in order to bring about a greater expression of spontaneity on the part of the protagonist. Inert verbal descriptions of interpersonal experiences are transformed into dynamic action portrayals which provide the means for viewing dimensions of psychosocial behavior not readily accessible in other forms of psychotherapy.

The immediately experienced threat of a stressful event is often explained etiologically as a stimulus which reactivates unresolved earlier conflicts which in turn, influence the choice of coping mechanisms. Although adaptive responses to crisis are promoted by focusing upon the current stress, historical material may be elicited to formulate diagnostic impressions. Role theory demonstrates that past characteristic interactions between a natural auxiliary ego (mother or mother-surrogate) and infant structure the formation of later roles. These early interactions may be explored with the use of psychodramatic auxiliary egos to trace the genesis of role formations with psychopathological implications. It is largely in interaction with auxiliary egos that the protagonist:

1. Provides cues as to the nature of his role-relations and the private, social and cultural elements which formed their development,
2. Finds reinforcement for gratifying, adaptive role behavior of the past and present and
3. Develops new interpersonal skills which will influence the outcome of the current role crisis.

THE AUXILIARY EGO AS A THERAPEUTIC GUIDE

The outcome of a crisis state is governed to a large extent by the kind of interaction which takes place between the individual and key figures in his social constellation. It is not unusual to have difficulty in mobilizing the cooperation of the actual others in the treatment process; therefore the

PSYCHODRAMA

auxiliary ego is an indispensable tool for treating the crisis of role transition. Analogically, as interactions between natural auxiliary egos and the individual structured present role constellations, the meeting between auxiliary egos and the protagonist on the psychodramatic stage will significantly influence current and future role patterns.

In the crisis state, one may be faced with a new range of roles and counter roles for which he is inadequately prepared. Spontaneity allows an individual free action in creating new roles and every action of man requires a warming up process. The warming up process is the operational manifestation of spontaneity. (6, p. 337) The importance of the auxiliary ego lies in their capacity to shorten the protagonist's warm-up to new role requirements engendered by the crisis. Learning new role behavior psychodramatically reduces the warming up process necessary for behavioral change in real life situations.

ROLE PLAYING TECHNIQUES: THE FREEDOM TO LEARN

The psychodramatic world is given characteristics of "surplus reality." This term refers to dimensions in the reality of living not fully expressed or experienced. Surplus instruments such as role playing in its many variations are used in psychodrama to bring out these realities in therapeutic settings. One can measure the educational and therapeutic value of an instrument by the degree to which it stimulates the autonomy of individuals and groups. (6, p. 545) Role playing techniques afford a high degree of freedom in experimenting with and learning new role behavior. Role training is a means of training an individual to perform more adequately in roles with which he has difficulty through the repetitive rehearsal of these roles in a diversity of situations. These techniques increase skills in role enactment and promote flexibility in dealing with life's problems by expanding one's role repertoire. Dr. Moreno discusses the advantages of these techniques as compared with training in adjustment through actual life experiences and describes an approach as follows: 'A series of life situations calling for the embodiment of specific attitudes are constructed. Each of the situation-patterns is constructed through several phases ranging from the simplest possible form of a given situation-pattern through the more complex forms to the most highly differentiated, all carefully graduated according to the requirements of the subject. Hence, the subject is trained through acting in the simplest roles in any specific situation-pattern through several degrees of differentiation of the same situation-pattern until he can command that pattern more adequately.' (5, p. 44)

GROUP PSYCHOTHERAPY

Role reversal is a procedure in which the protagonist exchanges roles with the auxiliary ego portraying the role of another. It can be used therapeutically in the crisis of role transition to:

1. Increase the protagonist's role perception, a cognitive process which anticipates forthcoming responses.
2. Allow the protagonist to interact with "himself" so as to see "himself" as others see him.
3. Increase one's perception of the roles of others in his social atom.
4. Bring distortions of interpersonal perceptions to surface where they may be explored and corrected in action.
5. Learn new behaviors by assimilating all or parts of a real or symbolic model portrayed by an auxiliary ego.

In general, role reversal is a technique of socialization and self-integration. It assists one to develop empathy for and identification with others. The growth of the reversal strategy is an indicator of the freedom from natural auxiliary egos, signifying the first step in the liberation of the child from dependents. This process of intercommunication and collaboration between a psychodramatic auxiliary ego and a protagonist can provide the protagonist with incentive for independent action. Adaptive crisis resolution is fostered by discouraging the development of excessive dependency upon the therapist.

THE PSYCHODRAMATIC DIRECTOR AS CHIEF THERAPIST AND GROUP MEMBER

The importance of the therapist's active participation in the treatment process including the direction of patients towards purposive problem-solving behaviors is reiterated in crisis literature. Open communication between the therapist and patient is encouraged and the development of extremely positive or negative transferences are discouraged. These modes of operation are not new to psychodramatists trained in the Moreno tradition.

The director engineers the coordination of all aspects of a session. His overall guidance is required to generate the spontaneity of his therapeutic assistants (auxiliary egos) and the protagonist in concert with meeting the individual and collective needs of the group. This role requires an ability to spontaneously realize significant verbal and non-verbal behavioral cues into action in the process of creating and producing a sequence of dramatic portrayals which convey both a truthful interpretation of the problems presented and the means for resolution. One might assume that the extent and complexities of the director's activity would foster the dependency of the patient, yet the converse is true. Acting and interacting with auxiliary egos

PSYCHODRAMA

invites such deep involvement that the protagonist will at times not even be aware of the director's presence.

Psychodramatists demonstrate an assumption uncommon to many present day approaches to therapy which is the moral equivalence of the therapist and patient. Their relationship is not viewed in the usual context of the "sick" role assigned to the patient and the "healthy" role ascribed the the therapist; attitudes which nurture the growth of unrealistic perceptions and expectations thus stifling autonomous re-learning. The psychodramatic director does not dwell upon the existence of problems, an approach which could reinforce the "sick" role, but focuses upon the protagonist's ability to deal with the problems. The protagonist is afforded opportunities to experiment with new courses of action and to examine their implications for himself within his social constellation; a process by which he can find effective alternative methods of coping.

The psychodramatic stage itself frees the therapist and patient from the chair and couch into active participation in life-like situations. By virtue of the director's participation in all phases of a session, he is continuously exposed to the observation and analysis of the group. Therapist and patient are given equal opportunity for encounter. Constructive social interaction and integration develop from these reality encounters.

THE SOCIOMETRY OF THE GROUP

A role crisis produces a shift in intragroup and intergroup expectations which requires a cooperative effort to adjust to new patterns of needs and responses. In the absence of the actual significant others in the life of the protagonist, these psychosocial networks can be explored with sociometric instruments. Sociometric analysis of group behavior contains diagnostic and therapeutic approaches. Sociograms and role diagrams may be employed to study role development and role interaction. Social and cultural atoms may be explored in action.

Forms of group behavior emerge from attractions, repulsions and indifferences between individuals within the group. These varieties of feelings have a common denominator which is termed tele. Tele is a reciprocal process; the simplest unit of feeling of one to another. The multiple feelings of individuals into each other's private and social worlds and the forces resulting from them are attributable to the process of tele. Tele is conceived as a main stem with two branches: transference and empathy. Transferences are acted out in psychodrama and relationships between therapists and patients remain unencumbered by the transference neurosis and problems connected with its

GROUP PSYCHOTHERAPY

resolution. Tele, or the immediate actualities between group members are designated as the focus of attention. Tele creates adequate social perception, group interaction and cohesion.

Sociometric procedures reveal spontaneous trends and potential movements in groups. (4, p. 308) The director continuously assesses the group's structure with these methods as this enables him to determine moves which are of maximum benefit to the group. A current rather than a retrospective emphasis in understanding interpersonal dynamics is required in crisis work. Crisis resolution is particularly effective if supports and gratifications are strengthened in current relationships or achieved to a similar degree in new relationships. In psychodrama, an individual is given greater opportunity to work out his conflicting responses as they occur directly in actual relationships with others in the group in the "here and now." The significance of the moment in psychodrama is most aptly and poetically described by Dr. Moreno as follows: "How does a moment emerge? A feeling must be related to the object of the feelings, a thought must be related to the object of thoughts, a perception must be related to the object of the perceptions, a touch must be related to the object of touching. You are the object of my feelings, the object of my thoughts, the object of my perception, the object of my touch. Such is an encounter in the Here and Now." (5, p. 36)

SUMMARY

Psychodrama is a highly suitable treatment modality for persons in a crisis state. A refined definition of the crisis state as the crisis of role transition illustrates parallels between the relatively recent derivation of the crisis concept, crisis intervention techniques and the pre-existing theories and methods of Dr. J. L. Moreno. His original contributions to the field of social psychiatry give greater clarity to understanding the concept of crisis and its growth-promoting potential and serve to provide indispensable guidelines for effective treatment. Of prime importance are his formulations and development of role theory and practice, the concept and function of the auxiliary ego, the unique role of the psychodramatic director, sociometric instruments for diagnosis and treatment and the significance of therapeutic encounters in the "here and now."

PSYCHODRAMA

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PSYCHODRAMATIC TREATMENT OF A STUTTERER*

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INTRODUCTION

J. L. Moreno illustrated his approach to stuttering with the case of Joe, a 20 year old who stuttered ever since his parents can remember, apparently since he began to speak. Dr. Moreno put him on the psychodramatic stage and told him: . . . "You can pronounce every consonant and vowel independently without stuttering. Only when you combine them into meaningful words of the English language you are inclined to stutter. Try, therefore, to combine them freely, whether the sounds make meaningful word combinations or not. (This type of spontaneously created language I called 'Joe language') . . ."¹ As expected, Joe did not stutter when he was free to create his own language. J. L. Moreno related that none of the stutterers he had treated stuttered during this test, suggesting . . . "that non-semantic feeling complexes can be trained . . . that the influence of language structure upon mental processes is exaggerated . . . that there are mental processes which grow up to maturity more or less independent from psychosemantic interactions . . ."¹

Lentz, thirty years old, who has stuttered for the last twenty-five years, provided me with the challenge of a systematic application of the psychodramatic approach to the treatment of the stutterer. When the psychodrama was used, stuttering ceased to be a problem. Rather, the problem became one of transforming a "stutterer" into a "non-stutterer." The results were dramatic, warranting reporting on them and suggesting the possibility of using psychodrama in group therapy of stutterers.

STUTTERER VS. STUTTERING

In order to apply the psychodramatic approach to stuttering, a distinction must be made between stutterer and stuttering. A stutterer can be operationally defined, for the purpose of this study, as somebody who identifies himself as such due to some speech difficulties (disfluency, spasmodic repeating, involuntary stopping, repeating and hesitating, blocking, hurrying and stumbling, or by some combination of these).

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PSYCHODRAMA

The description of the speech difficulties is in accordance with the definition of stuttering in most dictionaries. Such speech difficulties are experienced and exhibited in varying degrees by every "talker." However, it is only after the person defined himself as a stutterer, or is forced to define himself as such by others, that he seeks help for his "condition." Usually he will be referred to speech therapy, which may be combined later with group therapy. In Lentz's case psychodramatic intervention was added.

THE CASE OF LENTZ

Case History

Lentz started to stutter at the age of 5, shortly after a hernia operation. He was taken by his parents to New York "to have a good time." Brought to Mount Sinai Hospital, he was left overnight without being told what was going to happen to him, but asked to be a good boy. The following morning after the operation was performed, he woke up all in pain. Parents came to visit him. He refused to talk to them or to accept their gifts. Since then, speech difficulties started. The parents' reactions varied from annoyance to scolding to relaxing (... take your time ... take a deep breath ... count to 9, 10 ... everything will be O.K. ...). But Lentz kept everything in ... "and the older I became the more I was holding in ... I was very anxious. I couldn't hold in food ...". He was x-rayed. Nothing organically wrong was found.

At 14, professional help was sought for the first time (speech therapy). Parents: "If you go there it will help you!" Lentz: "I would go to the office and be asked questions: who am I, age, home address. It would take an hour to say it. I was anxious to get out ...". He stayed because he was told to by his parents. This therapy (private set-up, home town) continued on and off for 4 years, 2 hours a week, of which 1 hour was individual speech-therapy ("they worked on my a's and b's ..."); 1 hour group therapy in an all-stutterers' group, ages 8-20. The approach was to be open about stuttering ("Keep on F...F...F... until you get it out instead of holding it back"). Speech did not improve. He could hardly make it through high school, because as he himself explained, he "was hiding."

At 18, Lentz spent 1 year in Penn State University, in an in-patient facility for stutterers. Speech therapy, group psychotherapy, recreational therapy, different social activities were provided starting at 8 a.m., ending at bed-time. Lentz did not like living in the all-stutterers' culture. When out in the evenings he tried to stay away from them: "hard enough I had it, but to hear it?! ...".

No improvement in speech was made. The constant schedule of activities seemed to be helpful: "... I started to get out more. In high school I would

GROUP PSYCHOTHERAPY

always hide at home. I still couldn't open up . . ." Lentz returned home, got a job as a clerk in a store (2 years). He was very unhappy, stuttering heavily. Pressured by parents he reapplied at Penn State for an additional ½ year, full-time. This time he felt he was helped. Instead of going home he managed to get a job in another city as assistant buyer (4 years): ". . . My eyes were starting to open, everything seemed easier. I was interviewed; I knew what I wanted . . ." For a year and a half he was happy. Stammer did not bother him too much. He made few contacts with women. Troubles started when the manager switched him to a different job, because he was afraid Lentz "wouldn't open up under pressure . . ." Stuttering became very severe. ("I went back into my hole . . .")

In despair Lentz called up his parents. They suggested he come home, where they helped him to get a job, again as a clerk (1 year). At home Lentz felt extremely unhappy. Speech difficulties became worse than ever. He decided to move to New York. In New York Lentz was unemployed; he kept applying for jobs (½ year), but was always rejected. Finally he was accepted as a buyer at a men's clothing manufacturer where he is presently employed. During this time Lentz went to Columbia University for speech therapy. (" . . . I knew it wouldn't help me much . . .") At this point he started to suspect that he needed psychiatric help. The psychiatrists he contacted kept referring him to their colleagues. Finally he was referred to "Day Care," New Jersey, an outpatient facility, where the psychodrama treatment was given, as herein described.

When first seen there Lentz's speech was so unintelligible that it made it impossible to place him in any of the ongoing groups. Individual treatment had to be used. An auxiliary ego, a staff member (E) was present in the first 4 sessions. Sessions were scheduled once a week for the first 6 months and twice a month thereafter. Videotape equipment was available. Videotaped sessions were replayed to the patient to give feedback whenever needed.

Within the first psychodramatic session Lentz experienced fluency for the first time after 25 years of stuttering! He was faced with the existential truth that he was a fluent man, not a stutterer. In the second session he discovered the function his stuttering served for him ". . . After all these years I have realized that speech was the barrier I was hiding behind . . ." To stay in therapy meant to drop the barrier (stuttering). When he made this decision after a week of absence, he was ready to delve into the depth of his emotions and work them through.

The therapy of the stutterer was terminated after 6 months (22 sessions). The therapy of the non-stutterer has not been terminated yet. It will be terminated at the patient's request. Lentz is planning to write down his experiences with psychodrama, sometime in the future.

PSYCHODRAMA

THE PSYCHODRAMATIC INTERVENTION

What Did The Psychodramatic Intervention Accomplish?

The psychodramatic intervention reversed the process which took place in the patient's real life and provided the patient with a corrective experience.

In real life the direct expression of true emotions, such as anger, frustration and related feelings was inhibited by the patient's parents and later never promoted by other authority figures. Lentz learned to express his feelings indirectly by frustrating his listeners through stuttering to them.

In therapy the reverse process was promoted. The indirect way of expressing anger, etc., was blocked. The use of the English language and therefore stuttering was forbidden. The direct expression of blocked emotions was promoted, in fact, enforced. The patient was instructed to express himself nonverbally, using body-language and nonsensical utterances ("Joe language").

Once his blocked emotions were fully expressed and experienced, the important events from his past were relived; the verbal communication could regain its original function to be a communicative tool rather than a "barrier to hide behind" (where stuttering is highly functional). The treatment became one of retraining the patient to say what he really wanted to say. In this case he did not stutter. The therapy of the stutterer was concluded when the patient mastered his warm-up to both stuttering and non-stuttering, and realized that he could switch them on and off at will, like a radio. (A videotaped session illustrating this is on record).

The psychodramatic intervention left the patient with the freedom to use either way of communication. In this respect there seemed to be little difference between him and a "regular talker," except that he mastered stuttering much better. It was at this point that the therapy of the non-stutterer started.

Prognosis can be made that at times of emotional stresses and confusion there will be a tendency to stutter. However, it seems unlikely that the patient will resort to stuttering as the basic way of self-expression.

To sum up, it is expected that for the rest of his life it will be the patient's existential choice as well as his responsibility which way of self-expression he will choose. The therapy of the non-stutterer is designated to help him with his personal growth.

GROUP PSYCHOTHERAPY

SESSION 1

REVIEW OF THE PRE-STUTTERING PERIOD (CHILDREN'S GAMES)

In this first encounter Lentz's speech was incomprehensible to me. I could hardly make out his name. I learned that he started to stutter at the age of 5. He recalled he had undergone a hernia operation that year.

After this initial verbal exchange, Lentz was instructed not to use the English language, but instead to express himself nonverbally, to use body-language and non-word sounds. I extended this way of communication (which is natural in the preverbal stage of speech development) into Lentz's entire pre-stuttering age (0-5). This session was designed to answer the question whether Lentz would ever be able to experience fluency on the psychodramatic stage, when properly warmed up to regress back into that age range. He was told to withhold the use of English for as long as possible.

The review of the pre-stuttering period started from the primal scream. While Lentz was "learning" how to sit, crawl and finally walk, he was forced to learn to demand attention actively because E, an auxiliary ego, playing the role of a sibling, was competing badly. E's ruthless competition warmed up Lentz to compete aggressively. He became demanding, noisy, spontaneous, and "alive."

At age 2, when interactive games became possible, I joined E and Lentz as a playmate, directing the session from "within." In one such game, "Indians," age 3-4, speech fluency was recovered spontaneously. Lentz attacked the 'white man' (E) violently, while emitting a string of obscenities. From then on Lentz initiated all the games and was perfectly fluent. All of these games were very violent in nature.

One game he refused to play: "Mommy and Daddy go to the Doctor." To make Lentz exit the session experiencing fluency as an adult, the following game was suggested: Lentz was to address a huge audience gathered to listen to him. Immediately, he started to lecture them on what to avoid and what to look for when buying shirts. Without realizing he portrayed himself as a buyer, which he was in real life. When he ended the session he "was" 30 years old and fluent!

Comments

The patient could be warmed up to fluency. He was clearly a functional stutterer. The aggressive nature of the submissive-looking patient became apparent. His refusal to play "Doctor" suggested that the hernia operation

PSYCHODRAMA

which he recalled to have undergone at age 5, was a significant event in his life and should be explored further.

SESSION 2

"SPEECH WAS THE BARRIER TO HIDE BEHIND"

Lentz brought into this session his intuitively-gained awareness that he could control his speech when he talked loudly or shouted. He was provided with the experience of fluency in the session by playing the "speaker-to-a-big-audience game," a situation in which shouting was acceptable. His speech deteriorated whenever he had to interact with myself as a therapist (not as a "playmate"). Body language and non-word sounds had to be used.

It became apparent that Lentz didn't trust me. He always had difficulties trusting women. The only woman he trusted was his mother.

A phone conversation (mother telephoning Lentz) was reenacted. Lentz stuttered unintelligibly. When asked to redo this phone conversation and tell his mother what he really wanted to, he replied angrily:

LENTZ: I will never give her any information. I hate being asked questions!

I: No wonder you won't give me any information. Why should you?

LENTZ: (Silent)

I: I shall be sharing in this session from my own experience. Whatever will be brought out here by you or me, is supposed to be kept confidential.

O.K.? Now go ahead and ask me whatever you would like to know about me. I shall try to be as open and honest as I possibly can.

LENTZ: B . . b . . b . . ut I c . . c . . an't op . . pen up. I c . . c . . can't (trust).

I: Well, we already know you can't trust me. But what makes you think I can't trust you? Go ahead, ask me, please.

LENTZ: A long (15 minute) silence.

After all these years I realize that speech was the barrier I was hiding behind (spoken fluently).

I: I am not sure that I heard you right. Can you repeat it, please?

LENTZ: (Repeats fluently).

His eyes were closed. He was fighting back his tears. When I reached out my hand to him, his hand was firm and trusting.

Comments

The function of the patient's stammer became clear to him (and to the therapist). Speech was "a barrier to hide behind." To establish a mutually trusting relationship with the psychodramatist meant to drop his protective stammer.

GROUP PSYCHOTHERAPY

SESSION 3

Lentz didn't show up. ("Sick")

Comments

At this point the decision to proceed with therapy was analogous to the decision of giving up stuttering and trying something new. For such an existentially crucial decision ("to be or not to be a stutterer") he needed more than a week. The therapeutic process took over. One of the most important psychodramas took place at home (*in situ*).

SESSION 4

FUTURE PROJECTION (LENTZ'S BOSS)

Lentz arrived half an hour earlier, warming up to the session by talking to E.

I: What would you like to be if you didn't stutter?

LENTZ: B . . B . . oss (his boss Mr. B.).

A scene in which Lentz beat up his boss, who took advantage of him because of his handicap, was enacted. If it were not for his handicap, Lentz could open his own business and be a boss (his secret dream). After the beating was over (a mattress was used for "Boss"), Lentz was capable of taking the role of Mr. B. He was capable of exercising fluently verbal aggression on Lentz (played by E). Upon "becoming himself," Lentz conversed with his boss fluently.

A list of subjects for future sessions was made: Father, Mother, male teachers, female teachers, all of his previous employers, all of his girlfriends (2). In order to be able to pronounce their names he had to beat up the mattress for a while for each of them.

He put the list of subjects in his wallet and has kept it there ever since.

Comments

The biggest catharsis is achieved through the realization of things which could not happen in reality, at least at the present moment. The relief and strength gained through this experience motivated the patient to deal with all his "aggressors" in future sessions. This session ended the "warming up" phase of the treatment in which the director chose actively the subject matter of the sessions. Now this responsibility was turned over to Lentz, the protagonist himself. The pace for the following sessions was set.

PSYCHODRAMA

SESSION 5

HERNIA OPERATION

I: Who would you like to deal with today?

LENTZ: (Looks up his list) Father.

Lentz chose to deal with Father at age 5 when his parents took him to New York, promising to give him a good time there. But instead left him overnight in a hospital where he was operated on.

The entire event, including the trip from home-town to New York, was reenacted in every possible detail. Details were checked and rechecked with Lentz, who reversed roles with Father, Mother, Doctors, Nurses. When he agreed the reenactment was perfect, the whole event was run again. (E and I took whatever roles were needed "to make sure" that Lentz was perfectly satisfied with the reenactment while playing his own 'part'.

When I suggested that he rerun the entire event the way he would like it to have happened when he was 5 years old, if it was up to him, he chose to redo one scene. This was the scene in which his parents came to visit him the morning after the operation, and were annoyed with his refusal to talk to them.

He wanted to see his Father alone there. A violent scene between him and Father (E) ensued. A mattress had to be used which he beat up until he collapsed of physical exhaustion. When asked whether he would like to see Father in the present, before closing the session, he decided to meet him in a car: "... Stay away from me! ... Stop helping me ... Get the hell out of here! ..." (Fluent).

Comments

The hernia operation, which seemed to be the precipitating factor for his speech troubles was relived (J. L. Moreno: traumatic events have to be relived in order to be integrated). A corrective experience was provided. The bottled-up emotions could be expressed without fear of repercussions. Consequently, the patient felt strong enough to confront Father with his real feelings in the present.

SESSION 6

NEGATIVE FEEDBACK FROM REALITY

Father called immediately after the last psychodrama session.

Lentz was surprised that he had difficulties talking to him on the phone, after he had been fluent with him in the session (in the car scene). The phone

GROUP PSYCHOTHERAPY

call (Father-Lentz) was reenacted. Lentz stuttered very badly. When this phone call was redone, Lentz was instructed to say what he really wanted to say. He became aggressive, obscene and didn't stutter. He realized he should have stated his true feelings because it was only then that he didn't stutter: "... But I can't tell my Father to go f -- himself ..."

Several versions of a possible phone call conversation were acted out. In the approved version, Lentz told his Father: "I can't talk to you now. Can you call me later?" He was fluent.

Comments

With this session therapy shifted towards exploring the here and now, and dealing with the daily realities. Spontaneity training and role training started.

SESSION 7

THE TELEPHONE

Lentz decided to work on "phone calls," because there he realized he had the most trouble talking.

The telephone he resented the most was the one at work. In order to pronounce the word "telephone" he had to beat the mattress for a long while. In role reversal with the telephone, he beat up Lentz (mattress) for not treating him (the telephone) with love and care. Therefore, the telephone treated him badly in return. Subsequently he picked up the receiver to make a phone call, and was perfectly fluent, letting out all of his anger on his party, Mr. B., his boss.

Fully warmed up, he made some more phone calls and answered some incoming ones. He was surprised, because for the first time he was experiencing fluency on the phone in the office.

Throughout the following week he kept making phone calls. These included one to "Day Care" to find out the time of the appointment (which was always the same). He resembled a baby who needed to exercise his newly-discovered powers.

SESSION 8

POSITIVE FEEDBACK FROM REALITY

Somebody (secretary) hollered at him at work. He answered back and felt great. Encouraged by this incident he asserted himself with others, taking them aback.

PSYCHODRAMA

There was nothing that he wanted to work on. He had never been so happy in his entire life.

Warm-up: Think about the most enjoyable and the most annoying moments you have had recently. Portray them.

Thus warmed up, he was ready to deal with his office, which provided him with many annoying situations.

The office was set up: He felt enclosed there. When he took the role of "the spirit of the office," he became a power which threatened to suffocate Lentz. He hated it, but upon confronting the office he said "... I own you, office, you don't own me. I can get out of here any moment ..."

He decided to rearrange his real office furniture in order to feel more at ease there.

SESSIONS 9 – 20

Session 7 started a series of others in which Lentz began to exercise his newly discovered abilities in reality and used the sessions to check the reality with me (the psychodramatist).

A friendly attitude towards stuttering developed: a sign that something was wrong and should be dealt with. Usually, active expression of his emotions or just saying what he really wanted to, resolved the difficulty. In some situations role training was called for. Lentz was making an effort to bring out in the therapeutic sessions all the situations in which stuttering or uneasiness with himself occurred. Due to all the role-reversals he experienced throughout the sessions, he started to switch roles spontaneously, and for all practical purposes, running the sessions all by himself.

The newly acquired assertiveness and aggressive manners, sometimes rather rude, which replaced his stammer, were extremely beneficial at work. Within three months after therapy started, he enjoyed two raises at work without asking for them. His Father called, suggesting they open their own business.

Whenever he occasionally stuttered during the session and was reminded he could not do it in the session, he would get angry. "I cannot be perfect" (fluent). Then, realizing the last statement was fluent, he would invariably bring out what really bothered him. Within the following month, he obtained another raise at work after several role reversals with his boss in the session. The boss started to seek Lentz's advice and support. Lentz was asked to have lunch with the top executives. He realized that "restaurants" had not been dealt with: he ordered "tuna fish" (the only dish he didn't stutter on), worked out "Restaurants and Lentz" and the following month ate out in order to enjoy his newly gained capacity.

GROUP PSYCHOTHERAPY

At Columbia University he was asked to join group therapy. He asked my approval. This was the first time he related to me that he was in speech therapy there. Now psychodrama sessions were used to work out his difficulties with group members and his speech therapist. His sessions at C.U. were used to exercise group leadership and compete with the therapists. Finally the group leader got suspicious. This happened after Lentz and the group were assigned to tell their speech partner, when stuck on a word, that they were stutterers in therapy. They were instructed to ask how the partner felt about it and report on the incident to the group. Lentz could not force himself to do it. Confronted by the speech therapy leader he admitted he was seeing a psychodramatist while in speech therapy. The speech therapist told him to choose between the two therapists because of possible disruptive influence. Around that time he was assigned a new speech therapist, a young, attractive woman. Lentz found it difficult to concentrate on proper pronunciation and stuttered badly during his speech therapy hour. When urged to open up and tell her what was the matter with him he found himself completely at a loss. Lentz decided to encounter and deal with her in a psychodrama session. Consequently when urged by her in the real speech therapy session to be honest, he fluently told her that besides being his speech therapist, she was a woman to whom he was attracted. She was shocked, speechless, then stuttered. Lentz took over the session. He was assigned a new male speech therapist and given an ultimatum to choose between psychodrama and speech therapy. The problem was resolved by summer vacations at C.U.

Lentz started to feel omnipotent: "Lentz can do anything." He seriously contemplated starting his own business. Because his superiors at work were extremely fond of him, he had good chances to climb up the ladder in the manufacturer's company. Co-workers started to be jealous and "seek his friendship." The secretary who yelled at him (session 8) extended an invitation to dinner. Another woman (a crippled neighbor) became interested in him. For the first time he experienced having to reject a woman. He did it very awkwardly, and felt badly about it. He worked it out in a session and kept giving her a ride to work as a resolution for his guilt feelings. During this period psychosomatic complaints were in evidence: profuse running to the bathroom, heart palpitations. A thorough medical check-up found nothing organically wrong with him.

SESSION 21

CHEST OPERATION

Lentz came in glowing. He had been home for the weekend and had discussed details of going into business with his Father. He dined out with

PSYCHODRAMA

him and for the first time could digest food while eating with him. At work things went even better than expected. Yet there was a constant battle inside him: "Yes – you can. No – you can't." His gut said yes. His chest said no.

His chest was psychodramatically "operated" on. All that made him suffocate was laid out (placed on empty chairs):

1. Going into business
2. Contemplating settling down (marriage)
3. Having fun
4. Having confidence

He dealt with the first three, and decided to postpone his final decision about getting into business after negotiating with prospective partners. He was not sure whether he was ready to be partners with his Father. He realized that it was "fun" he was interested in, rather than settling down and getting married, something he was supposed to be interested in.

Dealing with "confidence" was postponed to the following session. His chest was sewn up temporarily.

SESSION 22

FINAL RESOLUTION

Lentz finally admitted that for the last two months he had been afraid that one day he would wake up in the morning and find himself stuttering all over again.

Two chairs were set up: In one Lentz was instructed to stutter the best he could, in the other he was asked to be fluent. The Stutterer and the Non-Stutterer conversed. Lentz switched roles back and forth. In one chair he was perfectly fluent, in the other, perfectly stuttering (unintelligible). When the Stutterer (S) and the Non-Stutterer (N.S.) were instructed to confront one another, Lentz (N.S.) decided he was not going to wipe out the Stutterer after he had served him for 25 years, suffered with him, and helped him out of his troubled times: "I don't want you out . . . You are with me . . . But you can't control me . . . That's all."

Figuratively, he portrayed this relationship by placing the S-chair facing the N.S. chair at a safe distance from the latter. He chose to sit in the N.S. chair while sharing his experience in the session with me.

Comments

Lentz's nightmare as a non-stutterer was acted out. He realized he had the power to control his stuttering rather than being controlled by it.

GROUP PSYCHOTHERAPY

This session terminated the treatment of the Stutterer. On his request, Lentz had been seen every other week. Several conflictual and crisis situations were dealt with and resolved. At no point (9 months) was stuttering mentioned as a problem. When at some point Lentz started to wonder whether he will have to stay in therapy forever, as there were always situations to be worked out, the responsibility for this conflict was turned over to him. He concluded: "You (Lentz) will know it . . . Trust your gut . . ."

Recently he was appointed to open a new branch of the manufacturer's company and operate it independently. His secret dream as a non-stutterer (to be boss) came through. The therapy is focusing presently on the last subject on the list in session 4. "Lentz and Women." His difficulty of dealing with tender feelings while asserting himself are being dealt with.

CONCLUDING REMARKS AND SUGGESTIONS

Psychodramatic approach to treatment of a stutterer makes one recognize "that non-semantic feeling complexes can be trained . . ." (see page 1). When such training took place an entirely new attitude towards verbal communication and self-expression was adopted.

The patient developed a new outlook on life. He started to cope with reality differently: actively, aggressively, assertively. Stammer was not functional anymore. Lentz's quick progress was rather dramatic. Whether such dramatic results will be obtained again remains to be seen. But as Bertrand Russell once remarked, "A single occurrence of an event establishes the possibility."⁴

In view of the results obtained I suggest the application of the psychodramatic approach in group therapy of stutterers. I propose that auxiliary-egos, trained staff members, with no speech problems be present, mainly to share their experiences and feelings with the stutterers. (Later, when intensive intervention of a skilled psychodramatist is needed less, they can carry on the therapeutic process themselves.) Point: The current approach in group therapy of the stutterers is to encourage the stutterers not to be uptight about their problem, but rather accept the fact that they have a speech problem, and that indeed they are stutterers. A relaxed attitude about stuttering is supposed to facilitate the flow of their speech, which is further helped by ongoing speech therapy.

When psychodramatic intervention is made, the stutterer realized that on the feeling level there is little difference between him and a non-stuttering person. This realization seems to be of a major therapeutic value towards the patient accepting himself as a person rather than a stutterer. Consequently he

PSYCHODRAMA

begins to deal with his problems, rather than their symptoms (stuttering). Stuttering becomes an epiphenomenon, in which case speech therapy can be useful, but does not seem essential.

The "Case of a Stutterer," illustrated with videotaped sessions, was presented at the Annual Meeting of A.S.G.P.P. in New York, April, 1973. Lentz volunteered to come and participated actively. I wish to dedicate this work to J. L. Moreno, and to express my thanks to the staff of Day Care, Inc., N. J.

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PSYCHODRAMA AND MULTI-MEDIA THERAPY WITH EMOTIONALLY DISTURBED CHILDREN

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How can we establish a constructive relationship with a child whose entire being is destructive? Does there exist a direct, non-intermediative method which will bring the disturbed child, proud possessor of a totally negative picture of the world, to agree to try to create a positive connection with his environment and to attempt to change his patterns of relationship and behavior?

There are several ways of approaching this problem, each related to a different school of therapy. The one common aspect of almost all these approaches is that they involve spoken language. Despite these differences of approach and method, use of re-enactment of past life dramas is one of the most important instruments used for correcting the effects of negative experiences. What exactly is re-experiencing in a positive, controlled, therapeutic environment? In either a one-to-one relationship or group situation there are those who view the conversation as a remedial experience. I discovered, however, that role playing was a more useful tool of re-experiencing. Shapiro supports this view by stating:

“A child’s level of effective and interactional communication can be positively modified as a result of repeated experiences in drama, acting out a variety of roles, both realistic and fanciful.”¹

Through the psychodramatic experience it is possible to arrive at the sources and impulsive heart of the problem; clarify it on an emotional level, and bring the patients to new insights of their conflicts. Classic psychodrama leads us directly to the pathological sources of the conflict. Disturbed children, however, are not always able to verbally cope with such material. They are usually not effectively prepared to experience such a threatening, anxiety arousing confrontation. Therefore, modes of non-verbal communication (through the art media) are important because they bypass the need for the children to fashion into words their anxieties and feelings in establishing the desired direct connection with the heart of the problem. Thus the disturbed child can overcome the difficulties of his problems without the

PSYCHODRAMA

pressing need to express them with words. He can transfer his feelings and anxieties via the cognitive processes after he experiences them in a direct manner without any intermediaries.

The involvement of disturbed children in the process of creation through art has shown positive results also in cases when other methods of therapy have failed. The creating child functions simultaneously on two levels: (1) that of the affectional, emotional level and (2) the creative, artistic one. He has the opportunity to express his feelings, overtly experiencing them, as well as to create and see the fruits of his creation. In addition to the insight he gains he perceives each creation as a successful achievement.

This report concerns itself with work done over a one-year period with emotionally disturbed children age six to eight. The children came from broken homes of low socio-economic status. The majority live in welfare institutions; the rest – despite their difficult situations – live at home.

Group dynamic techniques were used; we began by relating to each child personally within the framework of the group. The objective was to create a group which enabled the children to experience working as a cohesive unit in order to develop collective work patterns for the benefit both of the group as a whole and each individual member in it. In my work with these children, most of whom lived together in the institution and school as stated, I had to take into consideration their special character, which is explained by Moreno as follows:

“People who live in close symbiosis develop in the course of time a common content or what might be called ‘co-unconscious’.”²

This ‘co-unconscious’ was evident also in the children who lived at home (i.e., those not directly involved in the institutional environment) but studied together with the institutionalized children in the same group. There was a need, therefore, to treat the interpersonal relationships rather than one child or the other.

The behavior characteristics of these children did not correlate with their chronological ages, their overt behavior being that of much younger children. Many examples were observed which supported Moreno’s statement:

“Rapid forgetting of incidents was seen, but they could be taught in the act . . . Their emotions were in their actions and their actions were the core of their existence.”³

Another astonishing feature of the problem was their perception of time. These children lived only in the present, being incapable of conceiving of either past or future. Their behavior was characterized by an inability to restrain aroused needs or defer satisfaction. They had to solve any problem

GROUP PSYCHOTHERAPY

immediately and receive instant satisfaction of all their whims. They completely lacked the facility to perceive of what tomorrow will bring and also to remember their past experiences and relate to them. The children were hyperactive and their 'act hunger' demanded so much emotional energy that it did not allow for the existence of either a past or future. It was, therefore, necessary to reduce the act-hunger, de-emphasizing the importance of the present, and expand the time concept to include past and future dimensions. In order to accomplish this I had to start by relating the "here and now" because, as Moreno says, "The category of the moment is the category of being, living, and creating."⁴ Subsequently, by beginning with the 'moment' we could build the future and past. In this way, however, we had to overcome the formidable obstacles of anxiety brought on by unfamiliar experiences and the hovering threat of previous failures. We must remember that these children have a lengthy history of repetitive failures on the levels of both achievements and relationships. The anxiety which the 'new' brings manifests itself in the disturbed child by his seeing anything new as being automatically 'bad', thus they are induced to remain in a realm of certainty and familiarity — closing themselves firmly in the present. This phenomenon, when coupled with the inability to defer satisfactions, leads to a rigidity which negates the disturbed child's ability to act spontaneously. We strived to arrive at a situation wherein the children could dominate their emotional environment to enable them to live both in the real and imaginary worlds, in all dimensions, and traverse these realms without losing their way en route.

By utilizing various types of art forms, according to the needs of the moment, and by switching from medium to medium in one meeting the children learned to allow themselves new flexibility in their relationship to the problem. With each new medium (i.e., drawing, drama, dance, sculpture, etc.) the children viewed the problem and experienced their relations with it from a new and different angle. A multi-directional integration developed which enabled the children to freely move within the system of verbal and non-verbal communication, and group and individual work. This integration enabled deep, penetrating action on the problem — not only because of the varied viewpoints — but also because it allowed for both passive and active involvement and response. In the case of a psychodrama, for example, which aroused too much anxiety in some of the children to allow themselves to actively participate their passive participation received active expression afterwards in their drawing, dancing, or other work.

When I entered the class for the first time the children were on a rampage. I succeeded in acquiring their attention for a moment and I told them that I didn't object to their uproar but I wanted them to rampage only on my

PSYCHODRAMA

signal. The children were shocked. I said, "Come let's do it this way. All of you sit down and pay attention to me. When I give you the signal make as much noise as you want as hard and loud as you possibly can. When I give the second signal you must stop immediately and remain absolutely quiet until I give the noise signal again. Remember, that in order for the game to succeed you must all pay close attention to my signals since I'm going to try and trick you." The children willingly agreed. The rampage continued but this time according to the rules and the children learned to control themselves in time with the signal. I purposely maintained the periods of quiet and noise at irregular intervals but generally attempted to lengthen the quiet period each time. There were some children who could hardly restrain themselves during the quiet period and were on the brink of a premature outburst when the rest of the class quieted them with an impressive "Sssshhh, quiet, shaddup!" Eventually, they too brought their outbursts under control.

The children's regular teacher commented after this particular lesson that it was the first time the children had ever ceased their uproar in a constructive way and not because of any form of punishment. It was also the first time that an adult had built with the children a constructive situation in the spirit of the moment and on their own terms. There was no forcible confrontation only the acceptance of their need and its modification from a negative to a constructive end.

The influence of the noise game was already visible by the second meeting wherein the children were unrestrictedly willing to at least attempt my suggestions.

I requested that the children sit with their eyes closed and think how each one would like to introduce himself. Each child that so wished, introduced himself in the manner he desired. Here we used the very important principle which allowed the child to chose the situation and the role he wished to play in it. Thus, he was encouraged to be himself and his actions were dictated by his own free will rather than that of a dominating outsider. The characteristic pattern that emerged was that the children wanted to be a 'good boy' or 'good girl'. The manner in which they expressed this was by sitting quietly with their arms folded in front of them as if patiently waiting for something. Not all the children dared to take part and those that did could not express themselves in words. After the children finished introducing themselves as 'good' boys and girls they drew pictures of themselves. It was apparent that the 'good' image was an expression of a group norm. There were some who drew the 'good' child in an expression of the ideal self-concept (these were the children who first presented the norm in their introductions) while others drew a 'bad' child with complete disregard of the expressed norm. The latter

GROUP PSYCHOTHERAPY

group consisted of children who did not participate in the introduction and, strangely enough, children who did participate and presented the 'good' image as well.

In the early stages of my work with these children my guiding principle was to work with them at their own rate without applying any pressure from the outside. The need for flexibility was placed on me in my complete acceptance of their situations, needs, and moods. We could shift from one art medium to another with total freedom in order to coordinate the therapy medium best suited to their particular mood or need. For example, we worked together in one of the early sessions on the concept of change. I asked them, "What is change?"

They replied, "Hot and cold, light and dark, large tree – small tree, big boy – little boy."

I then asked if anyone knew how to express change. Yafa wanted to play a scene in a courtroom. I asked her where the change was in that situation and she replied, "If there was something and someone stole, then the thing was gone."

Ya'akov began to scream hysterically, "I don't want to, I don't want to!" and ran outside.

The rest of the children continued the drama without Ya'akov and acted out a court scene wherein they projected their feelings and relationships with authority using the symbols of the theft, capture of the thief, and his subsequent punishment. Ya'akov returned to the class and paid attention to the drama for a moment. Yafa persevered in her acting and was so caught up in the satisfaction of her own needs that she was unwilling to cease even for a moment – knowing that the drama terribly upset Ya'akov. Ya'akov couldn't stand the pressure any longer, stood up and screamed, "Change is that it is not right that you all stole." Overwhelmed by his anxieties he ran outside again.

I requested from his teacher that she return him to the class. In the meantime we changed the game to an expression of large and small. In this situation the expression was non-verbal using body movements in rhythm with a tambourine. All of the children shrank as small as they could and then gradually grew as large as they possibly could only to contract once more to smallness. Ya'akov entered into a situation of change that did not arouse his violent anxieties and allowed him to actively participate. He began to dance and in so doing relaxed. Afterwards he asked to draw and sketched four pictures of large tree – small tree, and big boy – little boy. In undertaking this new expression we transferred from a verbal medium (drama) to a non-verbal one (dance). In choosing the concept of large and small I wanted to

PSYCHODRAMA

allow the children to enter a situation wherein they were the authority figure. Each child directly controlled his own rate of growth or contraction. In the former situation the authority was not vested in each child but was directed by an authoritative nucleus against the individual thus leading to an anxiety arousing confrontation. An additional observation must be made on the children's choice of subjects. They showed a strong tendency to lean toward concrete rather than abstract expressions. Thus, while the change of hot and cold was originally mentioned, Yafa suggested the concrete court scene and firmly planted the children in the realm of the real rather than the abstract.

A similar pattern emerged when we played the game of the 'Magic Shop.' As in the case of the court scene, it was extremely difficult for Yafa to project from the realm of concrete realness to that of the imaginary and abstract. When she came into the Magic Shop she asked for a wallet, "But a real one — just like the one in your handbag."

On the other hand, Yankele asked for the 'whole world.' When I replied that his order was a bit difficult to fill he found a suitable solution, "Each time give it to me bit-by-bit," and immediately asked for the first installment.

DIRECTOR: What will you do with that piece?

YANKELE: I'll build myself a home. I want to buy a piece of the world each time at this shop and I'll build myself a home. [After a moment's reflection] I want your entire store.

DIRECTOR: That [the whole store] is impossible to have because this is a Magic Shop for everyone and its supply is never ending.

YANKELE: In that case give me crayons and notebooks for my little brothers.

DIRECTOR: And what about the world?

YANKELE: I'll make them a home and they'll write and draw.

From this drama we can see that Yankele, who lives in the institution with his brothers because his father is a criminal and his mother a prostitute, was able to begin with an imaginary purchase that answered his most outstanding need — for a home — but could not maintain his posture in the abstract and returned to the concrete to request crayons for his brothers. When I tried to guide him back to his wishful thinking he brought his brothers into his imaginary world as if it was too heavy for little Yankele to bear alone.

We did not perform psychodrama in every session. There were sessions wherein we made musical instruments, such as marracas. When the children finished they began dancing with a unique spontaneity, gleefully filled with the sounds of their own music. In one session we danced in a long line with the children passing under a bridge formed by two of them clasp hands. Afterwards each child drew what he felt during the dance.

GROUP PSYCHOTHERAPY

In another session we worked with the concepts of round and straight. We expressed this in dance with the children's bodies being the tools of round and straight. They were entranced by the dance, forgot themselves completely, and moved with uninhibited freedom. This was especially the case with Diti; her involvement was the first time that she ever participated in a constructive way. Prior to this development Diti always tried to break up each meeting. She threw rocks, struck other children, overturned tables, threw herself on the floor in fits of hysterical screaming, and did not want to allow any positive developments to come out of what was going on. In her expression of 'large/round', she used her whole body, in 'small/round', she used various limbs singly; in contrast to the sharp, straight movements of the others, hers were the most creative and exhibited the widest variety of all the children.

There were children who did not dance but afterwards drew pictures of the dancing of the other children. Others remained seated but moved with their internal rhythm and later drew pictures of their own 'dancing.'

One day I visited the school as an observer of a lesson on Torah. The lesson was from the Book of Genesis on the story of Adam and Eve, the scene of their confrontation with the snake. The children were involved in other superfluous activities but nevertheless paid attention to their teacher. Yankele, for example, played with his crayons and mumbled to himself, "The snake tempted me, the snake tempted me." Shimon played with his schoolbag and Diti wandered about the classroom. When their teacher began to relate the story of Eve's punishment Yafa asked, "What is it to give birth with sadness and pain?" The rest of the children began screaming as their anxieties interrupted their attentiveness. The thought of punishment was difficult for them to experience and they placed all blame on the snake who was an externalization of the guilt.

Yafa: I wouldn't eat from that tree – even if he would kill me!

Ya'akov: That crazy God! I would eat.

Rafi continued to scream and the teacher, who was taken aback by the anxieties that were aroused in the children, tried to close the scene, "Let's draw on the blackboard what we just learned."

Rafi: We don't want to. What happened there anyway?

The teacher tried to relate once again the story of the Garden of Eden.

Ya'akov: Your mother is a whore!

Rafi jumped up and Shimon began to overturn tables. The children cursed and shouted at one another. The teacher, completely flabbergasted by the children's sudden outburst, attempted to continue with her story but the class

PSYCHODRAMA

began to shout at her in a rhythmic chanting, "We don't want to! Don't want to sleep, want to go crazy! Don't want to learn, want to go crazy!"

Their chanting choir continued for about seven minutes and the teacher had lost all control, with no idea of what to do.

Yafa: (screaming) Don't want to learn, want to slaughter the snake!

When the teacher tried to speak the children shouted her down yelling, "Want a break, want a break, we want a break."

TEACHER: Before we begin to write let's draw.

Yafa: We'll draw that we are killing the snake. (Continued screaming with the choir.)

YA'AKOV: We'll kill that snake!

TEACHER: Now be angry just within yourselves.

Yafa: You think that if you get angry that it helps any? You'll be hoarse from shouting.

The children began to draw in chaos. Yafa drew and continued to shout. When she finished she brought the picture to me, tore up the snake with her pencil, continued until the entire picture was in shreds and said, "Now the snake is dead." A minute later she added, "He crazy that snake. This time we'll give up on the snake. This time we'll forgive that old snake. It isn't his fault that he was born that way. So just you all forgive him."

All of the other children tore up their drawing also saying, "It didn't go right with me."

Yafa: This time we'll forgive that old snake. What do you guys think?

YA'AKOV: Yeah, we will!

Yafa walked out of the class and the rest of the children calmed down as they continued to draw. Ya'akov, after a moment's quiet, began shouting anew. Yafa returned to the classroom and sat down next to him. Rafi jumped up and shouted, "I'm finished, I'm finished." He continued to shout unintelligible nonsense.

Yafa crawled under my table, laid her head in my lap and said quietly, "I just want to sit here next to you." She took my gloves, put them on and said, "Now we'll kill that old snake."

Their teacher closed the lesson and sent them all outside.

Since I attended this lesson as an observer only, I could not have taken an active part in what occurred because this would, of course, have destroyed all of the authority of the teacher in the eyes of the children. My eventual course of action was clear cut since we could not allow the children to remain in their anxious state, brought on by the Torah lesson.

GROUP PSYCHOTHERAPY

During my session with the children the next day we returned to the same topic despite the fact that the danger existed that the class would once again explode into anarchy with the children staunchly refusing to cooperate. I felt strongly, however, that the children needed another chance to confront the scene of the punishment. It was clear to me that in order for the children to lose their fears of the snake, God's order and punishment, and what they represented they would have to personify the roles involved and meet their anxieties directly by speaking and acting about them.

N: What did we learn in the Torah lesson yesterday?

The children began speaking of the creation, Cain and Abel, etc. without mentioning Adam and Eve. I returned to the topic of the punishment, knowing that the children were too anxious even to discuss it, and suggested that we act out the drama from the temptation to the banishment from the Garden of Eden. The children became excited. The selection of the parts followed the following pattern:

I asked who wanted to play the part of X.

All of the children answered at once that each one wanted to play X.

I chose the child which I felt needed to play the part the most.

Rafi was chosen to play Eve and Diti portrayed Adam. Diti chose the role of Adam because her image of the man is that of dominance and activity while the woman was for her a symbol of surrender of all will and uniqueness. Rafi, being an aggressive child, was attracted by Eve's active role but, on the other hand, was very anxious over Adam's weak submission to her will. The exchange of roles was useful in giving the children insights into their own, and the opposite sex at the same time. Shimon played the Tree of Knowledge. He was a completely uninhibited child and yet Shimon, despite this, always chose a part in which he would not have to portray a human being. Thus, he always asked to be an inanimate object such as a car, fire truck, or tree — from which nothing is demanded. This time, however, by playing the Tree of Knowledge he had to give his fruit to Adam and Eve and invest the role with a connotation of action. Amir was chosen to play the snake. He was the only child to ask for that part and I am led to believe that this was because he was not present during the previous day's Torah lesson, thus having escaped that anxious experience. Yafa became angry over the fact that she was not chosen for any of the parts but it was clear that she really did not want to participate since she did not request any of the roles. Her anxiety from the preceding day was the foundation for her ambivalent feelings. I gave her a final opportunity to participate by asking who wanted to be an animal in the garden.

PSYCHODRAMA

Yafa: I want to be a lion.

Despite the fact that the Torah made no mention of a lion, Yafa elected to be the king of beasts. By utilizing this neutral role she was able to deal with her troubled feelings – which she was otherwise incapable of when called to play an anxiety-arousing part. She could feel that she was in the scene and yet detached from it at the same time. Yankele, Ya'akov, and Michal all wanted to play God. This was mainly because he was the one character that could not be punished and therefore his part was the least forbidding. I asked Yankele to play God. The reason being that Yankele was a small, frail child who felt himself a totally defenseless human being in a world of adults who manipulated him. By playing God, Yankele was positively disposed to be big, strong, and decisive.

Shimon stood on a table playing the Tree of Knowledge and Amir sat on the floor as the snake. Yafa entered the center of the room and also sat down to play the lion. It was extremely difficult for them to begin. Adam and Eve sat on the floor next to the snake. There was total silence. I asked Adam and Eve what they were up to and they answered that the snake had not yet tempted them to eat from the Tree of Knowledge.

N: Are you both in the Garden of Eden?

ADAM & EVE: Yes.

N: How – sitting, standing, lying . . .?

(Adam and Eve dared to stand up.)

N: (as Adam's auxiliary ego) What do I see? Look at that – a snake!

DITI: (playing Adam) The snake eats an apple covered with honey (giggled).

N: (snake's auxiliary ego) I'm a snake.

AMIR: (snake) I am a snake (picked an apple from the Tree of Knowledge).

Rafi forgot that he was Eve and began to play Adam, as Diti transformed herself into Eve. They perpetually exchanged their roles with each other. There was absolutely no pattern established in this exchange. It is conceivable that the reversal of roles in the case of Rafi and Diti was a mistake since they could not get settled into their parts and this negated the insight of playing the opposite sex.

P: (Eve's alter ego) It is forbidden to touch that tree.

SNAKE: Look at me. I'm touching it and nothing happens.

RAFI: (as Eve, to Adam) Go to sleep.

(Amir the Snake picked another apple from the tree.)

TREE: You're not the one who's supposed to pick the apple. Rafi has to do that.

GROUP PSYCHOTHERAPY

This was the first time ever that Shimon participated verbally in a psychodrama.

Rafi, playing Eve, picked an apple and ate it. Diti, also playing Eve, picked an apple, gave it to Rafi (who had taken the role of Adam), and they both ate from it.

GOD: What happened here?

(Adam and Eve hugged each other under the tree.)

GOD: Are you people dressed?

ADAM & EVE: Yes, God.

GOD: Tell me what happened.

ADAM (Rafi): That old snake tempted me.

The three of them stood up and discussed the matter. It was apparent that their anxieties had locked them to this moment, not allowing them to progress to the punishment.

N: (God's auxiliary ego) I must punish you.

God finally meted out his punishment. Immediately Adam (Rafi) began to work (as if with a hoe) and the snake commenced to slither away.

Yafa: And Eve will forever give birth in suffering.

Despite the fact that Yafa played the neutral lion she felt a strong urge to participate in the same scene which so frightened her the day before. Hayyim was called upon to play the angel and drove Adam and Eve from the Garden of Eden. The sinners marched off crying as the lion roared his farewell.

The game ended and the children began climbing on the windowsills and playing with their chairs and tables. There was a complete absence of violent aggression. I asked them how they felt. Rafi giggled a relieved laugh. Diti sat quietly and Amir said that he felt good. Yafa wanted to continue to be the lion. It was the first time we verbalized the feelings that were aroused by the drama. In the opening of the conversation the children spoke comfortably and preserved the group framework. As the conversation proceeded, however, the tension rose and the group began to break up. I distributed drawing paper and the children gradually relaxed as they began to draw. Yafa was not able to express herself in her drawings and asked for a book of animal pictures, "So I can copy from it."

Yankele managed, for the first time since the beginning of the school year to restrain himself from destroying his picture. He wadded it up several times, however, and made as if to throw it away mumbling, "It's no good and I'm already going to tear it up." After some positive reinforcement from me he salvaged the drawing and continued working on it. After finishing the draw-

PSYCHODRAMA

ings we once again began talking about the drama and this time the children could speak more freely and relaxed than they did prior to the drawing. The tension which disrupted our discussion previously was not present. The children were able to see and relate to themselves and each other.

Our work process, wherein we utilized psychodrama, discussion, creation (through any of a number of art media), and more discussion [in that order], allowed the children to confront their fears aroused by the symbol of God's anger and punishment and be freed from them. The psychodrama alone did not suffice to achieve this goal since the children were able to release themselves from the web of their fears and anxieties only after the secondary, non-verbal confrontation in the experience through drawing.

A more complicated work process found its expression when we wrote the story 'The Synagogue.' The children chose the subject and each child made up a sentence until we had a complete story. The children told it:

There was a boy whose mother threw him out of the house one day. He went to the synagogue. There he found a man who shouted at, and beat him. Afterwards, all the congregation expelled the boy from the synagogue. He cried and cried. The boy returned home and this time his mother welcomed him. The mother was very angry that the people in the synagogue beat him. So she went to the synagogue and shouted at all the people there.

After the story was finished the children asked to act it out. In the drama they created additional parts such as a policemen (a character who acts in most of the children's dramas and is apparently a very important image for them), or bus driver who brings the wandering boy home. As the drama drew to a close, and the children squeezed the last drops of tension from the scene, we sat and discussed what they felt. Most of the children sympathized with the 'unfortunate boy.' However, Yafa, who played the man who beat him, said, "Good for him. He aggravated his poor mother so much that he deserved everything he got." The rest of the class began to shout at her and the discussion exploded in an uproar. I calmed the children and suggested that they play the drama a bit more only this time with Yafa portraying the 'unfortunate boy' and Ya'akov, who shouted at her the most, playing the man who beat the boy. They laughingly agreed. The scene was repeated again with the new roles and afterwards Ya'akov remarked, "What a pain in the ass you are [to the boy]."

Yafa replied, "Yeah, now you can see what kind of a brat he really is."

Once again Yafa broke with her identification with the role she was playing and reacted as Yafa; exactly as she did when she played the part of the lion

GROUP PSYCHOTHERAPY

in the Garden of Eden. In the subsequent discussion the children could see both sides of the argument, as Diti remarked, "Maybe the kid was a little brat but the man was also bad."

I distributed materials and the children drew the story. Each child drew a series of pictures that projected the progression of events. It was the first time they drew in a series and after this drama, each time they drew of an experience with a clear cut time progression, they drew in a series.

Towards the end of the year I felt that the group had crystalized to the point where it could be the single creator of something for itself as a whole. My idea was for all of the children to work together on one sculpture. We painted pieces of styrofoam, of various shapes and sizes, with poster paints. The children became involved in their painting and gaily continued with great enthusiasm on the tables, chairs, walls, and floor. I did not want to stop them and when the painting orgy exhausted itself I asked, "Now wasn't that a lot of fun?"

The replies came back, "Great, wonderful, fantastic, beautiful, real blast!"

I then asked, "Now is it clean here?"

The children answered, "Naw, full of paint; filthy!; what a mess! Yecch!"

I pressed onward, "Now who is going to clean up this gooey mess?" The reply was total silence. Undaunted, I continued, "Do you think that Meriam the maid has to clean up after your mess?"

The children gleefully burst out, "Of course, that's her job!"

I inquired, "But who had all the fun here?"

The children all piped up in a chorus, "We did!"

Yafa chided, "Come on, let's clean it up."

She stood up and started to straighten out the chaos assisted by several other children, Meriam the maid, and myself. From that day until the end of the year the children took care to keep the classroom neat. Yafa was especially active and swept the floors every day saying, "See, today I helped Meriam."

The next day, after the styrofoam had dried, I suggested that they make a sculpture from it.

RAFI: Each one of us will make a statue?

N: I thought that we would all make one sculpture.

YA'AKOV: One statue that is everybody's?

N: One statue that belongs to everybody.

RAFI: And what will we take home?

YA'AKOV & DITI: We want to take the statue home.

N: You know what, we'll photograph the sculpture and each one of you can take a picture of it home.

PSYCHODRAMA

YAFA: It will be as if we all took the statue home with us.

N: Yes, it will be as if we all took the statue that belongs to everybody home.

It can be seen here that the concept of producing a concrete creation without receiving a concrete return was outside the bounds of their perception. Via the photographs, they received a concrete return and together with this we established the objective of a collective creation. The children had obtained enough self-confidence to be able to receive a representation of the creation rather than be the sole owner of the creation itself.

It was extremely difficult, if not impossible, for the children to express their internal world in words, our formal language. The word can serve the disturbed child as an expressive mediator for incidents and other shallow day-to-day communication. Words fail these children, however, in expressing their fantasy-filled internal world which, for them, is usually sealed off from everyday life. Through artistic media the child can express this internal world and establish a connection between it and the real world. With psychodrama the children can project their feelings and anxieties; cultivate them; understand other people who live and act in their environment, and who influence and are affected by them. We made liberal use of the auxiliary ego and role reversal in order to enable the children to see themselves through the eyes of others. This was a vital aspect of our work since it encouraged the children to grow out of their one dimensional viewpoint and broaden their perspectives by introducing new images.

Through their movements, children who are unable to express their feelings and needs verbally can communicate their aggressions and relieve their hyperactivity. If we invest a concept in the movement, such as the work with round and straight, the children are able to cultivate and internalize that concept on the existential rather than cognitive level. In creating a story in which each child contributes a sentence, and then acting it the story answers the collective needs of the entire group since these needs were projected under cover of the contributed sentence. The subsequent drawing (or other such work), after the acting, serves as a direct route to the source of the children's internal world.

One of my objectives was to bring the children to express themselves freely with verbal communication on a cognitive level. Towards the end of the year they could express themselves with words in a conversation. The multi-media work, moving freely from one method to another, enabled the children to carry over this conditioning into their conversations and they could view a situation from a variety of standpoints.

GROUP PSYCHOTHERAPY

In revue of my work over the entire year we can see several important and outstanding developments in the children's general situation. In the beginning of the year the word was the feeling or emotion. The children spoke in terms of "I hate, I love, I want," etc. and could not detach themselves from their feelings at all. Towards the end of the year this situation changed radically with the children being able to talk about their feelings somewhat objectively and from a more detached point of view. This new ability to express themselves led to the opening of new routes of communication.

There was a general broadening of their use of both verbal and non-verbal communication. In the early stages they could not pay attention to what was being said to them and usually rudely interrupted with neither the desire nor intention of listening to what was being said. At the end of our year's work period their ability to be attentive was considerably improved. Their attention span was lengthened and they could wait until a statement was completed before reacting to it. They were also able to make relevant comments in a discussion instead of flying off in any direction they fancied. Shimon, for example, always demanded to be the first. If another child was chosen for something before him, Shimon would react violently by overturning tables, screaming, and striking other children. Towards the end of the year his ability to defer his immediate satisfaction was vastly improved provided, however, that the eventual reward was deemed worthy enough. This ability improved generally among all the other children as well. They became more secure in themselves and their surroundings and directly related to this was their development of future thought. The idea of something new was no longer so terrifying. Blanket suppression of the past eventually changed to a sort of selective memory. A most outstanding example of this metamorphosis was Diti who, at the beginning of the year, suppressed everything and could not even recall things that had happened five minutes earlier. At the end of the year she could recall even bad memories and was able to face up to her guilt feelings. All of these characteristic developments enabled the children to absorb informative material that did not directly involve them. This was a vital ability for them to acquire if they were to ever leave the special school and continue with a normal education.

One very important point is that the teacher was present during all my sessions with the children. She was very child-centered and encouraged the development of processes that were started within the special lessons. Although she worked thus with the children prior to the special lessons my work gave her vital positive reinforcement to continue working in this direction. Our cooperation in this work gave the children a consistent outlook of school which enabled them to be more sure of themselves in their work.

PSYCHODRAMA

In the following appendix I have elaborated on each child's personal history and given a follow up on what happened to them after the adjournment of our lessons. From these synopses one can best see the dramatic results of the method.

APPENDIX:

CONCISE CASE HISTORIES OF THE CHILDREN

HAYYIM (fictitious name for boy called Ya'akov. Pseudonym used to clarify references to the three Ya'akovs in the class).

Hayyim was a large fat boy; closed, reserved; and very anxious. Generally he was very quiet. When he lost his temper, however, he was totally uncontrollable like an enraged bull – charging about wildly and striking other children. The problem was to allow him to open himself and be able to communicate with other children and adults. In the beginning of the year he did not even dare to speak let alone participate in our activities. By the end of the year he involved himself in various activities using different media. The story of Adam and Eve was a good example of this involvement. At the close of our work period he transferred to a school for slow learners with a secondary problem of slight emotional disturbance. There he made tremendous progress and was a great success.

AMIR

Amir was a child with many powerful inhibitions which prevented him from functioning normally. He was afraid to write and it took a long time before he agreed to draw. He was very compulsive and this compulsion is seen clearly in his drawings. In the beginning he drew a very geometric pigeon house and colored it compulsively. Eventually he agreed to participate in psychodrama [snake in 'Garden of Eden'] and even draw a picture freely.

He transferred to a regular school. Although it was our decided opinion (and urgent request) that he be placed in the second grade, the school principle decided to place him in the third grade because of his age. Amir, because of his slow learning, lagged behind the rest of his classmates and this led to, among other problems, a discipline crisis.

RAFI

Rafi was a very violent little boy from a family of low socio-economic status. He was the leader of the boys in the class and was at constant war

GROUP PSYCHOTHERAPY

with Diti over the leadership of the entire group. Towards the end of the year he learned to control his outbursts of temperamental violence.

He transferred to a regular school and has progressed smoothly with no abnormal problems.

YA'AKOV

This boy had a very difficult reaction at the beginning of our work because of many formidable anxieties based on various internal fantasies.

During our first meeting together, Ya'akov became very excited and drew a flood of pictures. When our second meeting came about, however, he refused to enter the class screaming, "I don't want her, I don't want her!"

It was apparent to me that Ya'akov's fantasy world was a very tightly closed palce. This being because these fantasies were very frightening to him. Through his drawing he opened a door to this world and this raised in him terrific anxieties that brought about his negative reaction at the opening of our second session.

He eventually, also, transferred to a regular school. His brother, who had similar problems, also entered a regular school but did not undergo the special school experience. Ya'akov succeeded in regular school whereas his brother had many difficulties in coping with the problems aroused there.

SHIMON

Shimon attended the special school for another year and then transferred to the B'nai B'rith Institute for Minimally Disturbed Children.

MICHAL

Michal is to this day still attending the special school.

YANKELE

Little Yankele lived in a welfare institution with his brothers. He had powerful feelings of failure without the slightest belief that he could succeed. He did not agree to write or read because, "I am small and will fail anyway." For him reading and writing were symbols of growing up and he was convinced that he could not even accomplish this.

He destroyed anything that he created. Eventually he learned to preserve his creations (the drawing of Adam & Eve was the first) and agreed to try to read and write with considerable success. At the end of our work period his institute closed and he entered a foster home. His older brother, because of his difficult situation, could not be placed in a foster home and Yankele felt

PSYCHODRAMA

strong guilt feelings for this. Yankele was placed under great emotional pressure from his father, who was a criminal, and his older brother. He could not possibly hope to cope with this situation and began to steal and wander the streets. The situation eventually became utterly unbearable for him and he tried to commit suicide by jumping from the window of his home. As of this writing Yankele is hospitalized in a psychiatric hospital for children.

DITI

Diti lived from the age of two in a welfare institution. She possessed a totally negative outlook of the world. She was a severely disturbed little girl and this upset found its expression in violent outbursts, hyperactivity, street wandering, achievement well below aptitude, inability to concentrate or learn, and an inability to form a more than one-to-one relationship. She felt rejected by the world of adults but despite this she became a potent leader among her peers. She had a very strong ego and part of her disturbance was her ego's struggle to maintain itself. Because of her outrageous behavior it was decided to remove her from the institution and place her in a psychiatric hospital for children.

Towards the end of our work year I took Diti into my home as a foster child. She presently attends an open school. During her first year there she had problems of discipline and concentration although the direction of development was positive. Continued coordinated treatment between myself, her teacher, and social worker gives Diti an excellent opportunity to attain complete normalcy.

Yafa

Yafa came from a very large family. She lived in the institution with an older brother of whom she was extremely jealous. Against this background developed a deep seated aggression. She was very attached to Diti and the latter was her symbol of everything bad in her own personality. Because of her externalization of this negative image she felt free to unleash her aggressiveness in every direction. It was assumed that she was retarded since she was unable to either read or write until the second grade.

When Diti left the institution Yafa felt that half of her, the 'bad' Yafa, had disappeared and she did not know what to do about it. After a conversation with me wherein I showed her that good and bad were both integral parts of one's personality she began to improve in her studies and behavior. She learned to read and write in two months and at the end of our year together she was transferred to a regular school where she succeeded wonderfully.

GROUP PSYCHOTHERAPY

Her improvements over the two years since we worked together in the special school have been so outstanding that she has recently returned home to her parents.

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PSYCHODRAMATIC CHILDREN'S WARM-UPS FOR ADULTS

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PROBLEM

The fontanelle or soft spot on a baby's head shows the infant's pulse. After awhile it closes over, and is no longer seen, though one knows the pulse is still there. Similarly, the early emotional 'pulse' of a child is easy to see, and after awhile it too closes over and is difficult to see. Some people erroneously call this maturity.

DISCUSSION

For the past several years I have been working as a director of psychodrama with both adults and children. It has become increasingly interesting to me that the adults want to participate in the children's activities and the children want to participate in the adults'. The adults say to me, "What do you do with children anyway." When I tell them they say, "Can we do it too?" This is said, not in the spirit of "Look what a sport I am," but rather "I need this for me."

Children are fed up with being children all the time, and adults become bored with the pressures of so-called maturity and adulthood. Each needs the life of the other. Healthy adulthood, it seems, demands many roles rather than one; a freshness for each role but also a certain continuity of roles. Continuity, unfortunately, is often overlooked in the mad search for the future. One may ask oneself, "Do I abandon the ship of my youth or do I allow the good parts of it to bubble up and invigorate me? Can I trust the creativity I once knew to live in me to make a continuously flowing existence, rather than to tolerate a stop-start stutter of hesitancy and indecision?"

It seems that this continuous flow and refertilization of oneself is often absent in the unhappy people who seek help from our clinics and hospitals. Often these people are given the label of neurotic or psychotic.

Moreno has said that neurotic behaviour is a "maladaptive warming-up process."¹ In such an instance, a person may approach a given situation with a distorted view of himself or others, making distorted behavior an almost

GROUP PSYCHOTHERAPY

forseeable result. When a person is professionally guided into a more productive "warm-up" to a situation, this constructiveness feels clean and good, like new sheets on a comfortable bed.

Often, a person in a therapeutic relationship can observe himself, in action, getting the results from life that he desires. In and of itself, this can be the support and reward for the struggle to find oneself anew. It has been said that, "Every true second time is a liberation from the first."² If this is so, then the re-entry period, which often begins in the warming-up process of the psychodramatic method, is extremely important in helping the person to get off on the right foot to his new self awareness. Sacks and Weiner describe the warm-up as "... The initial phase of any psychodrama session when the participants, the director and the group prepare for action. The members of the group become acquainted with each other, respond to each other as social stimuli, discover, select, and understand the situations to be explored."³

It may happen that simply getting off on the right foot, or correcting the warm-up, can set off a whole new chain of behavior. It is unwise to underestimate the power of the warm-up itself. Writing about this point, Armstrong and Schur discussed the effective response to various warm-up techniques and said, "... it now became apparent that such techniques could no longer be really classified as warm-ups."⁴ A warm-up may correct a life-long pattern of behavior or may indicate which passages are blocked, withholding the person's ability to experience emotional release or catharsis. Often if there is no warm-up there is no 'hot-down' either.

"The level of catharsis is then related to man's warm-up to the act, the locus of the act and his ability to enter into the psychodramatic dimension of surplus reality."⁵

APPLICATION

I offer the following children's warm-ups for adults with the above points of discussion in review:

1. Do not underestimate the power of the taking-off or warm-up period.
2. Be prepared to further deal with the material presented by participants.
3. Help the participants to explore the *continuity* of their child and adult feelings and behavior, so that these experiences are not just isolated moments in time but part of a continuous flow of existence.

HATS – The group is asked to imagine many different kinds of hats in a pile in front of them. Each person selects a hat to wear, e.g., a cowboy hat, a policeman's hat, etc., and the large group is divided into groups of three. Each

PSYCHODRAMA

person describes his imaginary hat to the other two in his group, and selects one person in his life whom he would like to talk to while wearing this hat. He places the person to whom he would like to speak in an empty chair in the middle of the small group and expresses whatever he wishes to that person (mom, dad, girlfriend, teacher) while wearing the hat; and he continues to maintain the perceived role of the person who would wear such a hat (policeman, for example) while talking.

TEAM MACHINE – The group is divided into groups of 3-4. Each group decides on a real or fantasy machine to act out for the other groups who will guess what the machine is.

TROLL BRIDGE – The group stands on one side of the room and is asked to imagine a bridge between them and the other side of the room. Each person is asked to run, walk or wobble over the bridge in a different way than anyone else or they will be caught by the imaginary or real troll standing on the bridge. Two people are selected or volunteer to be knarled up, mean trolls and stand on either side of the bridge while the rest go through.

EMOTIONS AND BODY PARTS – Names of body parts are written on slips of paper. Names of emotions (such as anger or happiness) are written on another set of papers. Each person is asked to pick a body part and an emotion to act out non-verbally for the rest of the group, who guess the body part and emotion. Children who use this may need to have their faces covered because they tend to give it away with facial expression.

HAROLD AND THE PURPLE CRAYON – The group is asked to imagine that there is no world as we know it. Each person is asked to imagine himself alone with three blank sheets of paper and a purple crayon. With a crayon each is asked to construct a world exactly as he wants it. He is asked, "What would you draw on the first page, the second and third?" Drawings should be in order of importance including people, places, things etc. Each is asked to share what he has imaginatively drawn on these pieces of paper, different pages can then be activated, leading into a psychodrama.

MATRIOSHKA – This is a Russian doll inside a doll, inside a doll and so on. They are usually female, made of wood and come with 6-10 dolls inside each other, and can be purchased from a Russian curio shop or made by hand.

The Matrioshka doll is held up in front of the group and shown that by taking the top off, another doll inside is revealed. The group is then divided into pairs and asked to imagine that the first doll's exterior is their own exterior layer. They then repeat to their partner, "I show a layer of . . . (e.g., over-confidence, fear, anger etc., can be filled in here, depending on the

GROUP PSYCHOTHERAPY

participant) because I won't show . . ." The participant is asked to repeat this exercise of "I-show-this-because-I-won't-show-that," with as many layers of the dolls as he can. If, for example, the person says, "I show a layer of over-confidence because I won't show fear," he then continues with fear. "I show a layer of fear because I won't show helplessness," and so on until he can follow it no further or until he hits a positive layer that he can reflect on. For example, he may end after nine 'layers' by saying, "I show a layer of anger because I won't show warmth."

The realization that he has warmth to show may be an important new discovery and should then be discussed and processed. This can be effectively used in individual sessions as well.

TEDDY BEAR or FIRST TOY – The group is divided into smaller groups of 5-10 people. Each person is asked to close his eyes and try to remember if he had a teddy bear; what it looked like; where he played with it; how he felt about it and exactly what happened to the teddy bear. Was it given away? Thrown away? Is it still around? etc. If no teddy bear is recalled, a first toy may be substituted.

The therapist should note that the teddy bear is often the very first love object outside of one's mother. Strong feelings about the bear or toy may quickly surface. Each may then want to have an imaginary conversation with the bear, still with eyes closed. He may then introduce his toy or bear to the rest of the group members. For example, "This is Inky. He was my bear and I loved him. He loved me too." The person may tell as little or as much as he would like about his object, but it should be spoken in the present tense – at a time when the bear was important.

THE MELTING MIRROR – The group is divided up into smaller groups of 5-10 each. Each member is asked to close his eyes and visualize a large full length mirror in front of him. He then tries to visualize himself at any age, preferably below ten years old, and to remember what he is doing, what he's wearing, what he's playing, who he's with etc. The child he is visualizing looks at himself in the large mirror. He tries to see the texture of his hair, skin, color of clothing, bandaged knees and so on. In the background of the mirror he begins to see a figure looking over his shoulder and he realizes that it is himself, *now* all grown up. The two of them look at each other in the mirror (there is room for both full length images) and they have a conversation verbally and non-verbally until it comes to a natural end.

The therapist should give these directions slowly and quietly and then remain silent, so that no auditory static interferes with the encounter between 'small me and big me.' Participants are asked to open their eyes only after they've finished phase two, which is the following;

PSYCHODRAMA

After the conversation is completed, the child and adult look at each other in the mirror. Then very slowly, they begin to melt and merge into one another. This should not be rushed, but allowed to happen at whatever rhythm necessary, after which people can open their eyes and discuss their experience with other group members.

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LABORATORY TRAINING: A REVIEW OF PROBLEM AREAS

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In this era of rapid, comprehensive communication, new educational techniques are quickly translated into frameworks that are easily utilized by society at large. Although such a process has many advantages, it also has a number of limitations, e.g., integral concepts frequently become distorted; techniques are inappropriately applied; and people without satisfactory training practice such techniques. Indeed, such a fate has accompanied one recently developed social phenomenon, laboratory training — a term used hereafter to refer to a wide variety of planned, intensive group experiences.

Within the laboratory training paradigm, groups tend to vary along a continuum defined by an interpersonal vs intra-personal focus and to encompass a large number of theoretical frameworks and methodologies (e.g., sensitivity training, T-group, encounter, sensory awareness, human development workshop, organizational development, etc.). These groups have had a broad and varied impact on the behavioral sciences and on many large institutions. They have also generated controversy, ranging in perspective from Carl Rogers who has called the planned, intensive group experience “the most rapidly spreading social invention of the century and probably the most potent” (Rogers, 1970) to Sigmond Koch, who has referred to laboratory training as a “convenient psychic whorehouse for the purchase of a gamut of well-advertised existential ‘goodies’ ” (Koch, 1971, p. 112).

Although various group experiences may reflect different leader characteristics, group goals, environmental settings, and criteria for membership selection, they all share a number of problems inherent to a rapid and unsystematic proliferation of any innovative educational method. This paper will suggest some of the major reasons for the controversy surrounding laboratory training and discuss specific problems concerning theoretical framework, leadership training, leadership responsibility, goals, transfer of training, and casualties.

REASONS FOR CONTROVERSY

One of the major reasons for the controversy over laboratory training is that the value system underlying laboratory training differs from the dominant

PSYCHODRAMA

values of society (Shepard, 1970). Prevailing societal values emphasize man's rationality to the exclusion of his emotions, whereas laboratory training assumes both that emotions and feelings are as valid as cognitions, and that failure to recognize this validity inevitably limits an individual's personal growth and ability to meaningfully interact with others. Laboratory training attempts to enhance meaningful personal interaction rather than depending on the authoritarian methods which characterize most contemporary bureaucracies (Argyis, 1962). Although some theorists have suggested that laboratory training is not an ideology, there are clear assumptions underlying such group experiences which are in opposition to some of our contemporary value systems (Back, 1972; Schein and Bennis, 1965).

The difficulty in communicating in a specific and concrete fashion precisely what laboratory training is attempting to do also leads to a sense of mystique and distrust. Although most participants retrospectively report satisfaction within their group experience (Rogers, 1971), they commonly leave a training experience with diffuse thoughts and feelings about what has happened and have difficulty communicating their experiences to others. Even professionals, when asked by their scientific colleagues to articulate their findings in a rigorous, conceptual framework, tend to reply in an ambiguous, vague manner, suggesting that a more "scientific" explanation would do an injustice to the experience.

The volume and degree of critical response (Skousen, 1967; Crenshaw, 1969; Rarick, 1970) may be related to the fact that laboratory training has been recognized as a powerful technique and, as such, has been quickly and at times indiscriminately applied in a number of controversial areas, e.g., race relations, community organization, and drug abuse (Steele and Nash, 1972). Furthermore, its use as a means for resolving conflict has placed it in many volatile and highly exposed situations where indications of success have not been immediate.

Criticism has also been generated by those who have had an unfavorable group experience and who tended to generalize their unfavorable feelings to any kind of group experience. Others have been horrified when reading about nude encounters and have generalized their negative feelings to include laboratory training in industrial organizations or school systems.

PROBLEM AREAS

Theoretical Framework

Many of the social scientists who have responded favorably to laboratory training view its dangers and problems as analogous to those confronting any

GROUP PSYCHOTHERAPY

emerging profession or methodology (Bradford, Gibb, Benne, 1964; Golembiewski and Blumberg, 1970; Schein and Bennis, 1965). Such a perspective may be appropriate, because the major problems of establishing standards for leaders, goals for group experiences, and evaluative criteria are essentially those which accompany the development of any set of techniques. However, such problems will continue to persist until practitioners develop a conceptual framework which provides an adequate rationale for the interpersonal phenomena of laboratory training settings.

Since laboratory training developed from a research-theory oriented group of social psychologists, it is rooted in a vast body of empirical research (Bach, 1972). Moreover, its implications are quite consistent with some major contemporary organizational theories; e.g., McGregor's Theory X-Theory Y (1960); Argyis (1962); and Blake and Mouton's managerial grid (1964). In addition, they are congruent with the implications of some major contemporary personality and philosophy theorists, e.g., Boss (1963); Buber (1958); Maslow's need hierarchy (1954); and Roger's helping relationship (1951). Indeed, The American Psychiatric Association states "what is presently known of the basic science of group psychotherapy stems almost entirely from social-psychological research with task groups and T-groups" (American Psychiatry Association, (1970)).

A number of investigators have developed various sets of hypotheses concerning the interpersonal processes of laboratory training (Bradford, *et. al.*, 1964; Burton, 1969; Schein and Bennis, 1965). Some of these are quite specific and rigorous about certain process components (Bradford, *et. al.*, 1964; Hampden-Turner, 1970), whereas others tend to be relatively naturalistic and phenomenological in character (Rogers, 1969). Although a number of concepts have been produced, an adequate theoretical framework has not been generated which would yield the information needed to answer the most urgent questions concerning laboratory training.

Because of its power and focus on the quality of interpersonal relations, laboratory training tends to be applied to many behavioral problems. In response to this broad application, the consumer has put increased pressure on the practitioner to justify his methods (Freed, 1972). The position that there is educational value in simply expressing feelings may become untenable. If it hopes to contribute to an understanding of human behavior, laboratory training must make an intensive effort to create a meaningful, explicit set of empirically confirmed hypotheses. Furthermore, since there is high probability of backlash against any movement where interest and practice exceed theoretical rationale and research support (Gazda, Duncan, and Sisson, 1971), the very survival of this approach may be dependent upon the immediate production of such a set of hypotheses.

PSYCHODRAMA

Leadership Training

The evaluation of leaders and leadership styles associated with laboratory training has been extremely difficult because adequate definitions of effective leadership behavior have not been developed. Not only do leadership styles and types of group experiences vary, but the same leader may exhibit a wide range of behavior according to the specific group situation (MacLennan, 1972).

This absence of clearly defined leadership roles, coupled with untrained individuals claiming leadership capabilities and qualified professionals exhibiting questionable ethical standards, has resulted in the development of guidelines for training (Egan, 1970; Hurewitz, 1971; Lakin, 1972; NTL, 1969). Most practitioners generally favor guidelines which require graduate training in the behavioral sciences and participation and supervised leadership in a wide variety of group experiences (Lakin, 1970). A number of mental health professionals (Gottschalk and Pattison, 1969; Malliver, 1971) have suggested that group leaders undergo training similar to other clinical professionals, i.e., accredited training as a psychologist, psychiatrist, M.D., Ph.D., EdD., or MSW. Their rationale assumes that advanced training is designed to weed out those individuals whose own disturbances tend to be destructive and to train potential leaders for any sort of pathology, stress reaction, or similar "psychiatric casualty" during the group experience. However, traditional clinical training may neither be a necessary nor a sufficient qualification for a group leader. Furthermore, even if clinical training were appropriate, many of the techniques of training currently used by clinical educators are regarded as crude, ineffectual and inadequately investigated (Strupp and Bergin, 1969).

Some mental health professionals have gone much further stating that academic training inhibits the development of leadership by reinforcing remoteness and the tendency to over-intellectualize (Corsin, 1970; Schutz, 1971). Some feel that trainers who are warm and informal and who do not hide behind the facade of their professionalism may make the best leaders (Truax and Carkhuff, 1967). A substantial body of evidence seems to support the claim that people without professional background are perfectly capable of serving as facilitators at certain levels of psychotherapy, e.g., Alcoholics Anonymous and Synanon (Poser, 1966; Rioch, 1963). Shostrom (1969) has proposed the use of natural leaders who possess the appropriate skills to facilitate growth and has recommended the development of programs to train non-mental health professionals to lead sensitivity groups. He has also suggested the one-year training program for facilitators at the National Center for the Exploration of Human Potential as a good model upon which to pattern future laboratory training centers.

GROUP PSYCHOTHERAPY

The training of a leader is related to the goals of the group and the nature of the leader-group contract. If the goal is to ameliorate personal suffering and provide a therapeutic experience, the requirement of medical training may be necessary. If, however, the goal is increased inter-personal skills and intragroup facility, clinical training may not be appropriate. MacLennan (1972) has suggested that leadership training and selection should take into consideration such issues as the current life stage of the prospective leader and his values and qualities in relation to that stage. Questions related to his compatibility with various populations and his ability to assess his own needs and feelings are considered crucial to selection criteria.

In response to increased social and professional pressure for a formal accreditation procedure for group leaders, National Training Laboratories Institute for Applied Behavioral Science (NTL) and the Association for Humanistic Psychology (AHP) have announced plans to launch a cooperative effort to develop qualification standards for group leaders (AHP, 1970). Also, the International Association for Applied Behavioral Science has been established to assist individuals who plan to use human relations consultants and to act as an accrediting board by certifying and developing standards of competence for professional practitioners of applied social science (American Psychological Association Monitor, 1971). While such activities may prove valuable, training and competency requirements for leaders will not be meaningful unless empirical evidence exists to substantiate such guidelines. Certification procedures are of little value unless the requirements are associated with leadership characteristics that have been demonstrated to relate to group effectiveness.

Leadership Responsibility

In the unsystematic growth of the laboratory training movement, a standard code of leadership ethics and responsibility has not been generated (Hurewitz, 1971). Although much of the group literature indicates that parameters of leadership responsibility are rarely established, some attempts have been made. The leader has been requested to provide the client with specific information concerning the content and nature of the training program (Parloff, 1970); to respect an individual's right to decline participation and leave the group if he so desires (Malliver, 1971); and generally to provide safeguards to ensure the participants' psychological and physical safety (Lakin, 1969). In a review of the literature concerning acceptable and effective interaction among group members, Easton and others (1972) summarize the varied opinions into three categories: (1) some leaders would impose only those restrictions necessary to avoid legal prosecution; (2) a second group of

PSYCHODRAMA

leaders would advocate leadership intervention at certain critical points in the group process; (3) a third group would overtly control the group in a highly structured manner.

Some advocate total leadership responsibility for what transpires in the group experience (O'Banion and O'Connell, 1970; Ohlsen, 1970). However, one of the primary tenets of laboratory training is its reliance and implicit faith in the responsibility of the individual. Based on this assumption, the goals of the training tend to revolve around the abilities of self-awareness and increased sensitivity to the behavior of others (Campbell and Dunnette, 1968), and quite clearly the leader is conceptualized as a helper in creating an environment conducive to the enhancement of self-awareness and in relating laboratory training to the problems encountered in daily life (NTL, 1969; Rogers, 1970).

If the leader assumes responsibility for the participant, this could lead to a diminished amount of transfer of training. The experiences in the group may be more likely to transfer if they accurately represent reality (Harvey, Oshry, and Watson, 1970). If the leader's role is to provide immunity from stress or anxiety for individual members, there may be less opportunity for members to experiment with new behavioral styles and less probability of transfer of training. The specifications of a leader's responsibilities may, in fact, lead to a self-fulfilling prophecy. An emphasis on the responsibility of the leader may encourage a lack of responsibility on the part of the group members. An unrealistic concern with respect to psychiatric casualties may encourage among group members a fear of the loss of control and may serve to inhibit openness, and suppress meaningful material.

The degree and type of responsibility that a leader assumes is currently a function of the individual leader and the contract that is negotiated with his client. To legislate or otherwise coerce standards of responsibility developed for other professions that are without relevant, empirical confirmation with respect to sensitivity training would be inappropriate. There is, however, one area in which the leader has explicit responsibility – the area of evaluation. If a leader claims that a group experience will lead to an enhanced level of functioning, he is ethically charged with the responsibility of demonstrating that effectiveness.

The discussion of ethical issues concerning areas of responsibility may prove to be academic, because many leaders do not belong to any professional group and define their group experiences as outside the domain of existing certification statutes. Thus, their leadership styles and sense of responsibility may be a function of their own individual code of ethics. What is critical is to develop a set of guidelines sufficiently rigorous to eliminate the charlatan, yet

GROUP PSYCHOTHERAPY

flexible enough not to restrict the professional. Such guidelines must be based on the accumulation of empirical evidence in order to be respected by the future group leader and participant.

Goals

Originally, laboratory training evolved from the efforts of a group of social psychologists and educators who were concerned with democratic processes and change. The focus was on enhancing an individual's ability to be effective in a group setting and generally to increase the group's effectiveness. Although individual growth was not a specific goal, increased self-awareness became a byproduct of the group focus. As professionals from other fields became interested, the focus began to change somewhat in that many group experiences began to emphasize individual growth rather than group dynamics (Wechsler, Massarik, Tannenbaum, 1962). Human relations training for business and professional people sometimes resulted in substantial personal growth resembling that seen in psychotherapy (Weschler, *et. al.*, 1962; Burke and Bennis, 1961). Thus laboratory training eventually became known as "therapy for normals." Such an attitude, however, was a symbol of encroachment on the medical establishment and necessitated a clearer distinction between the fields of laboratory training and psychotherapy. The detection of significant differences between the two fields is quite different because the variance of goals within each of these fields exceeds the variance between them. Certain types of laboratory training which focus exclusively on individual functioning would seem to be a therapeutic experience, whereas some forms of psychotherapy might appear to be a training exercise.

There is substantial evidence to indicate important similarities between laboratory training and psychotherapy, both of which are designed to increase the level of self-awareness and to develop a greater degree of self-determination (Schein and Bennis, 1965). Laboratory training has directly led to various kinds of innovations in the group therapy setting (APA, 1970). The basic science of group psychotherapy stems largely from the social psychological research in laboratory training (Yalom, 1970). Various techniques have been borrowed from the laboratory model by therapists (Parloff, 1970), e.g., the use of non-verbal techniques and the experimentation with time duration of sessions. Training groups have also been used to investigate group phenomena and interpersonal influence in a relatively controlled setting (Goldberg, 1970) and have become a standard part of many mental health services (Otto and Maholick, 1972) and therapist training programs (Berger, 1969). Some of the leaders of encounter groups, in fact, consider the type of group experience that they facilitate to indeed be therapy, not directed at the amelioration of

PSYCHODRAMA

the traditional neuroses and psychoses, but rather focusing on the cultural or philosophical neuroses of contemporary society (Burton, 1969). This type of intense group experience is directed at existential anxieties and attempts to help an individual deal with his feelings of powerlessness and alienation from others (Forer, 1969).

An important consideration concerning the differences in goals is that if training is therapy it is subject to the same types of ethical and legal standards with which any other medical technique is faced. However, the debate of training vs. therapy is no longer appropriate as a way of labeling specific techniques or categorizing laboratory training in general. In each case the final designation is an empirical one based on the leader's own behavioral style, theoretical orientation, set of goals and the group contract. More important is a clear understanding of the relationship between the goals of the group and the techniques that are utilized (Joure, Frye, Green, and Cassens, 1971; Parloff, 1970).

There exists a variety of approaches to the selection of goals. Easton, et. al. (1972), present the spectrum of positions concerning goals as follows: one group of leaders deliberately avoids clearly stating any major goal (Coulson, 1970; Rogers, 1970); a second group concerns itself with the issue of goals but describes them in vague, global terms (Naranjo, 1968); the last cluster of leaders attempts to outline the expected outcomes of the group experience in clearly defined terms (Campbell and Dunnette, 1968; Ohlsen, 1970). Lomranz, Lakin, and Schiffman (1972) surveyed a sample of experienced group leaders as to their goals and found three different types of goals – social effectiveness, personality integration, and expressiveness. Some leaders believe stated goals would constrict the group's creativity and inhibit individual growth (Easton, et. al., 1972). Others state that the goals of a group should determine the design and direction the group should take (Steele and Nash, (1972)).

The validity of any goal is a function of the client-professional contract and the outcome of the experience. However, making the goal explicit appears to be quite important. After reviewing evidence in a number of areas of psychology, Goldstein, Heller and Sechrest (1966) concluded that prior information about the nature of an experience will facilitate effectiveness. March and Simon (1958) found that goals become operational to the extent that they are defined and the method to achieve them is made clear. Easton, et. al. (1972), have suggested that people interested in participating in a group need the protection of knowing what the general parameters of the group will be.

The methods for communicating goals, however, vary with the leader and his orientation toward the group process. Many leaders prefer "ground rules"

GROUP PSYCHOTHERAPY

in which participants agree to a range of acceptable goals and personal behavior (Schutz, 1971; Stroller, 1969). Bach (1967) has proposed ten marathon "Commandments" which the group leader is responsible to maintain as a group norm. Gendolin and Beebe (1968) have suggested a "constitution" which members add to, delete from, and amend. Probably the most comprehensive work in developing such leader-group relationships has been by Egan (1970). He establishes a "contract" with the group which specifies goals, rules and core interactions appropriate for participants and the leader. Ribner (1971) offers supporting evidence concerning Egan's assumptions that contractual groups facilitate certain kinds of interaction that leads to personal growth. Lakin (1972) has suggested that the leader is responsible for developing a contractual relationship within the group that deals with such issues as the focus and purpose of the training; the physical contact to be expected; his role as leader; and outside reading germane to the group's goals. In general, a "buckshot" approach where laboratory training is indiscriminantly applied to any problem with merely a global intent to enhance functioning may not prove to be effective and may be harmful (Blank, 1969). Explicit goals reduce the hazards of any group experience by providing participants with a more informed choice and by reducing the likelihood that the group will be misconstrued as violating any individual rights.

In the area of industry, where laboratory training has had a considerable impact, the training goals have come under particular scrutiny (Wall Street Journal, 1969; Joure, et. al., 1971). Laboratory training was initially seen as a means for generating a more accurate assessment of the overlap of the needs of the individual and the organization. Also, the development of greater self-awareness and interpersonal skills has been demonstrated to lead to a more collaborative effort in meeting personal and organizational needs and increased organizational effectiveness (Berkwitt, 1970; Marrow, Bowers and Seashore, 1968). However, ambiguous goals and a lack of specific hypotheses related to the organization's needs have left unconfirmed the positive utility of laboratory training methods (Campbell and Dunnette, 1968). Increased self-awareness has often been perceived as "over-sensitivity;" interpersonal skills as "rocking the boat;" and laboratory training as quasi-religious rather than behavioral science (Bach, 1971). Self-disclosure in many cases is perceived as an obstacle to effective work relationships rather than an aspect of the process for creating a climate of interpersonal trust (Birnbaum, 1969), or optimal psychological functioning (Greene, 1971).

In all areas of laboratory training attention to the appropriateness of goals and techniques is warranted. A policy of clear and explicit goals, to the extent that it can be done without violating the potential for learning, will probably

PSYCHODRAMA

enhance the effectiveness of the experience by lessening the individual's fantasized fears and by diminishing the possibility of any violations of the individual.

Transfer of Training

Inherent in the consideration of group effectiveness is the issue of transfer of training. Can one relate whatever learning the group experience has stimulated to the activities and affairs of the individual participant's daily routine environment? Some authors feel that groups may foster a sense of pseudo-reality and generate a pattern of relationships that may be inappropriate in real life circumstances (Carkhuff, 1971; Fleishman, 1953; Gottschalk and Pattison, 1969; Oriore, 1970). Other studies have provided evidence that changes initiated in the laboratory setting can be successfully applied to other environments (Argyis, 1962; Bunker, 1965; Gerber, 1972; Miles, 1960; Steele, Zand, and Zalkind, 1970).

A number of strategies to facilitate transfer have been developed: Problem Analysis Questionnaire (Oshry and Harrison, 1966); Theme Centered Interactional Method (Cohn, 1968); Embedded Groups and Follow-up Procedures (Gibb, 1970); and homework assignments outside the group (Ellis, 1969). Few authors, however, have contributed to a theoretical model of the transfer process. An important exception is the work done by Coulson (1970) outlining a three stage model of how new learning may be applied to the participants' regular environment. In order to facilitate the transfer of learning, the group experiences should accurately represent reality (Eddy and Lubin, 1971; Gibb, 1971; Harvey, et. al., 1970), yet at the same time sufficiently differ from routine living to have a significant impact (Egan, 1970). Generally, authors of group literature focus on five conditions necessary for group effectiveness and transfer: the need for a clear understanding by the participants of what can or may happen (Easton, et. al., 1972; Strassburger, 1971); a defined starting and ending time (Lippitt and This, 1970; Stroller, 1969); a high trust level (Kegan and Rubenstein, 1972); a sense of personal challenge (Thomas, 1969); and voluntary participation (Corsini, 1970). Also research on learning suggests the importance of transferring strategy rather than content, e.g., to emphasize learning styles as opposed to specific roles with particular people.

Generally the available evidence appears positive with respect to transfer (Easton, et. al., 1972). Campbell and Dunnette (1968), after reviewing the literature, conclude that "T-group training does induce behavioral changes in the 'back-home setting.'" However, more data is needed to specify those variables that lead to specific types of changes and to make explicit the

GROUP PSYCHOTHERAPY

interactional relationship between learning in the group and application in the home environment.

Casualties

Perhaps the issue that has caused the greatest degree of furor with respect to laboratory training is the possibility that an intensive group experience is likely to have adverse consequences, i.e., physical injury, emotional discomfort perhaps leading to psychotherapy, or even psychosis. Some professionals suggest that group experiences tend to break down an individual's ego defenses which are survival mechanisms, no matter how incapacitating they may appear to others (Berger, 1969). Such mechanisms are claimed to be not only necessary, but are imperative to maintain normal, healthy interpersonal functioning (English, 1969). Others feel that the extreme discomfort experienced as a result of a confrontation with one's style of defense can be very meaningful because it may bring the client into more direct contact with his own strengths and weaknesses (Egan, 1970). Those maintaining this position feel that the need to seek professional help as a result of a group experience is an accomplishment of the experience rather than an adverse effect. In fact the extreme view postulates that a psychotic episode may be one of growth, because it permits one to become liberated and more fully actualize his potential (Laing, 1967). While it may be unlikely that all types of emotional disturbances are beneficial, the value of some types of emotional discomfort in providing a growth experience deserves more attention.

Inconsistent data in the area of casualties does not permit any meaningful statement about the level of risk that is involved. A number of surveys concerning casualties have been undertaken with the level of incidence reported varying from less than $\frac{1}{2}$ of 1% (Elliot, 1970) to as high as 20% (Parloff, 1970; APA, 1970). One study found that 7.5% of the participants "as a result of his encounter group experience, suffered some enduring psychological harm which was evident six to eight months after the end of the group." (Lieberman, Yalom, and Miles, 1971). The majority of the reports, however, show few negative reactions actually occurring (Roger, 1970; Eddy and Lubin, 1971). Easton, et. al. (1972, p. 111) conclude from their review of the literature that "most of the concrete evidence available indicates that such incidents are comparatively rare, and that they usually involve people with some previous history of psychological difficulty."

Most of the available data related to group casualties is quite crude. In few cases were there any efforts to study the long term effects of the experiences. The term "casualty" is often indiscriminately applied to conditions characterized by a range of descriptions from "a negative feeling" to "psychotic

PSYCHODRAMA

reaction." In few cases is data concerning criterion reliability furnished. Clinicians and other mental health professionals who deal with psychopathology may be more likely to perceive a "casualty," whereas behavioral scientists and applied researchers may be more likely to perceive the same behavioral phenomena as simply behavioral change or even psychological growth (Clark and Funkhouse, 1970). In few cases was there any sort of control group, nor was there any "before" measure to relate one's condition in terms of entry to the group. It is entirely possible that a group experience may have inhibited or resolved a potential emotional disturbance for an individual. One study not only reports that no emotional illnesses were precipitated by the group experience, but states that psychiatric consultations were one-half those of the previous year for a comparable sample of people (Cadden, Flack, Blakeslee, Charlton, 1969).

Although the creation of stress is acknowledged by most investigators as likely to accompany the group experience, there is little agreement on its purpose or relationship to group development. Some critics point out that laboratory training encourages openness and closeness, but does not provide a mechanism for dealing with the anxiety that is provoked (Jaffe and Scherl, 1969). However, others state that the group itself can serve as an anxiety-reducing vehicle when it perceives that the environment is becoming overly stressful (Goldberg, 1970; Rogers, 1970). For some the stress is crucial for learning and change (Burton, 1969; Corsini, 1970). Lubin and Zukerman (1967) generate data that suggest conflict and confrontation tend to be more stimulating than emotionally disturbing. Bach (1967) analyzed responses to members' evaluations of helpfulness and found that aggression-confrontation between participants contributes significantly to the value of the group interaction. Schein and Bennis (1965) discuss the importance of anxiety in "un-freezing" participants, i.e., unleashing the group participant from habitual coping patterns and rigid thought sequences in order that feedback can have optimal effect.

The role of stress and anxiety requires a more comprehensive treatment to permit an assessment of the relative benefits and risks involved as a function of specific group situations. Rather than continue to generate surveys of incidences of casualty, it seems more useful to conceptualize conditions that might lead to a higher or lower probability of risk for the participants. Investigations focusing on participant characteristics, group composition, type of technique, location and type of setting, and leadership styles are necessary. For example, it is suggested that the level of competence of the leader as related to specific training and experience in group techniques might be related to the degree of disturbance of any individual in the group (Bach,

GROUP PSYCHOTHERAPY

1967), that participants in structured groups will experience fewer adverse reactions than those in unstructured groups (Ross and Whitman, 1970), and that leaders characterized by high levels of stimulus input, confrontation and charisma are associated with higher casualty rates than other leadership styles tested (Lieberman, et. al., 1972).

Other, perhaps less serious, types of casualty have also been documented. Often participants find the intimacy and openness in the group a very exhilarating experience, and attempt to behave in the same fashion in their own daily lives. This experience may prove quite frustrating or even jeopardize their present relationships (Argyis, 1972). Similarly, some participants after a particularly meaningful experience, find that their own life styles and value systems are pallid in comparison with the group experience. In order to attain the degree of authenticity that they so temporarily felt, they may make abrupt and irrevocable decisions concerning major commitments of their lives, e.g., family and job. Furthermore, participants may respond to the group as an end in itself and become so involved in the good feelings that the group stimulates in them that they essentially become "group addicts" (Rogers, 1970).

In reaction to the fears of psychiatric casualties from the group experience, a number of criteria have been suggested to be used in screening group membership. (Argyis, 1968; Deane, 1972; NTL, 1969; Reedy, 1972; Siroka, Siroka, Schloss, 1971). Presumably a screening process will remove individuals who either might be harmed by the experience or who might interfere with the satisfactory functioning of the group. However, valid screening techniques may be difficult to develop (Lakin, 1970). Fiske and Pearson (1970) discuss the many problems related to the validity and reliability of psychological assessment of personality variables. Obviously many people with a great desire to become a group participant are not going to jeopardize their chances by submitting data that may exclude them from consideration (Stone and Tregor, 1970).

A number of studies suggest that screening to exclude those exhibiting undesirable behavior may not be appropriate because the more incongruent the participant's behavioral style is with the laboratory milieu, the greater the degree of learning for that individual (Jacobson, 1972; Like and Seashore, 1970). Truax and Carkhuff (1967) state in psychotherapy research that the greater the initial psychological disturbance as measured by self-report psychological instruments, the greater the predicted improvement. Some feel that natural screening techniques are already in existence, e.g., self-selection of groups (Bach, 1967); referral process (Bindrim, 1969); and previous group membership (Mintz, 1971). Gibb (1971) concludes that research evidence

PSYCHODRAMA

indicates no basis for making any restrictions in who should be allowed to join a group. Easton, et. al. (1972, p. 99), suggest, however, that all the evidence points to the fact that "we do not know enough about screening and selection to be able to do it effectively."

We suggest that one way to provide evidence concerning the effectiveness of screening is to institute an information gathering device to collect data on all participants which can then be related to various output criteria. This procedure will provide information to use in the selection of members for future groups as well as serve other purposes. It will give the leader and the applicant an opportunity to discuss their expectations and allay any inappropriate fantasies, which may make for a better prepared and motivated group. It also may be used as a safeguard for voluntary status of the participant and to reinforce the individual's responsibility to leave the group if he should desire. It is hypothesized that such procedures would be associated with less incidence of emotional distress; less chance of a violation of an individual's rights; enlightened, voluntary participation; and perhaps a more rewarding group experience (Yalom, 1970; Steele, et. al., 1970). While the potential for severe emotional disturbance as a direct result of a group experience should not be ignored, it has perhaps been overly emphasized (Seashore, 1970; Stassberger, 1971). Because of conflicting data at this time, few generalizations can be made about the dangers of the group experience (APA, 1970).

CONCLUSION

Throughout this paper the pervasive theme has been a plea for more empirical information upon which to make decisions concerning laboratory training. The problems discussed are controversial and have had an incredibly wide range of impact on both the general public and the mental health and behavioral science professional communities. The cry for more and different research is a common one, but in this case especially urgent; for otherwise the vast potential of a new, power methodology might be lost in the wake of ideological rhetoric.

While the planning and conducting of research concerned with laboratory training poses particular difficulties, these problems are not insurmountable. As it appears that laboratory training is not a unitary process, the direct attempt to answer the question "Is laboratory training effective?" does not seem productive. The essential research conceptualization becomes: What specific leader and/or group interventions will produce specific changes in specific clients under a specific set of conditions? In order to approach this

GROUP PSYCHOTHERAPY

question it is important to acknowledge that neither leaders nor clients can be perceived as interchangeable units. They both vary along a multitude of dimensions, e.g., personality, education, experience, motivation, etc. Methodological variables cannot be dealt with in isolation, for they occur within the transactional context of the leader-client interaction. Evaluation criteria need to be sufficiently broad in order that the results can be generalizable, yet pure enough that they have empirical and practical meaning. Laboratory training research requires complex and theoretically diverse designs with representative criteria that cut across theoretical frameworks and instrumentation biases of investigators. Before-after designs must be augmented with specific process measures of individual clients as they experience the experimental treatment conditions.

The group experience appears destined to survive in some fashion; however, as interest and utilization grow faster than empirical evidence can accumulate, the dangers increase that the planned, intensive group experience will block itself from actually realizing its full social potential. In general, laboratory training needs more examination of how it may be valuable in each specific set of circumstances.

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PSYCHODRAMA

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ACTION THERAPY: AN INTERVENTION FOR INCREASING INVOLVEMENT IN HUMAN INTERACTION TRAINING

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J. L. Moreno (1969) has contributed an incisive historical perspective to the burgeoning encounter group movement by tracing the psychiatric roots back to his work of almost 60 years ago. Even more important than Moreno's development of ideational continuity is his search, echoed by Treadwell and Treadwell (1972, p. 22) for "... a mutual meeting ground, an environment that will foster cooperativeness, assimilation, inventiveness, spontaneity, and unity," between the many here-and-now action groups which have evolved from the Beacon and Bethel models (Moreno, 1969). This study was proposed as a part of a continuing effort to maximize the mutual contributions of psychodramatic approaches, which originated in the Moreno Institute and the instrumented laboratory method developed by the National Training Laboratories.

For 11 years the Human Interaction Training Laboratory (formerly the Patients' Training Laboratory) at the VA Hospital, Houston, Texas, has been functioning as an instrumented laboratory (Blake and Mouton, 1962) where neuropsychiatric patients attempt to learn more about themselves through understanding here-and-now transactions of their self-directed development groups (DGs) (Hanson, Rothaus, O'Connell, and Wiggins, 1969). For the last six years action therapy, using psychodramatic techniques, has been an integral part of this 4-week program (O'Connell, 1971).

The goals of action therapy are to increase self-esteem and social interest with the help of social reinforcements (attention, affection, approval) from significant others. Axiomatic to this humanistic identification model (O'Connell, 1965) is the premise that people must learn "how" and "why" they actively constrict their life styles, i.e., lowering their self-esteem and social interest unwittingly through cognitive negative nonsense (Ellis, 1962). The "why" of the self-generated (and other-reinforced) psychopathology is the universal need for people to feel esteemed (significant, worthy) through acting out the role which, subjectively, has the greatest probability of influencing others. Unfortunately for many individuals, esteem through the role of co-

PSYCHODRAMA

operation-as-equals is not part of their expectations, so they earn their esteem on the disruptive side of life (hyperdependent and/or competitive).

Research with action therapy conducted on the Human Interaction Training Laboratory (HITL) has shown that the active protagonist (the patient whose problems were on focus) developed more attitudes of interpersonal tolerance. The protagonist became more inner-directed and less prone to use symptoms for interpersonal gain, when compared with the more inactive nonprotagonist (O'Connell and Hanson, 1970a, 1970b). A confounding variable in these studies could have been the activity level of the protagonists. That is, the apparent protagonist effect could be ascribed to the activity level of the patient, rather than to the treatment modality to which he was exposed. All patients in the O'Connell and Hanson studies "volunteered" for the task, under group pressure which varied from none to great. Another more universal question raised by the O'Connell and Hanson studies was "what do you do with, to, or for the violently passive patient whose movements of hopelessness have defeated generations of mental hospital therapists?" This type of frustrating patient was to be the prime focus of action therapy. Could he be motivated by a firm, friendly, and humorous approach to expose his mistakes and practice assertive behavior as a protagonist? Or would he defeat the action therapy director and auxiliaries with a reactive display of psychopathology?

SUBJECTS AND PROCEDURES

One purpose of this study was to gauge the differential effects of action therapy upon Ss classified as high and low DG participants by dividing potential protagonists into different levels of participation as determined before action therapy. It was hoped that the effect of action therapy on high and low participants would create a more equal distribution of participation. The study was divided into three phases: Phase I, HITL with action therapy (32 protagonists, 52 nonprotagonists); Phase II, HITL with action therapy and video feedback (23 protagonists and 32 nonprotagonists); and Phase III, HITL alone (41 Ss).

Throughout this study DG members rated each other on a scale of participation from 1 ("did not talk") to 9 ("talked constantly") after each of the 20 daily sessions. All Ss who attended at least three of the five DG sessions in all four weeks of the program received "mean other" participation scores. The week one participation score (the average of the daily "mean other" participation ratings for the first five sessions) was used as the basis for dividing Ss into the initial participation level categories. The median participation week

GROUP PSYCHOTHERAPY

one score of 4.2 separated the high participants (HP: above 4.2) from the low participants (LP: below 4.2).

Action therapy was conducted four times for 90 minutes during days 6-9 (week two) for each day in Phases I and II. In Phase II each action therapy session was videotaped and played back to the group. These playback sessions were usually not accompanied by any group discussion. Additional analyses were completed on the companion data for the three phases. The 41 Ss in Phase III were given an extreme participation coding in addition to their high versus low participation code to provide information on the extreme positions of this variable relative to nonextreme positions. The purpose of this analysis was to find out if the effect of action therapy was a function of the extreme levels of participation.

RESULTS

A three-way analysis of variance design was used to compare the changes in average weekly mean-other participation scores during the program as a function of initial level of participation (high versus low) and as a function of action therapy activity (protagonist versus nonprotagonist). It was found that the participation scores decrease during the program for high participators and that participation scores increase during the program for low participators (interaction significant at $p < 0.001$). In addition, however, it was found that the participation scores dropped more rapidly for those high participants who were also protagonists; similarly, participation scores increased more rapidly for those low participants who were also protagonists (triple interaction significant at $p < 0.05$). Individual t test comparisons of the analysis of variance cell means indicated that this interaction was primarily affected by the increase in participation scores for the low participant protagonists. Similar comparisons also indicated this change in low participant protagonists occurred during week two whereas this change did not occur until week three with the low participant nonprotagonists ($p < .01$). Overall participation scores were significantly higher ($p < .05$) for the Ss in Phase II, i.e., those with action therapy and unstructured videotaped feedback.

Those high and low participants selected to be protagonists were generally at the extremes of high or low participation. To evaluate whether or not extreme participators move more quickly toward less extreme positions without action therapy in the HITL, the control group Ss (Phase III) were given an extreme or nonextreme code in addition to their coding for initial level of participation. The analysis of variance did, in fact, indicate that the participation scores of extreme high participators decreased at a faster rate than

PSYCHODRAMA

nonextreme high participators and that extreme low participator scores increased at a faster rate than nonextreme participator scores ($p < .05$). As noted when protagonist and nonprotagonist scores were compared, this interaction is primarily affected by the increase in scores of low participators. An individual comparison t test indicated, however, that the changes in the extreme low participants did not substantially occur until week three and not until week four was the change significant when compared with week one.

DISCUSSION AND SUMMARY

The study suggests that target groups of low participants can be motivated to increase their participation quicker by becoming active protagonists in action therapy. The most significant change in the low participant protagonist group was for the videotaped playback exposure. In the regular HITL group only slightly less significant changes accrued to the low participant group during the program without action therapy. The least that can be said for the addition of action therapy to the already quite successful HITL regimen is that action therapy helps low participants get involved sooner and maintain their higher level of participation in the unstructured self-directed development groups up to two weeks earlier in the 4-week program. Therefore, the passive patient's opportunity to change, as a function of increased involvement, may be doubled with the inclusion of action therapy in the HITL program.

Two unforeseen sources of potential variation were present, possibly indicative of program success, but making experimental interpretation less clear. In his efforts to motivate low and high participants to action therapy commitment, the director selected the most extreme patients. If these Ss refused to become active, the alternative was to move closer to the median for the next try. For the most part, the extremes in participation assumed the protagonist role, leaving the nonprotagonist groups with less extreme initial participation scores. Unfortunately, the design also did not take into account a second potential uncontrolled source of variance, the exposure of student consultants to action therapy. It is now known that some action therapy was unofficially continued by consultants in the control phase, so a better alternative would have been to delay the selection of control groups until a quarterly change in laboratory consultants took effect. As the study now stands, the control group could be considered an attenuated treatment group for action therapy.

GROUP PSYCHOTHERAPY

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IMPLOSIVE PSYCHODRAMA

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The use of psychodrama as a therapeutic method has been fully described by Moreno (1946, 1955, 1958, 1959, 1966). Generally speaking, the aim of psychodrama is to arouse and sustain a patient's spontaneous emotional reactions during a dramatic event. However, since the inception of psychodrama as a therapeutic regimen, some practitioners have chosen to view the specific procedures in a different light than Moreno's unique metatheory of roles, spontaneity, and creativity. For example, Gonen (1971) has discussed the nature of drama itself, particularly in terms of classical Aristotelian and modern psychodrama. Issues relating to the therapeutic rationales of analytic ego psychology have also been offered by Polansky and Harkins (1969) as another theoretical approach. The aim of this paper is to illustrate the application of the theoretical framework of implosive therapy to the practice of psychodrama.

Since there are similarities between the practice of psychodrama and the uses of implosive therapy (Stampfl and Levis, 1967), it is a relatively simple task to directly translate principles of implosive theory into psychodrama. Both incorporate the concept of strong emotional responding as a prerequisite to change; the goal being to extinguish maladaptive behavior patterns through cathartic-like or anxiety-provoking experiences. In addition, each attempts to reproduce an approximation of the environment where the emotional responses actually may occur, while at the same time providing a setting which is relatively safe for the patient. Thus, the focus is to deliberately elicit anxiety-provoking or emotion-arousing responses in a specially provided non-punitive setting, i.e., the clinician's office or director's stage.

Within an implosive framework, it is assumed that symptoms are learned avoidance responses which primarily function to reduce anxiety in the presence of anxiety-provoking stimuli. A further assumption is that these avoidance responses have previously been paired or associated with trauma, i.e., pain, punishment, or organic deprivation. Therefore, symptoms are originally

GROUP PSYCHOTHERAPY

acquired through traumatic conditioning and subsequently maintained because of their tendency to reduce anxiety. For example, a compulsive hand-washer may have learned, consciously or unconsciously, that by running to the washroom twenty times while at work, he can not only reduce his anxiety at the moment but also directly avoid expressing his angry feelings towards his boss; who, incidentally, resembles his father who used to often severely whip him as a child. To eliminate both symptoms and anxiety responses, the implosive procedures adhere to the well-known psychological principle of extinction, i.e., a decline in responding (symptom expression) as a function of non-reinforced (lack of trauma) repetitions of a response (anxiety).

During the therapy, conditioned stimuli, i.e., scenes which elicit anxiety, are presented in visual imagery without the occurrence of unconditioned stimuli, i.e., aversive events involving pain or punishment. This technique is designed to promote intense emotional reactions in the patient and eventually dissipate these anxiety responses and symptoms by repeatedly pairing them with a safe setting. Consequently, the patient learns that an expression of previously suppressed or repressed feelings can realistically take place without any physical harm or emotional damage. The same theoretical principle applies to psychodrama. Although the emotional reactions and anxiety responses may be somewhat similar for implosive and psychodramatic techniques, the latter experience incorporates real people and real props in place of visual imagery. Also, the therapist is replaced by a director who is in charge of both setting the stage with appropriate conditioned stimuli and directing the intensity of the patient's emotional responses. Since the lack of any real punishing consequences remains the same for both modes of treatment, and since the focus of each is on intense emotional responding, the analogy between these two forms of psychological intervention is clear. However, the main element which differentiates the two approaches is the implosive therapists' *consistent* focus on achieving the highest levels of anxiety; hence, no limits are set on the degree of anxiety-arousal or emotional responding which may occur during a session.

The following clinical example and discussion are presented for two reasons: (a) to demonstrate how an implosive model of extinction can be applied to psychodrama; and (b) to examine some issues which emerge during the implementation of relatively novel approaches to therapy.

CLINICAL CASE

Setting

A comfortable enclosed lounge area within the Day Hospital at the University of Rochester Medical Center served as the stage for the once-a-week

PSYCHODRAMA

psychodrama sessions. Attendance was completely voluntary for the eight to ten outpatients who regularly attended the one-hour protagonist centered (Gonen, 1971) meetings. The first and third authors took turns in serving as the director-therapist for alternate sessions.

Protagonist

Mary is a 30 yr.-old white, obese, divorced mother of an 8 yr.-old girl and 7 yr.-old boy. She and her children have lived with her parents and 18 yr.-old brother ever since 1965 when her husband left her. She appears to be above average in intelligence, and has an 8 year history of 15 inpatient psychiatric hospitalizations. Her hospitalizations were always precipitated by her inability to handle conflicts revolving around either her husband (whom she divorced two years ago), her domineering mother, or her psychiatrist who "deserted" her whenever he went on vacation. In each case she became actively delusional and had auditory hallucinations of a derogatory nature. For example, she would hear the voices of her mother and doctor telling her that she was a bad mother and that she should kill herself; indeed suicidal gestures or attempts accompanied her symptomatology on four occasions. The primary modes of treatment during her hospitalizations were various medications, supportive therapy, milieu therapy, and activity therapy, although she also underwent a series of five electroshock treatments during one of her earlier admissions. Usually she was discharged to a private psychiatrist who would maintain her on relatively high doses of medication (e.g., Mellaril, 200 mgs., q.i.d.) between hospitalizations. Last year, however, she was discharged to the Day Hospital with a diagnosis of chronic paranoid schizophrenia.

Psychodrama Session

Shortly after the doors were closed in the lounge area (stage), Mary, who was visibly shaking and near tears, said that she wanted to be admitted to the hospital because she was afraid of the voices again. She described to the group how she heard the voices while at home with her family. It became clear that the main conflict was between Mary and her mother; the latter would dominate Mary and supposedly force her to do household chores and cooking by telling her that if she didn't do these things that the mother would have a hemorrhage in her eye (a chronic problem with medical documentation). Hence, Mary was unable to express her negative angry feelings toward her mother for fear that she would be responsible for her mother's hemorrhaging. The delusions and hallucinations were viewed as mechanisms which allowed her to avoid the feelings of repressed rage toward her mother.

GROUP PSYCHOTHERAPY

At this point an attempt was made to translate her feelings into their stimulus equivalents. The aim of this procedure was to allow her to experience all the anxiety-provoking, hostile and angry feelings toward her mother in the absence of any real pain or punishment while she was on the safe stage. Therefore, the scene involved a situation simulating Mary at home with her entire family. The furniture was arranged to approximate her parents' living room, and other patients were assigned to play various roles during the psychodrama: mother, father, brother, son, daughter, and the hallucinatory doctor's and mother's voices. Throughout the session, the focus was on heightening Mary's anxiety responses and allowing her to experience heretofore forbidden behaviors while she was in the safety of the psychodrama milieu.

Scene excerpt. Mary enters the family living room where mother, father, and brother are sitting watching television. Mother says to Mary: "Will you please get dinner ready? Everybody's hungry. It's the least you could do to earn your room and board." Brother and father echo mother with "Yeah, we're hungry." Now the voices are saying: "You're a bad, terrible mother. You'll never make it. You'll always be a failure. Why don't you commit suicide?" While Mary is being bombarded with stimuli, she begins to shake and cry, and says that she wants to be hospitalized. At this moment her two children come in and say "Mommy, we're hungry. When are we going to eat?" . . . Mary now says that she can't go on, and asks that the psychodrama be stopped. However, the director tells her not to avoid the feelings which she was experiencing at the moment. She was also told to pay attention to what she *really* wanted to do or say at the time, i.e., something other than terminating the session. The voices of her mother and doctor continue to permeate the room with "You're useless. You'll always be a big fat failure. You're going to wind up at the State Hospital forever. You're crazy. Crazy. Crazy." "When are you going to clean this house, Mary?" snapped the mother. "If you don't get moving, I'm going to really get angry with you . . . that dress you have on makes you look like a State Hospital patient!" . . . At this point some members of the group try to encourage Mary to get verbally angry and tell her mother to "Go to Hell" and say such things as "You can make your own goddamn dinner. I'm not your slave. You can go to Hell!" Again, while visibly upset, Mary is able to repeat these derogatory remarks to her mother. Her mother, upon hearing Mary speak to her in such an angry way, says "You're going to make me hemorrhage! You'll be sorry for what you said." Now the voices return to call her "Guilty! Guilty! You're a terrible mother and daughter. How can you talk to your own mother that way? You'll pay for it. Guilty!" . . . Again, for the second time Mary says: "Stop this. I can't do it. I

PSYCHODRAMA

can't say those things." Again she is told not to avoid her *real* feelings, but rather say what is on her mind . . . Without reservation, she looks directly at her mother and loudly says "Go to Hell! I hate you. Go ahead and have your damn hemorrhage! I'll be better off with you gone anyway." She then looks at her father and brother and says "I hate you both too! I'm not a baby. You can all go to Hell!" She grabs her two children and commands: "Let's go out to eat, and get away from these people. Make your own dinner! I'm not going to wait on you anymore." As she leaves the living room, the voices say "You'll be punished. You're a failure. Failure! You'll go to the State Hospital for your behavior. Guilty! Guilty!"

Results. At the termination of this session Mary was visibly calm; there was no more shaking or crying, and she actually had a smile on her face. She said that it really felt good to let some of her feelings go during the session, although she admitted that it was not an easy task for her. Similarly, she turned to the director and said "Thank you for not letting me quit when I wanted to. That's the first time in my life that I ever yelled and got mad at my mother. It felt good, especially since I get angry inside all the time." When asked if she still wanted to be hospitalized that day, she said that there was no longer a need for it since the voices were not around to frighten her anymore.

It has been approximately four months since that particular session, and a few appraisals seem noteworthy. Mary said that this was the first spring in 8 years that she has not been hospitalized. She also mentioned that since that session when she acted out her feelings toward her mother, she was able to overtly get angry to her and tell her to go to Hell. She found that when she did this, her mother in fact did not have a hemorrhage and did not send her to the State Hospital. Rather, they have subsequently been able to confront each other like two adults. Mary also reported that she has not had delusions or hallucinations since the psychodrama session. What is more, prior to that experience, she was described by her Day Hospital coordinator as "obsessive, dependent, and not very workable," but recently the description was "more self-confident, less dependent, and spends less time ruminating about problems." It was gratifying for us to hear Mary say that her psychodrama experience was the most meaningful treatment in her 8 year psychiatric history. These were not the words of an hysteric person enamoured with a new and most wonderful doctor. Rather, they were the sober pronouncements of a person who was severely damaged by psychosis, and who, in grasping for help, found it.

GROUP PSYCHOTHERAPY

DISCUSSION

The preceding clinical case is a good example of how psychodrama can be approached by incorporating some of the theoretical formulations of implosive therapy. Our patient-protagonist was not allowed to avoid a situation which was quite anxiety-provoking for her; hence, she was able to directly experience previously unexpressed feelings, primarily anger. In view of the rather significant results from this single session, it can be assumed that Mary's learned emotional release tended to generalize to her real-life behaviors. Clearly, the delusional and hallucinatory symptoms dropped out once she learned that negative emotional reactions could occur in the absence of any catastrophic pain or punishment, i.e., consequences which she feared and expected.

Whose Fear?

Although both techniques supposedly subscribe to different theoretical biases, there is something noteworthy about viewing psychodrama within an implosive framework. For example, it is somewhat likely that the directors or therapists who subscribe to another theoretical framework (e.g., analytic ego psychology) may themselves be quite reluctant to pursue the kinds of anxiety-provoking materials which occurred in the session with Mary. A common fear of therapists is that patients are "sitting on a psychosis," and if too much anxiety is precipitated during a session, then the patient may become blatantly psychotic and out of control. After many sessions of implosive psychodrama as well as implosive therapy per se, the authors have yet to observe a single patient "decompensate" during either the emotion-laden and fear arousing sessions or afterwards.

The implementation of new and innovative approaches to behavior change is likely to meet with avoidance responses on the part of the staff. Often the anxiety-provoking materials which arise during an implosive psychodrama session may be frightening to the staff as well as the patients. If the patients, and likewise the staff members, are not allowed to avoid the emotion-arousing materials, then the chances of extinction for both groups seem greater. It is clear from the clinical example that Mary would most likely have been hospitalized had she not been given the opportunity to face her fears and express herself during the session. However, a pivotal element for her expression seemed to be the director's willingness to simultaneously face his fear that "decompensation" might possibly occur in the patient.

Another point of significance in regard to Mary's session was that the other patient-participants, also primarily diagnosed as schizophrenic, were able to

PSYCHODRAMA

emotionally identify with their assigned roles and consequently face some of their own similar fears while on the safe stage. For example, the 21 yr.-old girl who played the hallucinatory voice of Mary's mother was able to emerge from her generally non-verbal stance to say such things as "You're crazy. You're a terrible mother. Why don't you kill yourself?" It seems safe to hypothesize that Mary's psychodrama session was extremely anxiety-provoking for most of the people attending that day; but they all survived – including the staff members.

Related Concepts

Other elements of change (e.g., catharsis, peer pressure, group support, insight, etc.) may indeed be present during psychodrama sessions. However, the emphasis here has been to provide the alternative theoretical model of implosive therapy as a means of approaching the practice of psychodrama. It is hoped that the structure of the preceding theoretical and practical format will be helpful in getting more professional and staff involvement in this complex and exciting area of therapeutic behavior change.

It was evident that the success of this implosive psychodrama session was largely due to a decisive intervention by the director. For brief moments the "fate" of the session hung in mid-air as the protagonist insisted on putting a stop to it all. With what could pass for arrogant self-confidence, the director ordered her not to stop but instead proceed by expressing her "real" feelings. This quick display of expertise is what directed the therapeutic process toward its dramatic culmination on the stage. However, the success of such interventions has to be measured against incidents of failure which also take place, and does not relieve therapists and directors from self scrutiny and re-examinations of a very delicate issue. The issue is: When can anyone tell another person what her or his "real" feelings are? Unlike psychoanalysis where there is plenty of time to examine patients' resistance to experience their "real," i.e., repressed feelings, short term psychodrama closes the door on prolonged efforts to untangle resistance, transference, and even counter-transference. Instead, directors rush to impose their definitions of "real" feelings and exert pressure toward acceptance of these definitions. But, in an era where other "sacred cows" are toppling, psychodrama directors shall certainly be held accountable. During psychodramatic sessions this issue frequently arises by the activities not only of directors but of alter egos as well. Occasionally an alter ego steps behind a protagonist, lays a hand on the person's shoulder, and says out loud what the protagonist is allegedly feeling and thinking inside. Sometimes, the "ungrateful" protagonist will vehemently protest that nothing could be further from his mind and will convince the

GROUP PSYCHOTHERAPY

audience, including staff persons, that the alter ego has largely missed the protagonist's "true" and "real" feelings.

In this connection, Laing's (1965) notion of "mystification" comes to mind. He borrowed the concept from Marx who used it to characterize a set of maneuvers between social classes. By these maneuvers, incompatible and contradictory interests are misrepresented, befuddled, and falsified. As a result of these mystifications, forms of exploitation are presented as forms of benevolence, with underlying contradictions and social class clashes being obscured. Laing thought that in a similar fashion, family members employ a variety of mystifications in order to blur contradictory interests. In looking at families one can observe that whenever mystification takes place "one person appears to have the *right* (italics Laing) to determine the experience of another." Such is the case when a mother tells a child, "I'm sure you feel tired, darling, and want to go to bed now, don't you?" rather than, "I am tired, I want you to go to bed." The former statement is mystification par excellence. Contradictory interests can exist not only between family members but also between protagonists and the psychodrama team. The team can opt either to air or not to air these contradictions; the team should never have the option of doing away with them through mystifications. There are many opportunities for contradictory interests to arise, and handling them by mystification is tempting. For example, directors may be reluctant to put an early stop to sessions which protagonists perceive correctly as leading nowhere. Rather than acknowledge their fallibility, directors could insist on going on with the act, but with "real" feelings. Conversely, directors may wish to terminate a session for the patient's "own good" either as punishment for previous lack of cooperation or as protection of the patient who supposedly might not be able to handle the chaotic material which is all of a sudden coming to the fore. In such instances is it legitimate to ask whom these protective measures are designed to protect? Similarly, alter egos who play the role of inner feelings and thoughts of other actors, and auxiliary egos who play the role of other persons with whom the protagonist interacts on the stage, bring with them to the stage their own repertoire of mystifications. The habitual "hugger" loves to engage in warm embraces at the point of resolution of a conflict. Time and again he would tell new protagonists, "I think that you feel like holding me now but are sort of afraid to do it. Don't be afraid!" Directors have to be on the alert and educate an auxiliary ego who plays the same act over and over again to stop mystifying the protagonists. An alter ego may always be in a hurry to dash onto the stage and express the following "inner thought" of actors: "How would you like a punch in the mouth?" The trouble is that sometimes the actors are groping to release feelings of love

PSYCHODRAMA

and attraction rather than for the freedom of pouring out a tirade of "telling it like it is."

There are no panaceas for handling these difficult problems. Certain cautionary measures are nevertheless possible. One is to work with a co-director and/or to have an understanding with the trained members of the supporting cast that their interventions on the spot are welcomed and at any rate solicited. Another is to instruct players that if they disagree with the pronouncements of an alter ego about the way they allegedly feel, they have a full right to voice their disagreement on the spot. It is our experience that the damage incurred by the interrupted acting on the stage is minimal; more damage is likely to happen to a person who is hopelessly cornered by another person who "appears to have the *right* to determine the experience" of the protagonist. Still another precautionary measure is to focus part of the aftermath discussion on the question of how well the participants approximated the various roles they were trying to play. Here, the feedback by the protagonist concerning how realistic were his "mother" or his "little boy" or his "inner feelings" are taken by and large for their face value even if the report is critical. Negative feedback is not counteracted with a variety of "but don't you think that . . ." Instead of bombarding the protagonist with mystifications, he is asked to provide specific details of the ways some participants failed to approximate the persons who were supposed to come alive on the stage.

The essence of these remedies is not a preventive insurance against blunders, but rather the incorporation into the rules of the game repeated opportunities to question what took place and challenge the assertions of others. This still leaves directors with an option to assume a coercive stance in urging a protagonist to shift to what they presume to be his "real" feelings. Directors know, however, that in doing this they may later in the session stand trial and have to justify themselves. They also know that their coercive tactics have limits and are withdrawn in the face of an adamant "no" by the protagonist. Last, but not least, they realize that on occasions they have to make an important decision within a matter of seconds, and therefore have nothing to fall back on except an intuitive conviction that they "know" in their guts that it is right. Then they step forward as in the session described above and make an imposition. In doing so they hope for success, as was the case this time, and take consolation in the knowledge that if it does not work out there will be an immediate opportunity to discuss it and undo the mystifications which may have occurred.

GROUP PSYCHOTHERAPY

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THE USE OF VIDEOTAPE IN GROUP PSYCHOTHERAPY*

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INTRODUCTION

In recent years the group process as an agent of change has attracted considerable attention in the behavioral sciences. This has been demonstrated by the proliferation of group movements, of which group psychotherapy is only one part. Broadly defined, group psychotherapy is that process of behavior change which is initiated in persons through the structured medium of group interaction, and with the planned intervention of a professional therapist(s). Also gaining popularity in the behavioral sciences has been the use of videotape equipment in conjunction with both individual and group psychotherapy. Our discussion here will address itself to attempting to link, both theoretically and practically, the group psychotherapy process with videotape usage. Our focus shall concern itself only with the traditional model of group psychotherapy, i.e., verbal communication and mutual interaction of members in groups of single individuals, couples, and families. (Stein, 1970) Models of encounter groups, T-groups, sensitivity groups, etc., are viewed as outside the concern of this paper.

Psychotherapy, which earlier followed the Freudian dictate of esoteric communication between therapist and patient as a necessary prerequisite to analysis (Freud, 1949), has now opened its doors to the rigorous study of phenomena such as therapist behaviors and interactional processes in groups, as viable channels to understanding the therapeutic process and its effects on patient outcome variables. (Meltzoff and Kornreich, 1970; Bergin, 1970; Bednar, 1970; Strupp, 1973) This movement toward inquiry and scientific research into both individual and group psychotherapy methods has led to the comparison and investigation of the respective gains achieved in patient outcomes through the use of these two methods of behavior change. Since the emphasis of this paper is specifically on group psychotherapy as a change modality in dealing with the individual and his subsequent social interactional patterns, the focus will be on those processes which occur in group settings and exert influence on members' behaviors.

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GROUP PSYCHOTHERAPY

Perhaps the major contribution of the group method is its approximation of the social context of interaction, i.e., the patient has the opportunity to try out new behaviors with a range of different persons, just as he does in real life. In addition, the group provides the individual with the opportunity of forming multiple interactional patterns and receiving feedback from a number of persons regarding his actions. If there is agreement between group members with regard to his (the patient's) behaviors, group consensus would magnify this convergence of opinion and bring the stated behaviors more clearly into focus, thus stressing some of the advantages that group psychotherapy tends to suggest over those of individual psychotherapy. This concept of consensual validation (or group consensus) stands out as perhaps the single most potent variable in mirroring members' behaviors. An individual will find it difficult to continually deny behavioral modes if there is consensus within the group regarding particular behaviors emitted by him. (Asch, 1956) Hence, the group can act as a powerful agent of change to the extent that the members create for each other an awareness of emitted behaviors and reactions to these behaviors. On the basis of this new insight the members can use the planned facility of the protected group situation to try out new behaviors in a simulated social environment. This is a rare opportunity which is available to the individual, only within the structured context of a psychotherapeutic group.

The process of group interaction does not take the responsibility of the therapeutic relationship away from the therapist. (Gazda, 1968) The therapist is there, but the intensity of the dyadic interaction is diffused, and the pressure to establish and maintain a relationship is shifted from just one patient-therapist dyad to the total group. The group milieu also provides the therapist with the opportunity to observe the individual patient in direct interaction, instead of just "hearing about" his interpersonal behaviors. Also, there is greater reliability in diagnostic assessment, since both the therapist and the patient receive feedback regarding the patient's behaviors.

This facility of feedback is enhanced when the processes of group psychotherapy are further accelerated by use of videotapes. The instant replay capability of this technical device adds a self-corrective dimension to the already stated advantage of consensual validation. With the feedback received from the taped self-image in interaction, the group member is in a much better position to verify his behavior against three given criteria: (1) his self-perception, (2) others' perception of him, and (3) the actual image on the television screen. In the authors' experience, when the method of change initiated by the group process is further refined by the introduction of direct undistorted videotaped feedback, the probability of denial is reduced to a minimum and resistance to change is considerably lessened. (cf., Alger and Hogan, 1967)

PSYCHODRAMA

This paper will concentrate on the use of videotapes in group psychotherapy, and will discuss the (1) general parameters of group therapy, and (2) specific theory, techniques, and usages of videotapes in implementing behavior change within a group setting.

GROUP PSYCHOTHERAPY AS A CHANGE PROCESS

The rationale for group psychotherapy gaining prominence within the last two decades may be attributed to many causes, such as time-cost benefits for both patient and therapist, greater flexibility by the therapist to practice new methods and techniques of operation, a safer, more secure environment for the patient to try out new behaviors, and the empirical evidence supporting small group dynamics as a change facilitator. (Cartwright and Zander, 1968; Hare, 1963) In the context of our present day society where rapid changes in norms and values lead to alienation of self and identity diffusion, the group serves both as a context for, and a means of, change. (Vinter, 1967) In the group setting, the patient is able to see himself as part of an interacting system, in which members share, support, and help each other to meet existing needs and to improve adaptability to the demands of their respective interpersonal environment. As stated earlier, the influence of the therapist is present, but its intensity is diminished due to the many other relationships in the group. Neither the individual member nor the therapist carries the entire burden for the "success" or "failure" of the therapeutic encounter. The responsibility is jointly shared by the group, and members to a large extent determine the direction and goals for therapeutic outcomes. The transference phenomenon so essential to the traditional model of psychotherapy takes on a multidimensional perspective in group treatment. Thus, the transference of the object cathexis of the patient is not restricted to the therapist alone but is dispersed over a much wider range of feelings and attitudes transferred toward different group members. (Slavson, 1972) The therapist in the group situation intervenes according to his own frame of theoretical reference. He may view himself strictly as a facilitator or catalyst whose job is to move the group to the desired goal, or he may hold an opposite view and see himself as just another member of the group. Based on their orientation, therapists utilize groups on a continuum which ranges from working with the individual within the context of the unhampered group process to active intervention in the process and the ensuing interaction between members as a *means* of interpersonal behavior change. The present authors tend to set the parameters of group psychotherapy somewhere in the middle of the two extreme orientations mentioned. As such, the techniques of intervention discussed here are

GROUP PSYCHOTHERAPY

not limited to any one theoretical orientation but are based on a wider, more eclectic psychotherapeutic framework.

The skill of the therapist using this approach is evidenced by his recognition of spontaneously emerging interactions consistent or disjunctive with current needs of the group as a whole, or of some individual members. (Slavson, 1970) Since the criterion for the selection of the treatment method is effectiveness of outcome, the therapist has considerable facility to move from one stance to the next as the situation demands.

THEORETICAL CONSIDERATIONS IN THE USE OF VIDEOTAPES

One of the basic contributions of videotape recording is that it provides a virtually undistorted reproduction of the situation to be analyzed. A number of theoretical orientations have been advanced to account for behavior changes as a result of video feedback. These explanations draw upon concepts from learning theories, theories of symbolic interaction and self-identity, and theories of cybernetic feedback. However, no single satisfactory theoretical orientation has been put forward to explain the behavior changes arrived at through exposure to self-image viewing, either by itself or in interactional contexts. (Miller, 1970) This paper attempts to synthesize these apparently discrete concepts into an internally consistent framework for explicating the rationale underlying the use of videotapes as a therapeutic tool.

Since eclecticism is the preferred mode of therapeutic intervention of the present authors, a varied number of videotape techniques are formulated with a view towards enhancing group processes such as feedback, confrontation, self-image exposure, and the testing out of new adaptive behaviors in interpersonal group relationships.

It is this flexibility of an eclectic approach in planning interventive activities which gives the therapist license to try new methods of facilitating and bringing to the awareness of members the processes of reciprocal interactional patterns, feedback of individual and group behaviors, formation of sub-groups and collusions, overt and covert methods of goal achievement, small group roles, and a myriad of other ongoing exchanges that take place between persons in any group situation. The recognition of these processes has been progressively sharpened over the last two decades with the use of videotape playback in group psychotherapy. (Stoller, 1968) This method of confrontation in groups acts as self-corrective feedback and as a minimally refutable device in the appraisal of social reality. In human interaction feedback is a response from "B" to stimuli sent by "A." This response is perceived by "A" as a function of his ("A"'s) behaviors, and as a con-

PSYCHODRAMA

sequence helps to shape "A"'s subsequent behaviors in relation to "B." In any interactional situation, then, the behaviors of person "A" elicit certain response from person "B," which again provides the stimulus for "A"'s behavior and vice versa. Thus "A" and "B" provide "feedback" for each other in interaction. As the number of persons interacting increase, as is the case in a group situation, this process becomes more complex. Feedback from interacting others also serves the important function of developing the individual's self-image, which is an internalized constellation of behaviors that a person develops as his unique style of performance based on how he perceives the "generalized other" in his life space expects him to act. (Mead, 1934; Cornelison and Arsenian, 1960; Geertsma and Reivich, 1965) These two dimensions can be further expanded into (a) the ideal self-image, or the image a person desires to project in social reality; (b) the perceived self-image or how he views himself; (c) the actual self-image or how he appears in social reality; (d) how others perceive him, and (e) how he views others' perceptions of him. The greater the congruence between these different levels of self-image perceptions, the less identity confusion in the person (Erikson, 1950) In other words, to the extent that there is consensus in the feedback the person receives regarding his self-image from the above listed sources, to that degree it will support his self-validation and strengthen his self-identity.

The group situation provides the individual a unique opportunity to test out his hypotheses about himself in a structured, planned simulation of a social environment. This facility is further refined with the aid of videotape feedback. The feedback from the videotape reflects his socially projected image to the individual and confronts him with the discrepancy, if any, between his cognitively perceived self-image and the actual image on videotape. Each person has two dimensions upon which he bases his self-image: (1) how he perceives himself; (2) how he views others as perceiving him. The person with the benefit of instant taped replay cannot only conceptualize his self-image and wait for feedback from the group to validate it, but he can also get a full, minimally distorted image of his interactional patterns. With this device he can attempt to alter his physical and interpersonal postures so that they become more veridical with his ideal self-image. This visual impact of the self-in-interaction, along with the consensual validation of the group, can serve as an extremely potent device for confronting behavioral phenomena such as denial, discrepancy between affect and content, and incongruence between verbal and non-verbal behaviors. (Berger, 1968) The instant replay capability of videotapes avoids a time lapse between emission of behavior and reviewing the taped segment of the interaction so that the memory recall probability is

GROUP PSYCHOTHERAPY

heightened and the person is able to relate with enhanced facility to the dynamics of his taped interactions.

Modes of videotape playback range from instant to delayed replay and various other usages of feedback by therapist and group members. (These methods are elaborated in the section on techniques.) Depending on the technique preferred by the therapist, the control of the replay capability of videotapes is potentially available to all group members and can be used by them and the therapist to enhance their sensitivity to environmental stimuli as they learn to differentiate between behavioral discrepancies and functional/non-functional interactional patterns in the therapeutic group milieu.

TECHNIQUES

While the theoretical issues discussed above are important considerations, there are also a number of specific techniques that have been developed which are of interest to the therapist who wishes to employ videotape as a treatment modality.

The first, and possibly the most important factor to consider in utilizing videotape, is that it has an "instant replay" capability. Thus, any individual action, or group interaction, that the therapist wishes to comment on, emphasize, or recapture, is available for replay instantaneously when a group session is being videotaped. The therapist can make a much more powerful intervention when he possesses the capability to comment on the patient's action — and show it to him — as it actually occurred, by reproducing the event rather than being confined to just talking about a happening that is, of necessity, in the past.

The technique of using videotape in group therapy has been most widely advocated by Stoller (1970) who developed the technique of "focused feedback." Briefly, Stoller's method emphasized instant replay, but specified that attention should be limited to a specific action, or behavior, that the therapist wishes to highlight. Further, before viewing the replay the therapist explains to the patient just what it is that he wishes him to focus attention on, so that the patient is better prepared to profit from the replay. Focused feedback, as Stoller conceives it, can be utilized in at least two ways: (1) to emphasize maladaptive or undesirable behaviors that the patient exhibits but may not be aware of, and (2) to highlight and reinforce desirable patient behaviors which the therapist may wish to encourage.

A second technique is to tape a therapy session, and then at the start of the next session to play back about ten minutes of the tape to the group. This method uses the tape as the stimulus for the new group session. (Danet,

PSYCHODRAMA

1969; Onder, 1970) A third method similar to this is to tape a session and replay it for critique and comment during alternate sessions. However, this method can be very wasteful in time unless both the therapist and the patients are skilled in the use of videotape playback.

Closely related to this approach is a method whereby the therapist tapes the entire session but stops and replays as and when the patients request. In order to make effective use of videotape feedback in this method, the patients must be highly sensitized to picking up behavioral cues and must learn to interact with the tape rather than watch it passively as with a commercial television performance. (Shamberg, 1971) The ability to spot behaviors, stop the tape and discuss the replayed interactions, requires constant alertness and active involvement with the on-going processes viewed on the tape. This is often a novel notion for the patient who has been conditioned to watch television as a passive mode of recreation. Hence, productive use of videotapes in therapy is a systematically acquired and learned process which requires a high degree of sophistication on the part of both the patients and the therapist.

A fifth method that is quite interesting and adaptable to group psychotherapy, is for the therapist to leave the room while the session is being videotaped. It has been reported (Moore, 1967) that this method can elicit certain material from patients that might not otherwise have been brought out. Since this technique assumes that the patients know that the session is being taped and that the therapist will view the tape, the dynamics involved in the production of the material seem to merit further investigation.

A sixth method is to videotape each group session and retain representative portions of each session on tape. After a number of sessions have been held, short (5 minute) segments of these earlier sessions can be played back to the group. This can serve as an indicator of group change over a period of time, and can also serve to make the group members more aware of changes that have occurred in their individual and collective behaviors. This process is called "serial viewing," and was originally described by Moore, *et al.* (1965) as a technique for use with individual patients.

If two or more cameras are available and the therapist has the use of a special effects generator, he can make use of a "split screen" replay technique, which shows a close-up view of the actions of one group member and, at the same time, the corresponding *reactions* of one or more of the other group members.

Another use which has been suggested (Farson, 1972) is to show naive (new) group members tapes of other group sessions. In effect, this method calls for using tapes as "models" by which new groups can pattern their future interactions.

GROUP PSYCHOTHERAPY

Gonen (1971) has reported using videotape in conjunction with psychodrama. He describes taping a psychodrama session and playing it back to the patients. He reports that this method can tap certain feelings and emotions that were not brought out at the time that the psychodrama was enacted.

Different feelings are expressed in the literature about what is regarded as the best time for playing back to patients their behaviors. Miller (1970), in a review of the literature found that almost all writers considered immediate playback to be the most effective, although Paredes *et al.* (1969) in a study of individual patients had observed that if playback was delayed for a few days the patients seemed to be "more involved" at the time of playback. Miller, in his own study, however, found no significant differences between the effects of immediate or delayed playback to groups. (It has been our experience that when using "focused feedback" techniques immediate playback is most effective in terms of patient response.)

In the discussion above the implicit assumption has been made that the efficacy of the techniques described is highly related to the therapeutic skills of the user. The use of videotape is seen by the authors as ancillary to group therapy. Therefore, if the user is ineffective as a therapist, then it would not be expected that his employment of videotape would automatically make him an effective therapist. (Danet, 1969; Stoller, 1968) For example, use of the focused feedback technique presupposes that the therapist knows which behavior to concentrate upon, with what specific group member, and that this be done at the proper time during the course of the therapy. The therapist intervenes in the situation on the basis of his knowledge and experience. If he does not have a good theoretical knowledge base and subsequent skills, then his use of videotape will be in vain.

This leads to another point that needs to be emphasized and which was touched upon when the use of videotapes by patients in therapy was discussed. This concern relates to the need to "educate" or "teach" group members the proper use of information available during a playback session. Moreno and Fischel (1942) first emphasized this point in one of the earliest articles addressed to the many complexities of the interactions between television and knowledge gained through the behavioral science. He pointed out the value of "adjusting and educating the audience to the appreciation of spontaneous material," and the great loss of the potential value of the material when the audience is not properly primed. Even so it is not unusual today to read in the literature of patients seeing themselves on videotape for the first time and getting some tremendous insight into their behaviors. (Berger, *et al.*, 1968; Alger and Hogan, 1967) However, it has been our experience that this acclaimed self discovery is not commonplace. Rather, the

PSYCHODRAMA

patient must be trained to "see" how he is really behaving, much in the same manner that a student must be trained to "see" the subtle nuances of patient behavior. In groups this training takes on two aspects; first, the patients' being taught to analyze their own behaviors and the effects these behaviors have on others, and second, they must be taught to analyze the behavior of others. If this orientation is successful, feedback becomes available to the group members on two levels: (1) the feedback available from the video image, and (2) the feedback available from other group members and the therapist, which can be confirmed by the videotape playback. (Stoller, 1968).

In the authors' use of videotapes in group therapy we have found that there are a number of factors that can influence the acceptance by group members of the session's being recorded. First and foremost is the degree of comfort that the therapist himself feels in recording the session. If the therapist is completely comfortable with recording his professional activities on tape, then his confidence will be communicated to the group members, and resistance will be minimal. Even with this confidence, it is extremely important for the therapist to communicate to the group when they are being televised, and what uses will be made of the tapes by the therapist. If there is any possibility that the tapes will be shown to others, this should be made clear to the members and their consent obtained. In cases where there is any question as to how the tapes will be used it is wise to have formal releases signed by all of the group members. (Mason, 1969; Geertsma, 1969)

It is felt by the present authors that this regard for the rights of the client will not only serve to begin the group sessions with a degree of openness that will reduce client resistance to the employment of the videotape equipment, but will also serve to increase the clients' trust in the therapist which, in turn, should help to improve the client-therapist relationship; another factor which is felt to be important in making successful use of video playback in therapy. (Geertsma and Reivich, 1965).

PROCEDURAL CONCERNS

There are usually a number of procedural questions that arise when videotape is to be used with a group. For example, when should the videotape be introduced, should the camera be hidden, etc.? An attempt to answer some of the more common questions will be made from the authors' own experience, and from the information obtained from the literature. First, it seems that there is more acceptance of videotape by the group when it is introduced at the onset of the group. (Stoller, 1968; 1970) Although there are different opinions in the literature as to whether cameras should be hidden or in sight

GROUP PSYCHOTHERAPY

(Revich and Geertsma, 1969; Alger and Hogan, 1969), the authors' own experience indicates that cameras can be used in plain sight of the group without in any way hindering the group process. There may be, of course, a short period during the first session when there is some self-consciousness about "being on television." But if openly recognized, this can be used as a point of intervention or as a beginning topic for group discussion by the therapist. (Czajkoski, 1968)

A question often asked is whether the cameraman's presence is a hindrance to the group process. Although a cameraman is not a necessity, his presence is a decided advantage when trying to tape groups, especially when lacking elaborate remote control facilities. Again, the authors' own experience in this area tends to support the contention that his presence will not be a hindrance, provided that it is presented in the form of a "legitimized role" to the group members, much in the same way that one would legitimize the role of a student observer at the sessions. (Hadden, 1956) In fact, the authors have often combined these two roles by placing students in the role of cameraman, with complete acceptance by the group members.

RELATED ADVANTAGES OF VIDEOTAPES

To this point we have discussed the usage of videotape as a therapeutic agent. However, it also has the capability of being viewed as an excellent training tool which was surprisingly enough predicted by Moreno and Fischel (1942) long before the advent of videotapes or sophisticated production techniques. For example, for the therapist seeking to improve his techniques, viewing one of his group sessions provides an excellent method of conducting a self-critique regarding his own strengths and deficiencies. Along the same lines, viewing a group session can provide the therapist with new insights about the dynamics of the group, and provide him with new information that he might have neglected to notice during the session itself. If one plans to use videotape in this way it is wise to caution the reader that it is of most value when the tapes are viewed within a day or two of the actual session. This has the advantage of the session being recent enough for easy recall, and any new information obtained during viewing can be used at the next group session. If a number of weeks pass and a number of new group sessions are held during the period prior to viewing, much of the potential value of the tapes is lost, since studying raw footage of "past" groups is a tedious and not very rewarding task.

Another valuable use is to employ tapes for consultation purposes. If one is having trouble with a group at a certain stage of development, or if one

PSYCHODRAMA

wishes an outside opinion of his own techniques, viewing a group session with a supervisor or a consultant is an excellent method of getting a valid opinion of another about the group in question.

On the opposite side of the coin, if one is responsible for supervising a group therapist there is no better way, short of being physically present during the sessions, of reviewing and critiquing his progress, than to watch the tape of his therapy session. (Gruenberg, *et al.*, 1969) For, unlike verbal or written summaries by the therapist, videotapes provide accurate and complete information about the sessions, and allow for timely and appropriate commentary by the supervisor on points that might not otherwise have come to his attention by other supervisory methods. (Onder, 1970)

Another advantage from the supervisor's point of view is that videotapes allow him freedom as to when and where he wishes to view the session. For example, Benschoter, *et al.* (1967) report supervising group work students from a distance of 100 miles by use of a closed circuit system. Hence both from the development of the therapist and from the point of view of the training consultant, videotapes are an invaluable device in enhancing theoretical knowledge of human behavior and acquiring practice skills.

SUMMARY

This paper has attempted to look at the various uses of videotape techniques that can be applied as a therapeutic tool in group psychotherapy. Videotapes in therapy came into widespread use in the sixties and gained considerable recognition in the past decade. The main advantage of using this device in therapy is the replay capability of tapes, which provides both the therapist and the group members with a virtually undistorted picture of the interactional processes that occur in the group situation. This videotape feedback provides the members with a recorded image of their behaviors, and acts as a confrontive, insightful, learning experience for those receiving the taped feedback about their behaviors. This feedback helps the person to recognize discrepancies between his ideal, perceived, and actual self-image. The therapist, within the context of his theoretical orientation, uses the replay process to intervene in the group situation and help members become aware of their desirable and undesirable behaviors and the interactional patterns that ensue as a function of exchanges within the group. The process of group psychotherapy and the feedback that members tend to provide each other in a group situation is further facilitated and enhanced by the added dimension of a reproduced situation on tape which is open to analysis by all, including the person whose behavior may at that moment be the target of change. Thus,

GROUP PSYCHOTHERAPY

videotape feedback tends to cut through defensiveness and denial with greater facility and acts as a powerful agent of change.

The use of tapes is not only of benefit to the patient but it is also a continuous learning tool for the therapist. By watching himself on tape, either alone or with a training consultant, he can sharpen his interventive skills and become progressively more sensitized to the complexities of verbal and non-verbal behavioral patterns of group members. The therapeutic knowledge of the therapist and his comfort in being televised are, however, prerequisites to productive use of tapes. A therapist who questions his own performance and lacks a sound theoretical grounding and repertoire of interventive skills would not benefit himself or his group by using videotapes. Hence, videotapes, though a viable tool for therapy and training, are only as good as the competence of the therapist employing this technical device in his practice. Tapes must always be used as adjuncts to facilitate the therapeutic process and never in lieu of the therapist's knowledge of human behavior and skills of intervention in group psychotherapy.

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APPLYING CRISIS THEORY AND SOCIODRAMA IN CRIMINAL JUSTICE EDUCATION*

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I. INTRODUCTION

Organization, group, intergroup, and interpersonal crisis situations affect the task performance of criminal justice workers in many ways which are often disruptive and potentially dangerous to themselves and others with whom they interact. For this reason, the importance of training, education, and the personal mental health of the individuals working with the power and legitimate sanction to exercise authority over the lives of other human beings cannot be underscored. All too often, however, the educational preparation and training provided personnel in the administration of justice is deficient in helping them to learn to use good judgment in ways which reduce the possibility of violence and confrontation. This is especially true of the police who frequently act as "enforcers" in their dealings with inner city residents — particularly Blacks and other minority group members.

Prosecutors, judges, probation and parole officers and prison officials are not immune from antagonizing citizens regardless of whether they are defendants or convicted offenders. While the crisis facing the police may appear to be more open to public view (a position refuted, for example, by James Q. Wilson)¹, evidence suggests that our whole system of criminal justice is being confronted with crisis often resulting in tragedy. Attica and its aftermath undoubtedly represents the ultimate moral bankruptcy of a system ill equipped in training to deal effectively in de-escalating a crisis situation. In fact, the catastrophic violence and slaughter at Attica seem to demonstrate a certain kind of mindlessness and an organizational culture within our system of justice which encourages, in some cases, the provocation of assaultive behavior.

The mass contagion of violence among state troopers and prison officials at Attica seems to have occurred as a consequence of incredible tension and frustration growing out of their fears, and as a result of the failure of the

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PSYCHODRAMA

mediators to negotiate a settlement. The plain fact of the matter is that there was little real mediation or collective bargaining between prison officials and the prisoners. The mediators were requested because of their concern for the rights of prisoners and not because they were capable of understanding the dynamics of stress and crisis and intergroup conflict. As a result, and although their intentions may have been good, the mediators were not able to prevent the authorities from using force to quell the riot. One mediator, Dan Skoler of the American Bar Association, went so far as to suggest that his group spent most of their time holding the hand of the wrong group since they spent their time with the prisoners and not with Commissioner Oswald and the other State officials planning to deal with the riot.* Skoler, in retrospect, expressed an understanding of the failure of his group to be helpful since they did not recognize the growing tension and agitation in the officials until it was too late to change their "battle plan." These and other similar tragedies reveal the fear, the lack of training and knowledge, and the viciousness among some of our "justice" workers when confronted with stress and crisis situations often affecting life and death situations.

Education and training cannot be viewed as a panacea for changing the behavior of our criminal justice workers. This is true at this juncture because of the limited knowledge base, skills, and personality factors required for performing law enforcement, judicial, and correctional tasks. In some instances, there is a lack of clarity over exactly what the specific operational tasks are for the police. For example, Rogers in a recent editorial in the *Cleveland Plain Dealer* on police roles emphasized that "without generally accepted specifications for police tasks and the human and material resources they need to carry out those duties, it is rationally impossible to judge whether the tasks are feasible and how well they are performed."² His analysis of the police role is equally applicable to the correctional field.

One thing is abundantly clear with respect to organizational deficiencies in our system and that is the lack of training provided and the preparatory education required in interpersonal, group, and organizational skills when criminal justice personnel often need such knowledge to perform their tasks. For the most part, police academies have concentrated their training efforts on a legalistic-paramilitary model emphasizing laws, procedures, and departmental policies while minimizing human relations training. The typical recruit training program provides the recruit with little more than a set of rules to rely upon when much of the time he will be required to exercise tremendous discretion in situations where he is unsupervised. Such training will not help

*Skoler discussed his views on this as the honorary guest speaker at the 37th Institute for Correctional Administration in April 1972 at The American University.

GROUP PSYCHOTHERAPY

him deal effectively with the subsequent crises he will face as a normal part of his job in coping with an irate driver, a drunk, a family dispute, a potential suicide, a hostile crowd, etc. Former Police Chief Ahern points out the ludicrousness of police training in his recent book:

The vacuousness of the training program forces the recruit to rely on the support and approval of his peers. Only they can help him gain the self-confidence he knows he will need in the years ahead. Although they know no more than he does, he finds himself joining with them in deriding the program, in joking and trading rumors and stories. In this way he represses the real questions that disturb him . . . Eventually he finds himself nodding off to sleep in the lectures, but even if he is caught it does not matter. He finds that people are not washed out of police academies.³

Rogers supports Ahern's general position by emphasizing that "the training fails to convey few, if any of the dynamics prevailing in the various sub-communities in which policemen are to work. Nor are policemen given chances to understand themselves and their dynamics."⁴ If their assumptions are correct, and I believe they are from my own experience in working with seven area police departments, we can begin to question the purpose for such an approach which, for all intents and purposes, avoids providing learning opportunities about one's own behavior and its possible effects upon others as well as opportunities to experiment with the possible effects that others have on you. In most instances, the majority of our criminal justice workers have limited if any training of this kind which can help them exercise good judgment and demonstrate leadership. This represents a core deficiency within our criminal justice system. A. K. Rice comments on this process in a manner which lends itself to careful appraisal:

All managers, administrators, and professional workers in whatever field they work, have to use more than techniques; as a minimum they have to come to terms with the personal and group characteristics of those who man the institutions in which they work. To be successful they have to make constructive use of their own personalities.⁵

These preliminary ideas express vividly the need underlying the efforts of our University in developing its criminal justice educational program. It became apparent to us early in the game that traditional educational models relying solely upon didactic learning were inadequate for the complexities involved in this new field. The author was responsible for introducing experiential learning opportunities in the form of short term experimental courses into the academic program. The remainder of this paper focuses upon one of those approaches, namely the application of sociodrama in under-

PSYCHODRAMA

standing both the theoretical and practical implications of interpersonal, group, and organizational crisis situations.

II. PROGRAM MODEL

In the summer of 1972 the Center for the Administration of Justice at The American University offered its first experiential course emphasizing elementary theory and applications of psychodrama and sociodrama in criminal justice organizational settings. The course, entitled "Action Methods and Crisis Intervention," was designed specifically for in-service law enforcement officers, correctional officers, probation/parole officers and for other personnel in the system of justice. The course was also open to students preparing for careers in these fields or in the mental health fields. The theoretical and conceptual framework for the course centered upon acquiring a beginning knowledge base in crisis theory, role theory, and organizational theory specifically focusing upon social systems. In developing this conceptual base, students were exposed to learning in three interrelated phases each with a distinct primary task. Students spent six full days in class in two three-day sequences. There was a gap of four weeks between the first three day sequence and the second sequence of class in order to allow students time to apply what they were learning in their own work settings.

Our primary educational goals in the development of the program were: (1) to provide students with opportunities to learn to use themselves effectively in the interpersonal crisis situations encountered in their work by developing conceptual and experiential skills in accurately diagnosing a problem; (2) to help students acquire a beginning knowledge in understanding organizational and group crisis situations, and to acquire skill in identifying causes for dysfunction from a systemic approach rather than from a symptomatic approach; (3) to develop skills in responding effectively to interpersonal, group, and organizational crisis through various problem-solving action sessions presented with feedback for corrective action.

Phase I – Theoretical and Conceptual Framework

During Phase I students were broken down into small groups of fifteen members from heterogeneous backgrounds as nearly as possible. Groups were mixed as to race, age, sex, agency type in order to allow for as much diversity as possible. Each group had the services of a teaching consultant, a trained psychodrama director, selected by the author because of his competence and knowledge of the criminal justice system. The author acted in the dual role of Institute Director and auxiliary ego floating between the two groups in the

GROUP PSYCHOTHERAPY

Institute to be used by the two directors when, in their judgment, it would enhance the learning of the members.

Day 1 – During the first day of the course students were introduced to group interaction exercises and to action sociometry. The milling and presentation of self techniques were used as means of warming the group members up to one another. Action methods were then used in situations proposed by the groups. During the afternoon session students were exposed to psychodramatic production techniques such as role reversal, double, mirror, autodrama, soliloquy, aside, auxiliary ego and others.

Day 2 – On the second day students were exposed to conceptual material related to the group as a social system using the social atom model developed by Dr. J. L. Moreno. The group psychodramatists then introduced the students to types of group warm-up exercises, i.e., cluster, problem-centered, and protagonist. From there we moved into action demonstrations of warm-up procedures for the group and for individuals into roles. The groups then moved into action situations with a heavy emphasis on extension of roles. During the afternoon session of the second day we analyzed the mechanics of the morning session and then moved into an expansion of learning production techniques including an examination of the systems view of the group. Students were then given their first major assignment to develop a systems view of their work situation for analysis the next day in class during action sessions.

Day 3 – The morning session and early afternoon was spent working in action on selective problems chosen by the group from class presentations by each of the members. We subsequently reinforced social systems theory in drill using directorial and auxiliary ego techniques and spent the last three hours focusing on sociometry. A sociometric test was taken in class and analyzed so that members became familiar with procedures for interpreting a sociogram including the meaning and implications of dyads, triads, mutual bonds, rejection and choice stars, isolates, and other roles. A major assignment was given to the students at the end of the first three days in which they were responsible for applying what they had learned during the intervening four weeks between sessions. They were specifically asked to focus on some aspect of their work which revealed a crisis situation and to analyze it using the conceptual and experiential framework presented in class. In addition, they were given assigned readings in social systems theory, crisis theory, group dynamics, sociometry, psychodrama, sociodrama, and role theory. Students were also encouraged to use consultation from the teaching staff directing the course as a means of analyzing their crisis situation.

PSYCHODRAMA

Phase II – Application Phase

During the intervening four weeks between the action sessions, students returned to their work settings to begin the process of attempting to apply what they had learned to their own work settings. Heavy emphasis was placed upon individual responsibility in completing assigned readings which focused upon organizational and crisis theory as well as the literature in the other fields cited above. The teaching staff provided consultation to a number of students who were having difficulty focusing on some element of crisis in their work setting.

Phase III – Action Census Of Learning

After four weeks of reading and analysis within their work settings, students returned to the classroom to spend three intensive days analyzing and reinforcing their previous learning.

Day 1 – The entire day was spent taking an action census of experiences and explorations of problems encountered in applying the methodology.

Day 2 – This day was devoted to the development and carrying out of a total system role-play relevant to the work situations of the group in analyzing their crisis situations. The goals were to maximize the system view and to give further supervised practice in the use of action methodology, sociometry, role theory, organizational theory, and crisis theory.

Day 3 – This final day was devoted to specific application practice as a means of assisting students in integrating the total learning model to their specific work settings. The role of the consultant and consultee were explored within organizations, that is, helping the students learn to use consultants appropriately as well as to serve as consultants.

III. IMPLICATIONS FOR PRACTICE

A variety of problem areas were explored in the action sessions during the last three days focusing on specific crisis situations presented by the students. Essentially, the law enforcement officers seemed to concentrate on situations involving three major crisis areas: the handling of family disputes or the “bizarre behavior” of individuals acting psychotic; intra-group conflict, particularly racial in nature between white and black police officers assigned to work with one another; and, inter-organizational conflict often resulting in poor working relationships between criminal justice agencies such as the police department attacking the department of corrections for expanding into the community.

GROUP PSYCHOTHERAPY

The correctional personnel, on the other hand, focused their concerns almost exclusively on the dynamics of interpersonal crisis situations often confronting them in their work with offenders: for example, responding to a hostile probationer who has failed to report, or in responding to a phone call from a parolee telling you of his fear of hurting his wife or of having gone back on drugs. In each instance, probation and parole personnel acknowledged having deficient skills in knowing how to deal effectively with specific crisis situations confronting them in their work. The Institute provided them with a means to gain a beginning knowledge base in understanding the dynamics underlying crisis situations as well as opportunities for experiencing intervention approaches capable of resolving crisis. The teaching staff was very clear from the outset that we would be more effective in providing direct learning situations for intervention appropriate for dealing with interpersonal crisis than in dealing with group and organizational crisis. However, our intent was to also provide students with learning which would be useful to them in understanding the dynamics affecting group conflict as well as organizational conflict, particularly with respect to problems of task performance and goal conflict.

Sociodramatic techniques were quite effective in exploring a range of organizational crisis situations. The teaching staff concentrated heavily on helping students acquire a framework for diagnosing organizational goals and problems from a systemic approach. A number of law enforcement and correctional personnel presented problems in action which clearly indicated examples of apparent goal conflict affecting their task performance. Their presentations in action sessions revealed nothing more than acknowledgement of symptoms affecting the organization's ability to function effectively without focusing on the systemic bases. Our teaching focused on getting them to think through in systemic terms the various problems being presented using the Homan's Model for describing Work Group Behavior.⁶ In addition, the author also relied upon the work of Vollmer⁷ and the work of A. K. Rice⁸ in presenting constructs useful for diagnosing organizational problems. For example, Vollmer uses a sociological framework for examining organizational stress and suggests that "in diagnosing problems that organizations have in accomplishing their general goals and their more specific objectives, it is important to move beyond the awareness of surface symptoms of organizational disorders to identification and analysis of the systemic bases of organizational problems."⁹

In working with criminal justice personnel in this crisis intervention/sociodrama institute, a number of crucial factors emerged which are

PSYCHODRAMA

worthy of further study. I would like to briefly discuss only one, role conflict, and link it to considerations in the educational planning for the growing field of criminal justice studies.

Role Conflict

This institute revealed a number of examples of apparent role conflict, particularly with respect to the police. Action sessions helped to expose and to some extent, work through some of the tensions experienced by the police in their interaction with community members when called upon for service. Much of the tension and stress was directly related to a negative self image. Rogers in a recent study of the D. C. Police Department comments on this dynamic: "Officers themselves, at various levels of consciousness, suffer a hurt self-esteem, in some instances almost to the degree of lacking self respect. They work for low wages, especially when considering the high personal risks they take."¹⁰ Others, such as Rubin, have spent considerable time examining the conflicts inherent in the multiple tasks police are required to perform. Rubin's pilot study of the Miami Police Department revealed that officers were frustrated and bored in performing community service tasks often as a consequence of "no built-in rewards for good performance as a peace-keeper."¹¹ He also goes on to support the earlier position cited by Rogers by suggesting that police officers experience tension as a consequence of their insecurity in performing community service tasks. He states:

Equally frustrating to the police in their roles as peacekeepers and community service agents is the insecurity which community service calls generate. Policemen are untrained to intervene effectively in family fights; they have no medical background; they have few links with medical, welfare, and social service resources in the community; and they have no real power to act (short of arrest) in many citizen disputes.¹²

These writers and others such as Ahern,¹³ Bittner,¹⁴ Garmire,¹⁵ and James Q. Wilson¹⁶ have each identified conflicts in role for the police in performing often contradictory tasks. For the most part their recommendations for change center on a plan to reorganize police departments into two units, crime fighting and community service, each with distinct primary tasks. Rogers concurs with this approach by specifying the two main features required for improving police work. He suggests that it is "Necessary to define in clear and operational terms the specific tasks and policies of programs designed to effect healthy and constructive police-community relations. Such specifications will provide not only a basis for assessing their feasibility when planned, but criteria for judging their accomplishment or failures, as the case

GROUP PSYCHOTHERAPY

might be, when instituted.”¹⁷ His second recommendation is “to define operationally the organizational authority structure of the police force in terms of its statutory contracted service to the total community, and then subject it to close scrutiny in its application.”¹⁸ It should be clear from the points made by these writers that a great deal needs to be done to provide learning opportunities which can examine the organizational and interpersonal role conflicts inherent in criminal justice work. The police are certainly not alone in experiencing tension related to role conflict. Probation officers frequently encounter similar problems in trying to balance the demands on them to counsel and supervise offenders while also trying to prepare reports for the court which tend to obviate and negate their efforts at effective service to their probationers.

Educational institutions offering criminal justice programs to in-service personnel have a remarkable opportunity to provide leadership in focusing attention on the inherent contradictions in the tasks required of criminal justice workers. The utilization of psychodramatic theory and techniques in criminal justice education represents a major step forward in this new and exciting field. Psychodrama has long been recognized for its value as a training device for police recruits and probation staff in the District of Columbia under the excellent direction of James Enneis from St. Elizabeths Hospital. The advent of University-based criminal justice educational programs marks the beginning in the development of a more sophisticated conceptual and experiential teaching model using psychodrama and sociodrama as a core methodology. It remains to be seen how effective such an approach will be in helping criminal justice personnel to become more aware of their own behavior and the behavior of their organizations. Our limited experience over the last two years suggests, however, that criminal justice workers are well aware of their requisite deficiencies in interpersonal skills and that they want to improve if given the opportunity to do so. Bard comments on this point with respect to the police and suggests that “policemen themselves feel more secure and less defensive generally when they have professional skills equal to the increasing complexities of their role.”¹⁹ Whether the University can be successful in being spontaneous and creative depends in large measure on its willingness to innovate and to challenge existing assumptions and methods. Moreno very eloquently describes the challenge. “The problem was to replace an out-worn, antiquated system of values, the cultural conserve, with a new system of values in better accord with the emergencies of our time – the spontaneity-creativity complex.”²⁰

PSYCHODRAMA

FOOTNOTES

1. James Q. Wilson, "The Police and Their Problems: A Theory," in Arthur Neederhoffer and Abraham S. Blumberg, eds., *The Ambivalent Force: Perspectives on the Police*, (Waltham, Mass.: Ginn and Company, 1970.)
2. Kenn Rogers, "Police Roles," *The Cleveland Plain Dealer*, lead editorial, March 4, 1973.
3. James Ahern, *Police in Trouble — Our Frightening Crisis in Law Enforcement*, (New York: Hawthorne Books, Inc., 1972), p. 7.
4. Op. cit., Rogers.
5. A. K. Rice, *Learning for Leadership*, (London: Tavistock Publications, 1965), p. 18.
6. George F. Homans, *The Human Group*, (New York: Harcourt, Brace, 1950).
7. Howard F. Vollmer, *Organizational Design — Process and Concepts*, (Menlo Park, Calif.: Stanford Research Institute, 1968).
8. E. J. Miller and A. K. Rice, *Systems of Organization*, (London: Tavistock Publications, 1967).
9. Howard Vollmer, p. 63.
10. Kenn Rogers, "Group Processes in Police-Community Relations." *Bulletin of the Menninger Clinic*, Sept. 1972, p. 530.
11. Jesse Rubin, "Police Identity and the Police Role," in Robert F. Steadman, ed., *The Police and the Community*, (Baltimore: The John Hopkins University Press, 1972) p. 21.
12. Ibid., p. 27.
13. Op. cit., Ahern.
14. Egon Bittner, *The Functions of the Police in Modern Society*, (Washington, D. C.: U. S. Government Printing Office, Public Health Service Publication, No. 2059, 1970).
15. Bernard L. Garmire, "The Police Role in an Urban Society," in Robert F. Steadman, ed., *The Police and the Community*, (Baltimore: The Johns Hopkins University Press, 1972).
16. Op. cit., Wilson.
17. Op. cit., Rogers, p. 533.
18. Ibid., p. 533.
19. Morton R. Bard, *Training Police as Specialists in Family Crisis Intervention*, (Washington, D. C., U. S. Government Printing Office, PR-70-1, 1970), p. 296.
20. J. L. Moreno, *Psychodrama*, 4th Edition, (Beacon Press, 1972) p. 108.

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GROUP PSYCHOTHERAPY

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NEWS AND NOTES

Awards

The Board of Directors of the New York Society of Clinical Psychologists voted a Special Award to J. L. Moreno, M.D., for "his outstanding contribution to the fields of psychology and psychotherapy." This award will be presented to Dr. Moreno at the Awards Luncheon during the 26th Annual Conference of the Society, held February 23rd, at the Biltmore Hotel, New York City.

James M. Sacks, Ph.D., has been awarded the Diploma in Clinical Psychology by the American Board of Professional Psychology. The diploma was conferred on August 29, 1973, during the Annual ABPP Convocation, held in Montreal, Canada.

Department of Health, Education and Welfare

The Alcohol, Drug Abuse, and Mental Health Administration of the National Institute of Mental Health has announced a new publication, *Private Funds for Mental Health Research*. This listing results from an extensive survey of more than 3,800 private foundations, an effort designed to help fill the increasing need for collaboration between public and private agencies in the support of mental health related research. The booklet can be purchased from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C., 20402, at \$1.25 per copy postpaid. To facilitate ordering use GPO stock number 1724-00307.

Treadwell Research Project

Any published or unpublished research reports, case studies or other information concerning *Couples* and *Marital Group Therapy* would be greatly appreciated by Thomas & Jean Treadwell, who are engaged in a research project on this topic. Please forward replies to them: Community Mental Health Clinic, 225 S. Lansdowne Avenue, Darby, Pennsylvania, 19023.

New Film

A group of graduate and undergraduate students enrolled in the course "Sociodrama and Role Playing in Education" at the State University College at Buffalo, New York, led by Dr. Abel K. Fink, has produced a new film, *Generation Gap*. The film is concerned with pre-marital sexual arrangements of young adults explored in the context of parent-child encounter. The film

PSYCHODRAMA

shows how role playing can be utilized in the exploration of shared group concerns. For information concerning rental, or purchase, of this 30 minute, 16mm, black and white film write to: Media Library – Communication Center, State University College, 1300 Elmwood Avenue, Buffalo, New York, 14222.

Psychodrama Course Offered at University of Wisconsin

The University Extension, Center for Social Service of the University of Wisconsin in Milwaukee offered a 12-week "Introduction to Psychodrama" course, beginning September 13, 1973. Carol Holton was coordinator for the course, and Leo Muskatevc, instructor.

Role Playing Used in Teaching Foreign Language

A unique system for the teaching of foreign languages is employed by the Research Institute for Suggestology (Sofia, Bulgaria), headed by Dr. George Lozanov. An account of their methods appears in an article, "Foreign Language Teaching in Bulgaria," by W. Jane Bancroft, *Canadian Modern Language Review* (March, 1972) pp. 9-13. At the start of the course foreign language students are given a new name and a new role to play and encouraged to react spontaneously to situations related to this new identity. New material is introduced in the form of dialogues and situations based on "real life." When material for memorization is presented it is accompanied by recorded classical music and by the teachers enacting the dialogues. The students are encouraged to imagine scenes while repeating the foreign words and phrases. This method is vitally important if the introduction of the foreign language into the student's "inner speech" is to be achieved. Dr. Lozanov and his associates have found that students assimilate faster and with less fatigue due to the relaxed and more natural settings in which the learning takes place.

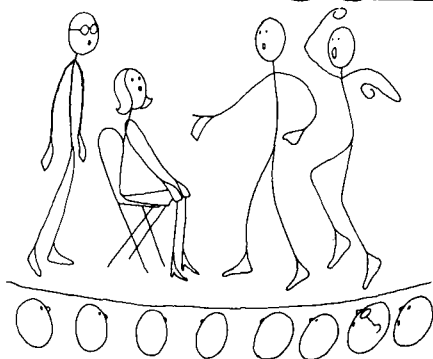
Psychodrama Stage at Somerset State Hospital

Dave A. Hofrichter, the new Director of Psychological Services at Somerset State Hospital (Somerset, Pa.) announces that the hospital has constructed a psychodrama stage which is the exact dimensions of the Beacon stage.

Psychodrama Stage Plans Available

The architect's drawings of the existing stage in the psychodrama theater designed by J. L. Moreno for the Moreno Institute in Beacon, New York, are available through Beacon House (Beacon, New York). Persons interested in obtaining copies of these plans should write to Beacon House.

Acting-In



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