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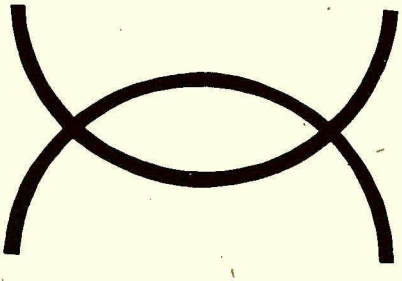

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Founded by J. L. Moreno, 1947

THE FUNCTION OF THE SOCIAL INVESTIGATOR IN EXPERIMENTAL PSYCHODRAMA*

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INTRODUCTION

The experimental psychodrama has shown that controlled experiments in the social sciences can be carried out—for the first time, it is believed, in the evolution of the social sciences—with the same precision as in the so-called natural sciences. More particularly, it is possible to make the social investigator,[1] who is inside the social situation, an objective part of the material studied—to have him, so to speak, both inside the experiment and outside of it. What has hitherto been, in the strict sense, impossible, now becomes possible: man can be made his own "guinea-pig."[2]

A scientifically correct exploration of a social problem must begin with the exploration of the social investigator himself. This exploration has several well-marked phases: first, it must determine the role which the investigator is to assume in the situation he is to examine; second, it must determine the changes in his attitudes and roles which will take place in the course of the investigation. Finally, the mind of the investigator must be explored to determine what he is thinking before, during, and after the investigation. In short, the investigator must expose himself to systematic observation. For a thorough, systematic observation of the social investigator, the psychodramatic method is ideally suited.

In the psychodramatic method, the function of the social investigator is primarily fulfilled by the psychodramatic director. It is the director who is the prime mover in the investigation. To a lesser extent, the auxiliary egos employed by the director in the investigation can also be considered as social investigators, but their function as such is subsidiary to that of the director; they act as tools of the director and bring to him the benefit of their actual participation in the problem itself, both as reporters of their observations and as agents of the director functioning within the problem in a controlled and systematic fashion.

*First published in *Sociometry*, Vol. IV, No. 1, February 1941, pp. 392-417.

It is the purpose of this paper to examine and objectify both the psychodramatic director and the auxiliary ego in their functions as social investigators, first, in a general way within the frame of the psychodramatic procedure and, second, in reference to a particular case-illustration.

ANALYSIS OF THE PSYCHODRAMATIC DIRECTOR

To a hypothetical question as to whether or not the function of the director is essential to the psychodramatic procedure, the answer can only be in the affirmative, for someone, after all, must start the session, call upon the subjects, open the various interviews and act as a sort of "super-auxiliary ego" to keep an eye on the total picture.

The psychodramatic director, in his function as a social investigator, can be examined from two points of view. First, there is the point of view of the general and formal pattern of conduct which he exhibits at all times and in all cases; second, there are the patterns of conduct which he exhibits in a particular case. Here there may be as many variations in his behavior as there are cases. The director can describe and outline the psychological considerations which determine his selection of a particular approach or method of treatment. It is also necessary that he give some idea of the motives which drive him to assume a certain range of roles in relation to a subject and to challenge the subject to assume certain counter-roles. Here, too, must be included all the inner frames of reference within the director, and their relationship to the inner frames of reference within the subject and the auxiliary egos who function in the problem. We must know, for instance, what prompts the director to select certain auxiliary egos and reject certain others in the solution of a particular problem.

In this paper we shall limit the analysis of the director to the general and formal pattern which, we have found, is not without bias in spite of the fact that it has become almost a ritual. Long before the director could subject himself to analysis by the group of people who compose the psychodramatic audience at any given time—regardless, indeed, of whether or not he does so subject himself—he is nevertheless continuously exposed to observation and analysis by this group. A scientific approach to this problem of analysis has been made, and the reactions of every one of the participants to the director's procedure have been determined. The director was induced to reveal the motives underlying his actions, and the participants were asked to put themselves in his place and report their own reactions and inclinations, just as if each one of them were the director. A comparison of the various points of view brought interesting results. It was seen that three major patterns of the

director's actions were scrutinized: (a) the "interview-position," that is, the position in which he opens a session and interviews a subject, (b) and (c) the "observer-position" and the "spectator-position."

The Interview-Position. The first function of a psychodramatic director is to get the session going. In most cases this is done by an interview with someone selected from the group of spectators. This person may be a subject who is to be investigated or a patient who is to be treated. In either case, the position which the director takes up must be a natural one and one which implies an acknowledgment of the whole psychodramatic situation: the group, sitting in the audience from which, at any time, anyone may be called upon to function on the stage, and the setting which combines the audience and the stage, with its three levels and its balcony. The position most usually adopted by the director at this juncture is a seated one at the center point of the second level of the stage. Whereas this position is a natural one to assume, it may be well to inquire as to the motives of the director for assuming it and to check the reactions it has upon an average group of twenty people in the audience. The essentially practical reasons for assuming a seated position on the second level of the stage at approximately its center point are the following. The director is, in this position, relaxed. Sitting as he is on the second level, he finds that the upper level's edge presents a convenient rest for his elbow and that he can place his feet comfortably on the first, or lower, level. Inquiry among the group of twenty spectators brought the comment from each of them that they, too, would assume this particular position and that the relaxation which this position affords the director had a relaxing effect upon each of them. They volunteered the opinion that, if the director were to stand, they themselves would reflect the tension and formality of this position—perhaps because of the fact that they, at the time, would be sitting. Another practical reason for choosing the second level—as opposed to the lower level—is that here the director is easily visible to everyone in the audience. From the point of view of the director, this interview-position has the advantage that when he calls a subject to sit beside him for the interview, both are on the same level—they are "equal." This is particularly important when it comes to the treatment of a mental patient. In psychiatric work, there is often a feeling of coldness or distance between the patient and the physician. This position places them face to face—as man to man, so to speak—with no physical or symbolic barriers between them, on the same level.

The stage at the Psychodramatic Institute has three levels. The upper one of these is where most of the action takes place—where the actual psychodramatic process comes to fulfillment. Consequently, from the point of view

of symbolism, any preparatory interviews do not belong on that level and it is entirely logical that they take place on some other level: the second, for instance. This choice of the second level for the interview is therefore due—at least, in part—to the construction of this particular psychodramatic stage. It is quite conceivable that another stage might have either fewer or more levels. In which case, the logical level—either from practical or theoretical considerations—might well be some other level than the second. Likewise, it must not be set down as a hard and fast rule that the director must be seated during the interviews. With other directors, or with stages of different construction, the interview might take place with both the director and the subject seated at a desk or a table, or in seats in one of the front rows—or they might find it more suitable to remain standing. However, with a stage which has three levels, such as the one at the Psychodramatic Institute, it has been agreed by both directors and spectators that the warming-up process to the whole psychodramatic process, as well as to the various scenes to be acted out, is most efficiently carried out when the director sits at the center of the second level (as described above), with those whom he is interviewing at his side on the same level of the stage. It is this position to which the director returns at the end of every scene for analysis or for the purpose of warming up the subjects for the following scene. This has the effect of a recurring pattern which punctuates the succession of the scenes acted out on the stage proper. Here the director can directly assist in the process of building from climax to climax in scene after scene until the desired effect is reached. His function in this position can act like a bridge for the subjects and spectators alike from one scene to the next. It can also serve a purpose almost equally valuable as a bridge back to reality from some highly emotional or symbolic scene which has been played upon the higher level of the stage.

It was with the discussion of the position of the person to be interviewed—in reference to the psychodramatic director—that the question of individual bias arose. The director expressed a preference for having the subject sit at his *right*. This preference was so strong that he would not function well if the subject were on his *left*. He stated that to have the subject on his left impeded his process of warming up toward this subject; he could not begin the interview well nor could he carry it along with the necessary consistency and drive. Most of the spectators agreed that, if they were functioning as the director, they would exhibit the same preference; three, however, felt that they would prefer to have the subject on their left. Here, obviously, serious questions as to the subject's point of view in this matter could be raised. For instance, a given subject might, in order to foster his own warming-up process, need to be on the director's left.

Thus it can be seen that a bias—from the point of view of the director, the subject and the spectators—can become an element in a social investigation. Like the other considerations, it must be examined and allowance made for it. In the particular situation which we are outlining here, it can be seen that three kinds of bias were active: *aesthetic, ethical* and *psychological.* As an example of aesthetic bias, the director and a certain number of the participants may feel that they function at their best in just such a theatre setting as is provided by the Psychodramatic Institute; others may be made uncomfortable by it, and demand for satisfactory performance a setting of another type. Ethical bias may lead some of the participants to reject the assumption that the top level of the stage is the proper place for the true psychodramatic action—that the balcony is symbolic of the desire to perform as a hero or a messiah. A definite preference for having the subject on one's right during the interview is an example of psychological bias.

The Observer-Position. In this position the director stands on the audience level at the right of the stage, close to the wall. This affords him a close view of the stage and a full view of the entire spectator-group. Generally, he puts his right foot on the edge of the first (lowest) level, which has the double effect of affording him some rest and turning his body to the left so that he is able to see both stage and audience without apparently changing his position. This position is particularly adapted for the close observation which is required in the mirror technique[3] and in the study of spectator catharsis.[3] From this position, the director can step up into the action and speak directly and forcefully to those taking part in a scene; he can move from one to another, as a dynamic agent, inspiring or checking their actions.

The Spectator-Position. A third position finds the director sitting in the front row. Here he is somewhat removed from active participation or interference with what is going on on the stage: he is the spectator, concentrating upon the action. Quite often he calls a subject to sit beside him in order to assist the warming-up process of this particular subject by explanatory remarks. Here again, the subject is put in a position of equality with the director: they are co-spectators of the action. It frequently happens that a resistant subject can be warmed up to the point of action, after other methods have failed, by encouraging and reassuring remarks from the director while a pertinent scene is taking place on the stage.

The above three positions for the psychodramatic director have been to some extent analyzed and discussed at the Psychodramatic Institute, as a part of a series of investigations into the function of the director as a social

investigator. Further aspects of the problem will be taken up at another time. However, it is significant to note that the very essence of the psychodrama would be lost if any of these positions were recommended for rigid adherence. The director must at all times—just as must the auxiliary ego—be ready to adapt his positions and movements to the exigencies of the various situations as they appear. He must not, for instance, insist on maintaining the interview-position when a subject is resistant, and will not leave his seat. On such occasions, the director gets up and walks over to him and urges him to come up and sit by him. If not immediately successful, he may return to his place on the second level of the stage and proceed with the session, working with other subjects, or wait until some significant scene has been started on the stage and then go and sit by the reluctant subject in the audience.

From some of the foregoing it might be deduced that the director has a tendency to develop a persistent pattern and to impose it upon the subjects, regardless of whether they like it or not. However, the subjective element in this tendency—perhaps the director's own bias—should be carefully scrutinized in every individual case with a view to weighing the effect which it may have upon the beginning, the course and the results of the whole psychodramatic process.

An analysis of all these positions has disclosed a number of significant subjective factors in the director which interfere, in part, with the pattern and distort the treatment and the results. They represent, as a totality, what can be called the "psychodramatic error" injected into the situation by the personality of the director.

Such an analysis of the director has two results. First, it gives us a clear picture of the limitations of the director. The director, too, can profit by this process, and his limitations can be carefully considered in an objectified presentation of his function. It may even happen that his limitations form a basic error in his performance and thus constitute an unsurmountable barrier to correction. Secondly, some or all of his limitations may be open to correction by means of spontaneity training. Increased flexibility may be produced and he may grow to be able to give all his subjects a maximum opportunity of expression, always directing a situation in such a fashion that it meets the needs of the subject first of all, and his own afterward.

ANALYSIS OF THE AUXILIARY EGO

The auxiliary ego cannot be analyzed as a social investigator except while he is in operation—functioning not as an observer but as an acting agent. He is sent out on the stage by the director with instructions to portray a certain

role and, at the same time, to observe himself in action very closely; to register continuously, as he warms up to the role, what this role does to him and what he does to it. While his experiences are still warm immediately after a scene, he can record his own reactions. Thus, the auxiliary ego represents a new tool in social investigation. Here, the participant observer becomes also an "observing participant." His work consists in taking on a role—the role of a particular person or any role required by this person as a counter-role. It has been suggested[4] that "the method of empathy seems to be one of the basic principles in the technique of psychodramatics." A careful analysis of the auxiliary ego function shows that empathy alone is not able to provide a leading clue to what is taking place in the psychodramatic situation. According to the theory of empathy formulated by Theodore Lipps,[5] the investigator "feels himself into" the subject's attitude but the investigator remains in a passive role—the role of spectator. He is able to interpret "some" of the behavior of the spectators of a psychodrama[6] but the production of the roles which an auxiliary ego develops cannot be explained by empathy. Concepts like "spontaneity state," "the warming-up process," "tele" and the "configuration of roles" are necessary for a proper interpretation. The auxiliary ego in action is not only feeling but doing; he is both constructing and reconstructing a present or an absentee subject. Often it matters little whether the reconstruction is an identical copy of a subject or whether it carries merely the illusion of that identity, just as in the arts, where an expressionistic or surrealist painting is far from being a copy of a natural setting, yet may project the dynamic essence of the setting much more impressively than would its identical copy.

At this point we can see that the auxiliary ego brings to the function of the social investigator a quality which is impossible to the investigator in the natural sciences. The investigator of physical phenomena, for instance, can observe his own reactions in the course of the study of astronomical events, let us say, but he could never transform himself into a star or a planet. Nevertheless, this is exactly what he would have to do if he were to try to reproduce the auxiliary ego technique in the domain of astronomical observation. The natural scientist may claim that such a proposition is entirely unnecessary in his specialty, that the field of exploration is fully resolved by the operations which are already in use. He does not have to become his own "guinea-pig" when he studies the movements of stars and planets, but in the social sciences the auxiliary ego procedures are well on the way to overcoming the century-old antinomy between the natural and the social sciences.

The bias of the auxiliary ego—his social and cultural limitations—cannot be studied except in the light of his actual work. A full case-illustration is

therefore necessary in order that we, and the auxiliary ego, as well, may check from point to point the varying errors which enter into his roles and counter-roles in the course of the psychodramatic procedure.

Just as the psychodramatic director must at all times be aware of himself and his relation to the subject or patient, objectifying himself continually as the process of investigation of the subject goes on, he must also be keenly aware of the abilities and limitations of the staff-members who are to function with or for the subject as auxiliary egos upon the stage. His best approach to this knowledge is gained by spontaneity tests.[7]

By means of these tests, staff-members can be classified in two ways. The director will know the range of roles for each individual, including himself, as well as the type of situation in which he shows the most spontaneity. Furthermore, variations in behavior-patterns can be noted and taken into account by the director when he selects the staff-workers who will work in a given situation or with a given subject.

Basically there are three types of roles, any one of which the psychodramatic staff-worker may be called upon to portray. He may act the part of a real person in relation to the subject; he may represent a character whom the subject imagines; or he may be called upon to project a part of the subject's own ego.[8] Whether this role is real, fictitious or symbolic, the staff-worker should endeavor at all times to identify and integrate his portrayal with the mental processes of the subject. The proof of his success is the subject's acceptance of him in the role. Once this has been accomplished, the staff-worker becomes an auxiliary ego; and since he also represents an extension of the aims of the psychodramatic director, he is now a tool with which the latter can accomplish much in the way of social investigation or mental therapy. In order to demonstrate clearly the way in which a trained auxiliary ego functions in a problem on the psychodramatic stage and also to show the actual mechanisms involved in the techniques employed by the psychodramatic director in his use of this delicate tool, we are giving here a case-illustration, an obsessional neurosis which was treated at the Psychodramatic Institute.

CASE-ILLUSTRATION[9]

William is a likeable, fair-haired youngster of eighteen. He seems quiet and rather well-mannered, and his intelligence is well above the average for his age. In a number of preliminary interviews with the director, William has displayed remarkable honesty, and this trait, as we shall see, carries over onto the psychodramatic stage.

The problem which he has brought for treatment is a severe form of obsessional neurosis. William thinks of people dying. He has vague images, not of the people themselves, but of things related to their deaths—such as funeral parlors, cemeteries, and the like. He develops a feeling of anxiety, and in order to combat this he employs several different devices. He coughs loudly and frequently, thereby hoping to disrupt the unpleasant train of thought. However, in the meantime, this has disturbed the entire household, and the coughing is not at an end. Out of this primary cough arises a secondary cough which is almost a nervous reflex, and following this, William begins to cough because he is hoarse—a tertiary stage. This cycle may go on for several days at a time.

William also seeks relief in loud talking, usually swearing at the images which disturb him. He seeks to drive them away by a name-calling process, but in doing so he upsets all the people with whom he lives. Sometimes he starts to shout vile imprecations while walking through the streets. More often he is at home, and the noise disturbs everyone in the house. Patterns of profanity tend to creep into his ordinary conversation. His parents are continually having to take him to task, and he gets the name of being a "bad boy."

One method which seems to bring him relief at times from his feeling of anxiety is to take a bath. The disturbing factor here is again the annoyance which he causes the other members of his social atom, for he frequently feels it necessary to take these baths in the middle of the night. Sometimes he is content to let the water run, and the noise of this is sufficient to take his thoughts away from the unpleasant things upon which they have been lying. Here again we see the inevitability of disturbance to others.

All of these manifestations, and the resultant criticism of his behavior, have brought William to a point where he fears the return of these unpleasant thoughts rather than the thoughts themselves. His feeling of anxiety has become a fear of fear itself. He becomes subject to this fear whenever he passes a funeral parlor or a cemetery, reads a word which has unpleasant associations, and the like. His thoughts become a continual battleground on which part of his mentality fights back at the fears engendered by the other part.

After a short interview with William, the psychodramatic director selects a staff-member to act as auxiliary ego in representing William's outward self, and tells William to portray his own inner thoughts. This is known as the "double-ego" technique.[10]

The preparation for this scene takes five minutes. William is not sure about the role which he is to portray. The staff-member has never met him before,

and tries to get him to describe the processes of thought which he undergoes at these times. William, who seems most anxious for the portrayal to be an honest one, keeps repeating that he cannot see the point of the scene, and is persuaded by the staff-member to "go ahead and act whatever role and situation comes into your mind."

A scene is finally chosen in which William is walking past a funeral parlor on his way to the club. He describes this to the audience:

William: *This scene is at the intersection of two streets in New York. I am walking down the street to the club to have a swim and I am just rounding the corner.* (The scene commences. The staff-member is now functioning as an auxiliary ego. He follows William like a shadow as he walks around the circular stage. He tried to copy William in everything but speech, and here he is forced to push the dialogue in order to stimulate his subject.)

Aux. Ego: *I wonder who I'm going to meet today?*

William: *I see Jim down there ahead.*

Aux. Ego: *I've got to get in some work at that racing start, today.*

William: *I always was afraid of the water. I'll never learn to dive and swim.*

Aux. Ego: *There's nothing wrong with the water. It's perfectly safe. The only thing is, I can't seem to let go of the edge of the pool.*

William: *Two more blocks and I'll be there. I guess I'll walk a little faster.*

Aux. Ego: *I wonder what those fellows up ahead are doing? Four or five, aren't there?*

William: (He is now opposite the funeral parlor.) *I won't look over there. I've got to do something. I guess I'll concentrate on going swimming. I don't want to spoil the whole day. It will if it keeps on like this.*

Aux. Ego: *I'd better not look over there.*

William: (Looking upward) *It's getting cold—I hope it doesn't rain. Ha!* (obvious relief) *I'm past there already. There's the club ahead, there. When I get there I'll be safe. There will be nothing to disturb my imagination, there!*

Aux. Ego: *What happened with those cars back there? I heard the brakes, but I'd better not look.*

William: *If I hurry in—and get into the pool—I'll be all right.* (The scene ends here. William seems relieved.)

The psychodramatic director asks William whether, during the scene, he did not feel the urge to cough—as it certainly would have happened in real life.

William claims that he felt no real anxiety during the entire scene. Another scene is tried, without any preparation, in which William is reading a newspaper. The results are similar to those in the preceding scene. William avoids all but the most obscure references to the things he fears. When the psychodramatic director interrupts to ask him why he does not swear or cough, he explains that he does not have any feeling of panic. He says that he is not "warmed-up" to the part.

This situation on the psychodramatic stage may be compared to that which takes place inside a gasoline engine at the moment when the starting pedal is pressed. The auxiliary ego tries to supply the spark—he tries to bridge the gap which exists between his own mental processes and those of the subject. If he succeeds, it ignites the fuel of ideas, and as long as fresh ideas continue to be supplied, the spontaneity remains on a high level. Then, just like the driver whose engine has commenced a comfortable hum, we may expect progress.

In the analysis immediately following the two scenes, the psychodramatic director makes this comment: "William *wants* to work himself up! He must be encouraged so that he may be able to come to a *complete* presentation."

On the stage, William does exactly what he would do in real life—he avoids all references to or thoughts of those things which create in him this deep panic.

During these two scenes, the auxiliary ego has had an opportunity to see which ideas could elicit responses from William, and which seeds of thought fell on barren ground. Therefore, he can guide his actions in future scenes accordingly.

William has attempted, for the first time, to portray his obsessions on the psychodramatic stage. He has failed, it is true, but in the very moment of failure he recognizes that the fault lies largely with himself. He admits this when he says that he is not "warmed-up," that he "cannot seem to act the part." He does not realize it at the time, but this is actually a part of the process by which he *will become* "warmed-up" in the future. He is beginning to get an idea of what is expected of him on the psychodramatic stage. He has had some experience, however slight, in one of its most difficult techniques. Gradually he will be able to act out, on a psychodramatic level, those fears from which he flees in actual life. The scenes in which William has appeared, if taken as a part of this process, cannot be deemed failures.

Now the psychodramatic director tries another tack. His reasons were given in a discussion which followed the scene, and are well worth repeating verbatim:

"When a person has a clear delusion—if it is really clear and systematic—the person may be able to give a picture of what he experiences which is clear in

every detail. But when we are dealing with people who have nothing but a rudimentary idea of their delusions, the auxiliary egos are at sea as to what to do. Then the technique is to increase the proportions of their ideas—not to present mere copies—insofar as we have been able to discover them."

The psychodramatic director gets William to describe the undertaking establishment which he passes so often, and the sight of which disturbs him so greatly. Then he selects two staff-members to portray the undertaker and his wife. He tells William to direct the scene by telling the actors how he would imagine it.[11] William, however, claims that he has never allowed his fears to go that far and therefore has no mental picture of what goes on inside the funeral parlor. Consequently, the psychodramatic director instructs the staff-members to go ahead on their own and depict not a copy of a real undertaking parlor but a wholly imaginary one, with every detail magnified and exaggerated. The purpose is to attempt to depict an undertaking establishment which will confirm William's fears of what a real one must be like.

The result is a macabre performance tinged at all times with the grotesque. The staff-workers are highly imaginative and, gradually, four or five corpses take ghostly shape on the stage as the actors make physical comments and comparisons, and, now and again, a grimly humorous remark. Several spectators become extremely uneasy during this scene,[12] and William is among them. Still, when the psychodramatic director questions him after the conclusion of the scene, he says that he had never allowed himself to think about the life within a funeral parlor. Two other scenes are improvised by staff-members, portraying happenings in a funeral parlor, and William, as a spectator, is given a picture which he *might* have imagined, had his fears permitted him to go so far. This technique gives him something which he has never been able to produce by himself, either consciously or unconsciously. It furnishes a basis for future conjecture on his part.

In the discussion following these scenes, the technique which has been employed shows its first exploratory effect. A hitherto hidden piece of information is forthcoming from William—he has actually met the undertaker who runs this funeral parlor with the exterior of which he is so familiar. Up to this time William has persistently denied knowing him, but now it appears that he has met him and that the incident occurred at a gas station two blocks away from the funeral parlor. William is at once requested to portray this scene, with the aid of the same auxiliary ego with whom he worked previously.

It was in this scene that the auxiliary ego was first able properly to perform his function for William. Indeed, he also acted as a "starter" for William in the preparation, as well as working with him in the scene which followed.

The scene, as described by William, contained two or three lines of dialogue and would not have consumed more than thirty seconds at most, had it been played in this manner. William protested that he could not see what the psychodramatic director would be able to get out of it. The auxiliary ego, however, persuaded him to allow the scene to continue on beyond what actually happened, pointing out that the director would like to know what William's reactions *might have been*, had he had a longer conversation with the undertaker. William finally agrees to this and the following scene takes place:

The Scene: A Gas Station
William: played by himself.
The Undertaker: played by the auxiliary ego (William is in the gas station when the undertaker appears. The latter puts money into the cigarette machine.)

Aux. Ego: *Have you seen the attendant around anywhere?*
William: (Staring at the ground) *I guess he's out back, working on a car.*
Aux. Ego: *He's never here when I want him—always out back or out to lunch.*
William: *I don't know. I guess so; I'm around here a lot of the time.*
Aux. Ego: *Do you do any work here?*
William: *No, just hang around.*
Aux. Ego: *Well, say—I need a part-time assistant over at my place. How would you like to work for me?* (William begins to shake his head slowly, but doesn't say anything.) *It would only take a couple of hours in the afternoon or evening—running errands and answering the phone. I could afford to pay pretty well for your time.*
William: *Well—I don't think I'd have the time. I have homework.*
Aux. Ego: (Interrupting) *Oh, you'd have plenty of time for that at my place. I just need someone to be there while I'm out, and to do occasional errands and odd jobs. You'd have plenty of time for your homework.*
William: *Well—I have a sort of job already—running errands for people on the block.*
Aux. Ego: *You don't make much at that, do you? I could afford to pay you ten dollars a week, to start.*
William: *Well, I do pretty well on this other job.*
Aux. Ego: *How much do you make a week?*
William: *Oh, three, four—sometimes five dollars a week.*

Aux. Ego: *But I could pay you ten, and you'd be sure of it. Ten dollars a week—steady money—is not to be sneezed at. That's for just being around to answer the phone and run a few errands. You'd have plenty of time for yourself and your homework.*

William: *Well, I don't know. You see, these people on our block sort of depend on me to do their errands. I wouldn't want to disappoint them.*

Aux. Ego: *I realize that, but after all, when you can make more than twice as much, and be sure of it! Why, I should think you could tell them and they'd understand.* (During this speech, the auxiliary ego tries to put his hand on William's shoulder. William pulls away, avoiding his touch.)

William: *Well, they kind of count on me, and I wouldn't want to disappoint them.*

Aux. Ego: *Sure you won't change your mind?*

William: *No, I wouldn't want to disappoint those people.*

Aux. Ego: *Well, in case you do change your mind, let me know. You know where my place is, don't you?*

William: *Yes, but I don't think—*

Aux. Ego: *Fine! Let's see, you're William—William Morrow, aren't you?*

William: (Barely audible) *Yes.*

Aux. Ego: *Yes, I thought I knew you. I had heard you were a good worker. That's why I wanted to hire you. You live right down the block, don't you?*

William: (Pauses) *Yes.*

Aux. Ego: *In case something comes up, I'll drop you a card or come down to see you. I really need an assistant badly and I may be able to pay a little more than ten dollars a week. I'll have to see. What number do you live at?*

William: *Right down the street. In the next block.*

Aux. Ego: *You're sure you won't change your mind?* (William simply shakes his head and looks away.) *Now, let me see. What number was that you said you lived at?*

William: (After a pause) *Sixty-five.*

Aux. Ego: *Fine, fine! I'll see you soon. In case you change your mind in the meantime, drop into my place. I'll be glad to see you.*

END OF SCENE

Throughout the entire scene, William presents an astonishing contrast to his usual self. He looks at the auxiliary ego only once or twice during the

dialogue. Most of the time he looks at the ground and occasionally he turns his head away. He is very nervous and plays with a chair which is on the stage. He keeps this chair as a bulwark between him and the auxiliary ego, and when the latter moves past it and attempts to put his hand on William's shoulder, he involuntarily pulls away.

Here, at last, we see the auxiliary ego finally accepted by William—in the role of the undertaker. William is afraid of this character and everything for which he stands, and his fear shows in his voice, his gestures, and even in the ideas which he expresses on the psychodramatic stage. He clings desperately to a flimsy excuse in order to keep from taking an excellent job. He does not want this job because he is afraid, but he does not want to admit this fear, either to himself or to his auxiliary ego.

In this scene, William has achieved a certain catharsis. The original meeting with the undertaker had consumed a few seconds, at most. In view of his actions on the psychodramatic stage, it does not seem possible that he could have subjected this man to any long-drawn scrutiny. The picture which he carried away from that meeting must have been a shadowy one, even as his fears have become shadowy things through his refusal to confront them. Here, on the psychodramatic stage, William is given an opportunity to study this terrifying creature at greater length. The undertaker is presented to him as a normal man, and many of the blank spaces in the original picture are now filled in. The fear of the unknown has been replaced by knowledge. This is the first step and, indeed, the *sine qua non* for the removal of that fear.

The psychodramatic director now suggests a scene to take place in William's home. William is to be thinking about this encounter with the undertaker and his ego-conflict is to be portrayed by himself and his auxiliary ego. The latter must now make a complete *volte face* and become that part of William's mental processes which mirror the fears, while William himself is to represent that part which fights them.

During the preparation, William shows a great advance over his previous effort of this type. Before, he had been unsure of himself because he did not know what he was expected to do. Now, he knows almost exactly what is wanted, and his assistance is invaluable to the person with whom he is about to work.

Although he still cannot translate his fears into actions, he knows that certain things upset him, while others do not. He cites the scene which had been presented to him as one which *might* have taken place in his mind—the scene between the undertaker and his wife. He says that his fears do not lie in that direction, that their basis is not in the gory details of death, but rather in the idea which lies behind death. He says to the auxiliary ego:

"You can talk all you want to about bloody corpses without upsetting me. It's just words (which describe situations and roles) like 'funeral parlor,' 'undertaker' and things like that that start me off."

Among other things, he tends to visualize scenes and people, like the funeral parlor and the undertaker, ". . . as if someone had suddenly turned on a hidden motion picture machine." This, too, serves to start these attacks.

The auxiliary ego suggests to William that he try to visualize the meeting with the undertaker at the start of the scene. And thus begins a scene which shows, for the second time, the staff-member functioning as the auxiliary ego in a scene in which the "double-ego" technique is used.

(At the beginning of the scene there is a pause. Then the auxiliary ego begins to talk):

Aux. Ego: *—Funny! I can't seem to keep from thinking about his face. I keep seeing him again the way he was in the gas station.*

William: *I'd better not think about him.*

Aux. Ego: *Yes, but I can't seem to stop. He was a funny-looking guy.*

William: *Wanted to know where the attendant was.* (This is said in a very surly tone.)

Aux. Ego: *Why wasn't the attendant there, anyway? He should have been.*

William: *Why couldn't he have had the change in his pocket instead of having to ask for the attendant?*

Aux. Ego: *Why did he have to come there, anyway? It's almost two blocks away from his place.*

William: *He could have gotten his cigarettes in a cigarette place. Why did he have to come to a gas station to get cigarettes?*

Aux. Ego: *Maybe the attendant is a friend of his. Or maybe he gets something else there . . .* (William coughs.)

William: (Coughing) *Why did it have to happen to me? Why me, of all people?* (Coughs)

Aux. Ego: *He should have known the attendant was out back. He shouldn't have had to ask me. He has a funny voice, anyway.*

William: *Why does this sort of thing always have to happen to me?* (Coughs)

Aux. Ego: *And then he offered me a job. As if I'd ever take a job in his place!*

William: (Coughs) *Better not think about that!* (Coughs)

Aux. Ego: *But I can't help it. Just because it's an undertaking parlor is no reason why I should keep on thinking about it.*

William: *I don't want to think about it.*

Aux. Ego: *But I do. Those brass plates. "Funeral Parlor."*

William: *In gold letters.*

Aux. Ego: *I wonder why they shine them so? You'd think they would paint them black, instead of making them so bright.*

William: (Coughs) *It's nothing to brag about.* (Coughs) *Well—'better not think about it. 'Guess I'll try to read this newspaper.*

Aux. Ego: *Oh—oh! Don't want to read that page!*

William: *No sir! I'll turn it over and see what's on the next page.*

Aux. Ego: *Who wants to read funeral notices, anyway?*

William: (Coughs) *There's nothing to them, anyway.* (Coughs)

Aux. Ego: (He coughs—which brings an immediate responding cough from William.) *That first one was Charles B. Rogers. I wonder what he was like?*

William: (Coughs) *Better not think about him.* (Coughs)

Aux. Ego: *They had a picture of him.*

William: *Oh, why did I have to see that?*

Aux. Ego: *He's a funny-looking duck. Kind of like that undertaker I met in the gas station.*

William: *There I go again! Why must I think about him? Or gas stations? Now, every time I think about gas stations, I'll start thinking about him again.* (William is quite excited during this speech. His voice is much louder than it has heretofore been.)

Aux. Ego: *And that place of his!* (Coughs) *I wonder what it's like inside?*

William: *No, I don't. I don't even want to think about the outside!* (Coughs)

Aux. Ego: *I suppose his friends know what it's like inside. I wonder if he lives in there?* (William coughs)

William: *I wouldn't want to live in there!* (Coughs)

Aux. Ego: *I wonder if he has any friends? I suppose he must have. I wonder what they're like?*

William: *I suppose even an undertaker has to have friends. I don't want to be one of them!* (Coughs)

Aux. Ego: *No sir! I don't even want to go near him!*

William: (Coughs) *I don't even want to think about him!*

Aux. Ego: *Or his place.*

William: *Guess I'll get up and go for a walk. Anything to get my mind off him!* (They get up and turn to go left.)

Aux. Ego: *Oh—oh! I don't want to go that way!*

William: (Turning right, instead.) *No sir! I'll go this way!*

END OF SCENE

Throughout this scene, neither William nor his auxiliary ego used many gestures. Except for a desultory bit of pantomime when he was supposed to be reading the paper, William spent the entire time rubbing the palm of his left hand with the thumb and fingers of his right. The auxiliary ego attempted at all times to duplicate these actions. William used this continual rubbing to alleviate the tension caused by his anxiety.[13] The auxiliary ego, who had started to use this gesture for no reason other than imitation, found it an excellent antidote for the tension which he, too, felt as the scene progressed. William's tension was caused by anxiety which stemmed from his fear of the ideas which were being presented to him. The auxiliary ego was also laboring under a strain, but his anxiety arose from a different source. He was trying to fire each speech at William the instant the latter ceased uttering each one of his lines. In order to do this, he had, like a chess-player, to keep thinking several moves ahead. He was denied, however, the advantage of taking whatever time he needed. He had always to be prepared, and several times he was forced to discard whole trains of thought while he shifted to meet William's changing ideas. Despite this basic difference in attitude, the same physical release, i.e., hand rubbing, served as an outlet for both.

The auxiliary ego coughed twice during the scene. This was done deliberately, in order to see how it would affect William. The first time his auxiliary ego coughed, William immediately echoed him. Afterwards, this procedure seemed to have no effect. And what of William's own coughing?

In the interview immediately after the scene, the director asked William if he was aware that he had coughed. William said that he had coughed deliberately, in order to make the scene seem real. But when asked how often he had done so, he replied: "Three or four times." As a matter of actual fact, William coughed *eighteen* times.

Here, on the psychodramatic stage, we have seen William reproduce the actual physical symptoms of his obsession. We would seem to have forced him into a relapse. What is actually taking place is a channelization of his fears.[14]

This scene has been the first step in this operation. In order to continue it, the psychodramatic director selects a final scene for the session. We have seen William's acceptance of the production on the stage of what goes on inside an utterly imaginary funeral parlor—something which he had not even dared imagine for himself. In this final scene, William is asked to take the logical next step: to go inside this imaginary funeral parlor and accept the job which he was offered in the gas-station scene—actually to inhabit this imaginary setting.

While preparing the scene with the auxiliary ego, William at first displays extreme reluctance. He points out that he would not take the job for a salary

two or three times as large as the one offered. When pressed, he admits that he would not take it for $100 a week; later he amplifies this figure to $1,000,000. The auxiliary ego persuades him to accept the job by saying that this is "intended as a test." Here we see the cumulative effect of all the scenes in which William has thus far participated on the psychodramatic stage. In the first part of the session, he would not have consented to this "test." Now he can be persuaded to try it, although he does so with obvious reluctance and a certain amount of trepidation. The scene begins:

Aux. Ego: *Why, hello, William. Glad to see you!*

William: (Staring at the floor) *Hello.*

Aux. Ego: *Well, well! So you decided to change your mind about taking that job, after all! That's fine!*

William: *I guess so. What do I have to do?*

Aux. Ego: *Nothing, right now. Just sit down and make yourself comfortable. Would you like to look around, first? Come on! I'll show you the place.* (The auxiliary ego, as the undertaker, shows William where various things are located in the office; then takes him to a basement room, where the bodies are kept until the funerals. William stops at the point which represents the door of this room and contends himself with peering vaguely inside. Then, the auxiliary ego points to a wall-telephone.) *This is an extension of the upstairs 'phone. In case the phone rings and you're down here, you can answer it without having to go upstairs.*

William: *But I wouldn't be down here, would I?*

Aux. Ego: *Well, no. Probably not. But you might be down here doing some odd job or other, and it would save you the trip upstairs.*

William: *I thought I was just supposed to run errands and answer the phone. I thought I would have time to do my homework.*

Aux. Ego: *So you will, so you will. It's just that once in a while there are a few things to be done down here. You won't mind that, will you?*

William: *I guess not.*

Aux. Ego: (As they are returning to the "office") *Once in a while, I may need a hand bringing in the bodies, but that's not very heavy work.* (Here William starts to say something, but the auxiliary ego interrupts.) *They come in light pine boxes and they don't weigh very much.* (William walks almost to the edge of the stage and stares at the back of the audience. The auxiliary ego continues): *Right now there's nothing to do.* (William sighs and returns, sitting down at the desk.) *I guess you can sit here and start in on your*

homework. (The auxiliary ego now goes back to the basement room and opens one of the coffins.) *Say, William, could you bring me some of that formaldehyde? There's a bottle on the shelf over there.* (William goes to the shelf and takes down a bottle. He hesitates, but then the auxiliary ego speaks again): *Just bring it down here to me.* (William does this, and starts back upstairs again.) *Just a minute. Don't go, yet. I can use a hand here.* (He pantomimes filling a syringe with formaldehyde.) *Now, I want you to take the wrist here, and press so that the vein sticks out—like this.* (He pantomimes this action.)

William: *I'd rather not.*

Aux. Ego: *Why not?* (Pause.) *Oh, come on! It won't bite you!*

William: (Barely audible) *Show me how you did that, again.*

Aux. Ego: *You take it like this and put one finger here and one here. Then you press down, like this.* (William bends down very slowly, and copies the pantomime. His neck is very stiff and he tries to hold his head as far away from the "corpse" as possible.) *That's fine! Kind of cold, isn't it?* (William lets go of the hand.) *Hey! Wait till I'm through! There we are—nothing to it, after all—was there?*

END OF SCENE

Here, at last, we have brought William to the very threshold of his fears. Here, on the psychodramatic stage, he has been shown the handiwork of death, and he has held the cold hand of a corpse in his. In talking with him afterwards, it was learned that he had been able to visualize the hand, at the time. His actions on the stage were convincing evidence of this fact, and the end of the scene brought him obvious relief.

Here, in this crucial situation, the interested spectator stands, as it were, on a peak. Now he can see clearly the road by which William has been brought to this point, and the direction in which he will now be led. The carefully organized and integrated plan which has been followed by the psychodramatic director becomes apparent.

William, in trying to escape his fears, had come to a mental *cul-de-sac.* A speech in one of his scenes shows us how fraught with discomfort that blind item of thought must have been. In thinking of his meeting with the undertaker, William cries out: "There I go again! Why *must* I think about *him*? Or gas stations? Now, every time I think about gas stations, I'll start thinking about *him* again!"

From this, one readily sees how impossible it was for William to maintain this position with regard to his fears. In attempting to close the door on

them, he had left himself open to another set of fears which, by these chains of association, must some day have filled his entire mental world.

Therefore, the director commenced the treatment by coaxing William out of his hiding-place and bringing him face to face with the fears from which he was trying to run. In performing this difficult operation, the auxiliary ego has been an invaluable tool.

The psychodramatic director continued by presenting, again by means of the auxiliary ego, the reality which was underlying these fears. This presentation was made on a symbolic level to a subject who would not have been willing to receive it otherwise.

The psychodramatic director has shown us what can be accomplished by a well-planned and skillfully-executed use of this therapeutic tool.

The road that lies ahead in William's case is an interesting one. The reader can readily envisage him portraying the role of the undertaker, perhaps directing his auxiliary ego in the conduct of his calling.[15] He may be called upon to act the part of a person about to die, or, possibly, one who is already dead. He may even find himself cast as Death in a psychodrama which would strike at the very root of his fears.

However, it can be seen that whatever procedure is followed will tend to diminish the importance of the auxiliary ego's role. He (the auxiliary ego) will begin to be dominated by the subject, as the latter begins to master the fears which have held him in thrall. There will be less and less need for the auxiliary ego to function as a starter—perhaps none at all.

William, himself, will be able to take the corpse's hand in his and say with confidence: "There we are! Nothing to it, after all—was there?" The psychodramatic director, with the aid of the auxiliary ego, has shown him the way.

DISCUSSION

The pattern of conduct or the method of approach which the director exhibits in the case illustrated above shows an important deviation from the regular psychodramatic procedure, which, as we know, makes the subject the chief source of initiative in the dramatization of symptoms. William had never been inside the funeral parlor which was a few blocks from his home. Indeed, he had never been inside any funeral parlor. He claimed to have no knowledge whatsoever of what went on in such a place. Interviews and analysis in the preparatory phase did not elicit any satisfactory information from him in regard to dreams or phantasies of any sort relating to this topic. He even violently objected to hearing anything about it. In this deadlock, the director turned to a method which may have projected some of his own bias into the

treatment-situation; he, and a number of his assistants, became the source of initiative, instead of the subject. They constructed upon the stage the atmosphere of a funeral parlor in several variations, and let them pass before the subject's eyes, watching him carefully for reactions. By a combination of empathy into the subject's psychological life and a constructive ingenuity of their own, they produced, without any design on the part of the subject, something which he needed, although it was not of his creation. His own imaginative expectancy fell into step, so to speak, with one of these "atmospheres," and thus, by means of an experience which was just as much extra-conscious as it was extra-unconscious, the subject attained a very effective catharsis.

The social investigators in the case, the psychodramatic director and the auxiliary egos, found themselves, therefore, in a situation where they had created for the subject something which had not previously existed for him, and they were faced with the necessity of exploring the product of their own imaginations in order to compensate for a lack in the subject, thus consciously "manufacturing" a psychodramatic error.

It seems obvious that some sort of bias must operate in every type of social investigator, whether he be a case-interviewer, a participant observer, an intelligence tester, a psychoanalyst, a sociometrist or of any other category. It follows, therefore, that no experiment in the social sciences can be entirely controlled unless and until the social investigator, himself, is explored and his bias brought under control. An attempt to accomplish this under laboratory conditions would be extremely difficult because of the lack of adequate motivation for both the investigator and his subjects to undertake such a program. A life-situation cannot easily be manufactured under laboratory conditions. In psychodramatic work, however, the very atmosphere and purpose require the presentation of life-situations, on one hand, and analysis of the total situation on the other. Psychodramatic work partakes automatically of investigating the social investigator because its major tools for treatment, the director and the auxiliary egos, cannot effectively be used unless they are continuously examined and maintained at their keenest temper. Therefore, the psychodramatic procedure presents itself as doubly fitted to investigate every type of social investigator in his natural setting—the case-interviewer, the participant observer, and the rest—and protect the results of his work from any admixture of bias.

NOTES

1. J. L. Moreno, "A Frame of Reference for Testing the Social Investigator," *Sociometry*, Vol. III, No. 4, pp. 317-327, and "Developments in Social Psychology, 1930-1940," by L. S. Cottrell, Jr., and Ruth Gallagher, *Sociometry Monograph*, No. 1, 1941, pp. 57 and 58.
2. Julian Huxley, "Science, Natural and Social," *Scientific Monthly*, Jan., 1940, and G. A. Lundberg, "The Future of the Social Sciences," *Scientific Monthly*, Oct., 1941.
3. J. L. Moreno, "Psychodramatic Treatment of Psychoses," *Sociometry*, Vol. III, No. 2, 1940, p. 122.
4. Paul Horst and associates, "The Prediction of Personal Adjustment," Social Science Research Council, 1941, pp. 223 and 224.
5. Theodore Lipps, "Das Wissen von Fremden Ichen," *Psychologische Untersuchungen*, I, pp. 694 and 722, 1907.
6. J. L. Moreno, "Mental Catharsis and the Psychodrama," *Sociometry*, Vol. III, No. 3, 1940.
7. Directions for giving these tests, as well as some sample results will be found in: J. L. Moreno, "A Frame of Reference for Testing the Social Investigator," *Sociometry*, Vol. III, No. 4, 1940, pp. 317-327; and "Who Shall Survive?" pp. 176-191.
8. A description of this process, known as the "double-ego" technique will be found in a subsequent portion of this paper.
9. Grateful acknowledgment for the stenographic records of this case is due to Mr. Joseph Sargent and Mr. and Mrs. Ward H. Goodenough.
10. "In obsessional neuroses and in some psychotic conditions which display symptom-patterns of this sort, the following technique has been found to bring relief: The patient's two egos, so to speak, are portrayed on the stage. The surface ego—that face of himself which he manifests in ordinary life and with which he is commonly identified—is acted out by an auxiliary ego. The deeper ego which is invisibly torturing and trying to defeat the "official" ego is acted out by the patient. The surface ego ... not only gives expression to the patient's ordinary, superficial conduct, but fights back at the deeper ego.... The result is an objectification of the violent fight going on between the two alternating factors in the patient's mind." J. L. Moreno, "Psychodramatic Treatment of Psychoses," *Sociometry*, Vol. III, No. 2, 1940, p. 124.
11. The directorial method here employed is known as the "projection" technique. Cf. J. L. Moreno, "Psychodramatic Treatment of Psychoses," *Sociometry*, Vol. III, No. 2, 1940, pp. 122-123.
12. The reader who is interested in this phase of the psychodrama will do well to consult the following articles: J. L. Moreno, "Mental Catharsis and the Psychodrama," *Sociometry*, Vol. III, No. 3, 1940, pp. 209-244, with special reference to the section headed: "Spectator and Group Catharsis," pp. 236-240; and P. T. Hodgskin, "Group Catharsis with Special Emphasis upon the Psychopathology of Money," *Sociometry*, Vol. IV, No. 2, 1941, pp. 184-192, with special reference to the section headed: "The Effect of the Psychodramatic Session on the Group," pp. 188-190.

    Moreno postulates the laws which govern this spectator reaction and discusses possible therapeutic uses of it in large institutions. Hodgskin takes a single case and obtains an account from each spectator of his own reaction to a certain scene.

13. What follows here will be of interest to readers of "Developments in Social Psychology, 1930-1940," *Sociometry Monograph* No. 1, 1941, by L. S. Cottrell, Jr., and Ruth Gallagher.
14. See J. L. Moreno, "Psychodramatic Treatment of Psychoses," *Sociometry*, Vol. III, No. 2, 1940, p. 117.
15. An interesting comparison here is the treatment of a boy who was laboring under the delusion that he might turn, or be turned, into a girl. At a strategic point in this treatment, he was placed in the role of a psychiatrist, and an auxiliary ego, in the role of a man suffering from the same delusion, came to him for advice. A description of this incident will be found in the following article: J. L. Moreno, "Psychodramatic Treatment of Psychoses," *Sociometry*, Vol. III, No. 2, 1940, p. 123.

PSYCHODRAMA WITH THE HYSTERIC*

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INTRODUCTION

The term hysteria is used in this thesis to denote a person with a particular kind of role configuration in human relations. The term is being used in a different way from much of the psychiatric literature.

In the early period of the development of medicine Hippocrates believed that hysteria was a physical disorder which occurred in women because of the wandering of the uterus (hysterikos). This theory was widely held for over 2000 years.

Beginning in about 1880 and continuing until now there has been a growing emphasis on psychological rather than organic sources of behavior disturbance. This shift is reflected in the theory of Liebault and Bernheim of Nancy that hysteria is a state of heightened suggestibility. Janet hypothesized that this suggestibility was due to the hysteric's tendency to dissociation, but Janet still believed that the dissociation had an organic origin and was due to heredity or constitutional defects. Freud, in collaboration with Breuer, encouraged hysterics to talk freely under hypnosis about circumstances leading to the onset of the symptoms. In *Studies on Hysteria* published in 1895 Breuer and Freud hypothesized that the repression of certain childhood experiences resulted in the existence of unconscious memories which were the source of symptoms. Later, Freud gave up the use of hypnosis, developed the method of free association and stated that patients displaced onto the analyst unconscious childhood attitudes towards parents and other significant figures. He particularly focused on the relations of the child to its parents in the oedipal stage of development. Following Freud other theorists have continued to discuss the origins of hysteria.

In this thesis the focus is not on origins and the word hysteric does not carry with it any implication as to a particular cause. This is because the psychodramatist tries to be completely naive in his work. He throws away his prejudgments. He believes that in the course of the psychodrama the protagonist's world will open up as a result of the warming-up process and the protagonist himself will be able to arrive at his own interpretation as to what

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has casued his behavior. This interpretation is not just an intellectual process, rather, the interpretation is in action. Thus, the psychodramatist is concerned with the here and now and with the concerns and behavior of the protagonist in the here and now. It refers to a person who is constantly searching for something and desperately trying to grasp it from other people. This person does not have any clear idea of who he is or what he wants and does not confidently assert himself in relation to others. In this thesis a pattern of role relations observed in several women of this kind is described.

A major danger in the use of the word hysteric or any method of labelling people, is that it tends to put them in boxes and limit their opportunities for growth and change. The constant use of the word may also lead the psychodrama director to feel that he now understands the protagonist and that having thus labelled him he may then put into operation a certain prescribed treatment plan. Both of these are real dangers. In this thesis the word hysteric is used with the understanding that it is a general descriptive word covering only certain limited aspects of a person's behavior, in the same kind of way that the word depressive describes certain limited behavioral characteristics.

Psychodrama with the Hysteric

Is psychodrama a useful method for developing effective modes of interpersonal relatedness in the hysteric or is it a means for further reinforcing histrionic, attention-seeking behavior? Therapists commonly become exasperated by the demands and frantic quality in the hysteric's behavior, so much so that some therapists refuse to have dealings with this kind of person. They might well scratch their heads in bewilderment at the notion that psychodrama, an "acting-out" method, could be of any use at all with such people. How this can be so is explored in the material which follows. Following a brief review of some theoretical issues and the literature, special attention is given to outlining the cultural atom of the hysterical woman, to discussing difficulties in treatment and how the psychodrama method and specific psychodramatic techniques can be used to modify old roles and develop new ones. Finally, another method of psychotherapy with the hysterical woman is evaluated in terms of the psychodramatic approach.

Review of Theoretical Issues and Literature

Dr. J. L. Moreno, the founder of sociometry, group psychotherapy, and psychodrama, has given much attention to describing the social atom[1] of various patients and the way in which this changes in the course of the

psychodramatic treatment. For example, in *Psychodramatic Shock Therapy* Moreno discusses changing social atoms of three patients, a schizophrenic, a manic-depressive, and a psychoneurotic, indicating the way in which psychodrama helped to bring about these changes. Similarly, in *Psychodramatic Treatment of Marriage Problems*[2] Moreno describes the development of the social atom in a marriage. The reason for the emphasis on the social atom is that sociometry, the measurement of human relations, is the scientific basis for psychodrama. The psychodramatist analyzes the tele relations[3] that exist between the group members and the significant others in their world and uses this information diagnostically to determine the direction of psychodramatic treatment. Thus the psychodramatist has been aptly described as a social atom repairman.

Another related concept developed by Moreno is that of the cultural atom. This is defined as "the pattern of role relations around an individual as their focus."[4] The term cultural atom is theoretically distinct from that of the social atom; however, as Moreno has pointed out, the theoretical distinction cannot be maintained in treatment situation.[5] In conformity with this point we find that in *Psychodramatic Shock Therapy* the presentation of the social atoms of the three patients discussed includes new role relationships that are developed in the course of treatment.

In *Psychodramatic Treatment of Marriage Problems* Moreno presents detailed diagrams of the development of the cultural atom in a marriage and the analysis of role relationships provides a clear indication of how the relation is unsatisfactory. He discusses the development of the cultural atom in mental patients in *Psychodramatic Treatment of Psychoses* and points out that the cultural atom is of paramount importance since it provides us with a picture of the patient's inner world.[6]

The point being stressed here is that for Moreno the twin concepts of the social and cultural atom lie at the core of his thinking and provide the basis for development of a treatment strategy and for assessment of interpersonal change and growth. He has demonstrated the value of these concepts for the understanding and treatment of psychoses, of marital problems, and various other interpersonal problems.[7]

In the Journals of *Sociometry* and *Group Psychotherapy and Psychodrama* there are many articles describing a wide variety of application of psychodrama. The following articles make specific mention of the role changes in the people described. Eugene Eliasoph in "A Group Therapy and Psychodrama Approach with Adolescent Drug Addicts"[8] notes the old roles of drug addicts and states that "psychodrama techniques have enabled the therapist to get fuller expression of feelings, and attitudes toward self, toward others, toward

treatment, and to encourage freer interaction between group members."[9] In a second article "Concepts and Techniques of Role Playing and Role Training Utilizing Psychodramatic Methods in Group Therapy with Adolescent Drug Addicts"[10] Eliasoph describes the use of role training to develop new roles, particularly increased feeling of mastery, and greater independence. Hannah B. Weiner in "Treating the Alcoholic with Psychodrama"[11] provides an excellent review of literature, gives examples of the use of psychodrama with the alcoholic, and delineates some of the role changes made such as change from withdrawal, hostility, and isolation to productive living. Charles F. Agler in "Psychodrama with the Criminally Insane"[12] stresses the need for role training and experiences in role reciprocity and describes three cases where criminals develop new roles.

None of these articles uses the term cultural atom and none presents a detailed role diagram or discusses in detail the use of various psychodramatic methods with the protagonists described.

Raymond J. Corsini in "Psychodrama with a Psychopath,"[13] an article which is largely anecdotal, describes how an inmate in a correctional institution is confronted with a drama depicting his own death and burial. This so impressed him with the consequences of his behavior that he changed radically.

In these Journals no attention has been given to discussing the use of psychodrama with the hysteric and in particular this has not been done in terms of basic theory. This is the objective of the remainder of this thesis. In the next section an attempt is made to present the cultural atom of the hysterical woman.

Cultural Atom of the Hysterical Woman[14]

The pattern of roles presented in this section has been observed in a number of hysterical women in the course of many psychodrama therapy groups. It is presented with the intention of encouraging further discussion, thought and creative action.

The cultural atom has three major parts: roles developed in relation to the parents, to the perfect world (surplus reality) and to adult objective reality. The roles developed in the family between the female and her parents are expressed in relation to the father. A rift exists between the mother and the father, the existence of which is not adequately acknowledged by them. Efforts are made to keep the existence of the rift hidden from the family. Roles between the female and her mother are underdeveloped and become non-existent.

The roles that develop between the female subject and her father are all child roles; the counter-roles played by the father encourage these to become a fixed personality pattern and do not lead to her developing adequate adult roles. The subject perpetrates the role relationships developed with the father in her relationships with the perfect world that exists in her fantasies and with the adult world. She dreams of experiencing the special relationship experienced with father at some future time. She also continues the elusive search for an ideal love relationship which had previously been expressed through the cute, seductive child role and the special relation with father. Since adequate adult roles have not been developed for the actualizing of dreams and desires in real relationships the rift between the perfect world and the reality world remains unbridged. The search continues while all the time the consummation of desires becomes more elusive and distant.

The child roles developed in the relationship with father are continued in relationships with the adult world; however, the responses received fail to provide a sense of satisfaction. The desperate, frantic quality that pervades almost all of the hysteric's life calls forth a cold response, not only from social acquaintances, but also from employers or prospective employers.

The seductive role developed with father continues in relations with men in the adult world, and even when the sexual act is consummated inner satisfaction is not achieved. More ammunition is provided to reinforce the angry, needy or guilty child roles or to strengthen the disappointed, suicidal, escapist role.

Repeated, maladaptive attempts to develop meaningful relationships are constantly frustrated. The search becomes more frantic and the suicidal escapist role which may initially have been used to gain attention may become the predominant role and result in death.

The role of the anxious questioner is very difficult for others to handle. It stems from the inner sense of emptiness and dependence on others. Initially the questions are often met with concern and much good advice may be tendered. This advice is rarely followed. Most of it has been thought of before and so it is often countered with the words "Yes . . . but . . ." Andras Angyal describes this in his discussion of hysteria with negativistic defenses. As a result of the pattern of vicarious living Angyal sees the hysteric as being easily invaded by external influences. "The negativistic defense can best be understood as a defense against one's own suggestibility, against the threat of a complete loss of personal identity and integrity."[15] Since the role of the anxious questioner fails to bring any real satisfaction and eventually leads to others becoming non-committal in their replies it gives way to other negative roles such as angry or disappointed child roles.

Difficulties Encountered in Psychodrama with the Hysteric

The major pitfall to be avoided in psychodrama with the hysteric is reinforcing the maladaptive child roles. Care needs to be taken that this role configuration is not encouraged in other members of the group. This can occur in a number of ways.

1. A protagonist of this type warms up very quickly and may express intense feelings within the first few minutes of the psychodrama and then withdraw without having carefully explored any relationships and without having achieved an adequate catharsis.

2. The hysteric female tends to express herself with a torrent of words, jumping quickly from one theme to another without exploring in action what is being referred to. This effectively prevents new roles from developing.

3. Inadequate catharsis strengthens the protagonist's script which states that the adult world cannot satisfy her needs, and drives her into deeper despair and escapism.

4. Protagonists of this type who do not find adequate closure at the end of the psychodrama continue with the incomplete warm-up after the group is over by attention-seeking behavior, including suicide attempts.

5. The behavior of the hysteric both as a protagonist and as a group member frequently produces such hostility from other group members that the feared rejection and isolation actually occurs. For example, the sharing portion of the psychodrama may turn into a time of silent withdrawal or of parental disapproval. The psychodrama director may also lose directorial objectivity and vent his frustration on such a protagonist.

Expression of hostility from group members may lead to the hysteric leaving the group and not returning. This may even occur through the hysteric feeling some lack of support from the group. Such an action may in part be intended to produce guilt in the group, and it usually does. Departure is usually to the detriment both of the person leaving and the other group members.

6. The acting-out behavior of the hysteric may encourage acting-out behavior in other group members, and this may have very destructive results in the case of those with psychopathic tendencies.

7. Sometimes group members may encourage continued acting-out by the hysteric because of special needs of their own.

8. The director and other group members may be seduced by the hysteric into playing the role of the sympathetic parent and reinforce the script that states that "life has given me a dirty deal." Thus the group may become

ineffective in providing the confrontation or reality testing that may be a necessary stimulus for the development of new roles.

9. Sexual alliances may be developed with other group members and this may even be encouraged by them because of their own needs. It may also occur with a director who moves out of the directorial role because of personal needs. Again, this will probably reinforce the hysteric's feeling of being a thing to be used and increase the cognitive dissonance between the perfect world and the adult reality.

10. Protective mothering figures in the group, male or female, may attempt to keep the hysteric in her child roles in order to maintain their own script. Their own position in the group would become superfluous were other group members to develop adult independence.

Guidelines and Techniques in Psychodrama with the Hysteric

The same basic method and techniques are used with the hysteric as with other protagonists; however, because of the particular problems of the hysteric the psychodramatist needs to give attention to the timing of interventions, factors calling for the use of specific techniques and facilitation of the roles of group members.

It needs to be emphasized that the purpose of the psychodrama is to produce a catharsis of integration. This usually involves the purging or cleansing of repressed or blocked feelings, but it is much more. It means changing one's old script and putting into action a new script which allows for the development of spontaneity and for the development and growth of new roles. Change of script also involves a change in the social and cultural atoms. Old roles may have to be given up completely, or alternatively, modified or incorporated in new ways with other existing roles, or those newly developing.

The following material is a listing of guidelines and techniques that are important in work with the hysteric in order to achieve a change in script.

1. *The Warming-Up Process.* It is not possible to make a general rule as to how to handle the sporadic nature of the hysteric's warming-up process. In most instances it is wise for the director to introduce resistances with a view to slowing down the warm-up at the beginning of the session. This is useful because it leads to gaining more understanding of the warming-up process itself and eventually to the protagonist developing more control of the process. This also gives time for a full and careful investigation of the relationships the protagonist is concerned about, resulting in a more complete catharsis.

There are a number of ways the director can slow down the warm-up. He

may invite the protagonist to become her own double and confront the overheated part of herself, or she may become the stage and confront herself. This usually produces a marked change of behavior, and allows the director to gain useful information about the direction in which the session needs to move. Another method is to take the protagonist back to a time prior to the scene which produced the upset behavior. For example, if the scene takes place with the parents in the house, have the protagonist set the scene immediately before she meets the parents and allow her to soliloquize. Carefully setting scenes will slow down the warm-up. Having the protagonist role reverse with and become a favorite object in the room, or the house itself, will further slow down the warm-up and again provide useful information for the director.

On the other hand, the director may allow the protagonist to express her feelings right at the beginning of the psychodrama. This may be necessary if the protagonist has been holding in feelings for a long time. The director may also sense that attempting to slow down the protagonist would produce a great deal of hostility and jeopardize the possibility of a good working relationship between them. Should the director allow a catharsis at the beginning of the drama he needs to follow the basic psychodramatic techniques for concretizing and maximizing feelings. The protagonist will usually recall a highly significant scene or scenes and the director may then move into action, directing the protagonist to set the scenes in the usual way.

2. *Role Reversal.* Reversing roles with all significant others in the important scenes is standard practice in psychodrama. This procedure allows the protagonist to experience herself in the role of the other resulting in new perceptions of herself, as well as giving her an opportunity to broaden her role repertoire. Repeated role reversals with others who possess assertive adult roles results in the integration of this new behavior into the hysteric's own life.

3. *The Evaluative Observer Role—Use of Mirroring.* The analysis of the cultural atom indicates a preponderance of roles that fail to provide the person with an accurate assessment of the self in the environment. For example, the hysteric who is caught up with the angry child role has narrowed down and distorted perceptions and tunes in to negative stimuli, with the result that she becomes more and more enraged, and this in turn produces more negative, ungiving behavior in others.

One important technique for encouraging the development of the role of the evaluator is that of *mirroring.* When a scene involving significant others has been developed psychodramatically and the inadequate child roles have been consistently appearing, even after the use of role reversal, the director may ask a trained auxiliary or group member to come up and be the

protagonist, while the protagonist steps out of the action space and observes herself as in a mirror. The director discusses with her what she sees happening in the scene and what needs to happen to change it. In the role of the evaluative observer the protagonist often produces an adequate solution and may give crisp, explicit instructions to the mirror auxiliary. The director then instructs the protagonist to resume her own role and enact the new solution.

Another way of encouraging an impartial assessment of what is going on is to have the protagonist become God while somebody else takes her role. This has the same kind of effect as mirroring. It is particularly appropriate and powerful with a protagonist who has a strong religious background. For the hysteric who has been burdened with guilt it is helpful to concretize the difference between God and condemnatory parent figures and to have the protagonist receive a more lenient judgment from God.

4. *Broadening the Social Atom.* It has been suggested that there is a covert rift between the parents of the hysteric female and a failure to develop roles with the mother. Eventually, in the course of psychodramatic treatment mother needs to be confronted. Repeated role reversals will lead to an enlargement and correction of perceptions of mother and to the development of roles with the actual mother or with substitute mothering figures.

5. *Development of Natural Child Roles.* Natural child roles have remained undeveloped in the hysteric. These can be brought to birth in the psychodrama through sensitive direction. One way of encouraging this is by following a common psychodramatic procedure, that of allowing the protagonist in the final scene of the drama to re-do the scene in a new way or encouraging her to act out something she had wanted to experience.

Another way of developing natural child roles is to encourage the protagonist to act out in surplus reality the dreams and fantasies she has of relationships in the perfect world. The director should not allow the protagonist to talk about these since talking will hardly produce role change. Involvement with auxiliary egos in the surplus reality of the perfect world warms the protagonist up to playing and having fun and these roles become integrated into the person's life.

6. *Decisive Interventions by the Psychodrama Director.* At times strong, decisive intervention is called for by the director. The hysteric is caught in a repetitive, maladaptive pattern of behavior and it is common that several successive psychodramas will show the same pattern. Where that occurs the director points this out to the protagonist and takes the initiative in suggesting a completely new starting point for the drama.

The hysteric characteristically fails to listen to others when overheated and the director needs to intervene where this occurs repeatedly in sessions. The

technique of mirroring has already been mentioned. Another approach is for the director to break into the session and teach the protagonist reflective listening.[17]

7. *Concretizing and Maximizing Feelings of Aloneness.* The hysteric has a great sense of emptiness, of a gaping void inside, and constantly looks to others to fill that void.[18] This lies behind the development of the roles indicated, those of the fearful, inadequate child, the desperately needy, pleading child, the anxious questioner, and the suicidal escapist.

When these feelings of aloneness are apparent the director gives instructions that the protagonist become those feelings and express them with the body, and encourages the protagonist to maximize the feelings. Such a procedure may result in the protagonist lying collapsed and inert on the floor, or hiding, or to letting out a primal scream. The director may then ask who the protagonist wants to be with. It is not uncommon for her to say that no one can help but that she must help herself. Where this occurs the director instructs her to become her own double while an auxiliary becomes her. Initially, the protagonist may despise the helpless, needy part of herself, but sooner or later will begin to give the required comfort. In this way the internal roles within the protagonist undergo a re-organization. The protagonist learns to love and care for herself rather than neglecting herself or looking for comfort only from the external world.

8. *Timing of Experiences of Physical Closeness.* The experience of physical closeness is frightening to the hysteric and may become so overwhelming as to produce panic. Unless there has already been a complete catharsis the director should be wary of having the group rock the protagonist or otherwise provide an experience of physical closeness. This opens up so much new material that another session is called for. However, where this occurs earlier in the session the protagonist will get in touch with the deep unfulfilled needs referred to in the previous section and may scream for mother. The director then has an opportunity to provide an auxiliary or auxiliaries to satisfy the protagonist's act hunger.

9. *Enactment of Every Dimension of Destructive Behavior.* The director ensures that the protagonist explores every dimension of destructive behavior that emerges in the course of the drama, including the consequences of the destructive acts. In particular, the consequences of attempted suicides and contemplated suicides are explored and this can be done very well by having the protagonist play the roles of the significant people involved, for example, by being the husband or child who finds the comatose body.

The use of soliloquy or a double will help the protagonist confront the motivation for the self-destructive behavior.

10. *Surplus Reality Enactment.* In the course of acting out her fantasies the protagonist is aware that the fantasy figures are also real people (auxiliary egos). She has to learn to cope with the personal idiosyncrasies of the auxiliaries as they help her. Positive feelings may continue to be experienced toward the people who have played the auxiliary roles after the drama is concluded, thus broadening the protagonist's social atom and changing the pattern of role relationships. In addition, the experience of acting out the fantasied roles tends to change the protagonist's former perception of adult reality.[19]

The experience of the perfect world in action helps the hysteric make less demands for attention in the real world. Giving to the protagonist what she did not have in life itself, for example, an experience of the good father and mother, has the same kind of effect.

11. *Role Training and Spontaneity Training.*[20] In the course of psychodramatic work it may be useful to take time specifically for the purpose of role training and for spontaneity training. Moreno has commented on this kind of training as follows:

> The training has proved to be a valuable aid in the treatment of feelings of excitation and feelings of insufficiency. We have found that students who suffer from "rudimentary warming-up" or from "over-heated warming-up" can learn to warm up more adequately. The most striking therapeutic effect is the general increase in flexibility and facility in meeting life situations, within the organic limits of the particular individual.[20]

12. *Future Projection Technique.* As work with the hysteric progresses the director may make more use of the future projection technique as a role test to see how situations that previously produced panic or other role pathology are now coped with. Successful performance of such tests augments the person's growing confidence and encourages further growth.

13. *Teaching of Group Members.* It is important that group members understand something of what is going on with the hysteric and develop appropriate responses. This may involve some teaching. The problem previously referred to of hostile group members producing the rejection feared by the hysteric can be dealt with in this way.

14. *Combination of Individual and Group Sessions.* It is important that the director be alert to the need for individual sessions in addition to regular group sessions. These will serve to provide the added attention and support that are needed in times of crisis, to build a positive tele relation with the director, and will give further information about the direction for future sessions.

A Psychodramatist's View of Another Approach to Psychotherapy with the Hysterical Woman

Psychotherapy with the hysteric has always been considered extraordinarily difficult and many hysterics withdraw from treatment as soon as core problems begin to be dealt with. One recent article, "The Second Time Around: Psychotherapy with the 'Hysterical Woman'" co-authored by Allen M. Woolson and Mary G. Swanson,[22] reports a method of treatment that produced favorable results with four hysterical women. This article is chosen for discussion not only because of the good results reported, but also because the basis of the approach, namely, the learning theory of B. F. Skinner and social psychology, has received a great deal of attention and acclaim in recent years. The article is written in a clear, scholarly manner and describes in detail the treatment methods being used. The methods described in this article are compared and evaluated in relation to the psychodramatic method.

The working definition of the term "hysterical woman" adopted by Woolson and Swanson is the group of traits described by Chodoff and Lyons:

> The hysterical personality is a term applicable to persons who are vain and egocentric, who display labile and excitable, but shallow affectivity; whose dramatic attention-seeking and histrionic behavior may go to the extremes of lying and even pseudological phantastica; and who are dependently demanding in interpersonal situations.[23]

The form of therapy thought to be most successful is one which maximizes "the patient's ability to make choices, show initiative, and have a feeling of full participation and at times leadership."[24] The psychodramatist's comment at this point is that this is exactly what the psychodramatic method does. The director follows the lead of the protagonist about where the drama goes, thus maximizing choice and initiative, participation, and leadership.

The major focus of the treatment is said to be the achievement of a satisfactory male-female relationship, however, it is not quite clear from the article whether this is a decision of the patients, the therapists, or a mutual decision because in one paragraph the authors write: "After listening to the patients' goals for themselves, we decided to center our work around achieving a more satisfactory male-female relationship."[25]

The major part of the article is on the discussion of methods and this begins with the therapist-patient relation. This is compared to that of an architect-client in which the architect "helps his client fulfill the client's wishes, but maintains his own role as an expert in helping the client see his resources realistically in relation to his wants . . ."[26] This description is somewhat similar to that of the psychodramatic director, although the director's

functions of producer, chief therapist, and social analyst[27] are much broader. The similarity lies in the emphasis on being at the service of the client-protagonist, and the use of expertise. In both approaches problems of transference are minimized or avoided altogether.

The article proceeds with a discussion of goals and states:

> In the case of goals destructive to herself or others, we helped the patient see that these were secondary and represented her anger or despair over having failed to attain some earlier primary goal. We helped her focus on the original satisfaction or some more mature substitute for it.[28]

Presumably the patient is helped to gain this insight through discussion. The psychodramatist questions the value of such an insight in producing much more than intellectual understanding. The psychodramatic procedure places the protagonist back into the original situations that produced the anger and frustration and in the course of fully experiencing these again the protagonist comes to understand with his whole being where the destructive goals come from and usually decides for herself that these are inappropriate.

The therapist then moves on to dealing with the question of "why she was not now the kind of person she wanted to be"[29] and two categories of information are examined; firstly, the childhood experiences which she felt had handicapped her emotionally, and secondly, factors in her present life which she felt were contributing to her unhappiness or "sickness." The patient is led to rephrase complaints about mother "in terms of how she wished to be different," and is supported in the hope that she can be different from her mother. In discussing her present life "we devoted some time . . . to getting the patient to indulge in fantasy about how it would feel to have changed her life and herself in accordance with her goals."[30] It is granted that the patient might well be helped to rephrase complaints and to be different from mother (changing the script), as well as to indulge in fantasies. However, the method suggested is not concrete or powerful enough to produce a significant change. In the psychodrama the protagonist interacts with an auxiliary in the role of mother and therefore gains not only a more complete catharsis but as a result of role reversal and other psychodramatic techniques is able to correct perceptions and behavior. Further, the protagonist does not indulge in fantasies merely in words, but is encouraged to experience them fully *in action*.

The therapy's next goal is "to persuade the patient to try some substitute behaviors for some of her more dysfunctional methods of trying to attract and keep attention and affection for a period of three or four weeks . . . selective reward techniques were suggested as an alternative to nagging, scolding, threatening, and inducing guilt."[31] Presentation and discussion of simple charts were used to train the women that learning to be more rewarding,

empathic and considerate would result in improved relationships. This procedure is unacceptable to the psychodramatist in various respects. In the first place it becomes increasingly clear that this method of therapy does not "maximize the patient's ability to make choices." The patient is here being persuaded and manipulated in accordance with a pre-arranged plan. It is admitted that the procedure will lead to behavior change in the patient, but it is suggested that it will also lead to inhibiting the patient's spontaneity and creativity, and to his becoming more and more like a robot. The psychodrama method in which the protagonist explores every dimension of his social atom through taking the roles of all the significant others and the use of other psychodramatic techniques such as soliloquy, mirroring, and doubling lead to self-motivated behavior change that is appropriate and at the same time fascinatingly different because it is the product of the protagonist's own spontaneity.

The therapy seeks to inhibit the attention-seeking, provocative, nagging behavior of the hysterical woman and to substitute behavior that provides a calm atmosphere. The woman is to observe what pleases the husband and do it consistently, regularly co-operate sexually, and reward favorable behavior in the husband. It is noted that "all patients seemed to conclude quickly that the new behaviors were working better . . ."[32] This is unacceptable to the psychodramatist not only because of the mechanistic, wooden approach but more basically because the focus here is too one-sidedly on one side of the interpersonal relation. The focus is almost entirely on the woman's response to the man and does not take account of the fact that in a relationship at least two people are involved. In psychodrama the relationship is enacted. This may or may not involve the woman consistently pleasing the husband, in fact it may involve a heightening of conflict, at least for a time, as the protagonist gets in touch with herself more and begins to act more assertively and independently.

The remainder of the article discusses the overcoming of frigidity. Talking and teaching about the nature of love was used to help the women see that loving is safe if one behaves acceptably—in fact, that any relationship built on consistently mutual reward is extremely stable. Again, the major comment is that in the psychodrama the enactment of real and ideal relationships leads to the hysterical woman not only learning about the safety of loving, but to learning about life in all dimensions.

It is suggested, in conclusion, that the psychotherapy with the hysterical woman suggested by Woolson and Swanson is useful in producing change in the direction of more capacity for affection, less frigidity, and more self-assurance in interpersonal relations. However, it is suggested that psychodrama

is a fuller and more complete method that not only produces the changes suggested by Woolson and Swanson but in addition achieves growth in the variety and depth of all interpersonal relationships through the enhancement of spontaneity and creativity.

FOOTNOTES

1. Dr. Moreno has defined the social atom as follows:
   "The tele range of an individual. The smallest constellation of psychological relations which can be said to make up the individual cells in the social universe. It consists of the psychological relations of one individual to those other individuals to whom he is attracted or repelled and their relation to him."
   See "Psychodramatic Shock Therapy—A Sociometric Approach to the Problem of Mental Disorders," *Sociometry*, II, 1 (January, 1939), p. 2 and other publications.
2. J. L. Moreno, "Psychodramatic Treatment of Marriage Problems," *Sociometry*, III, 1 (January, 1940), pp. 1–23.
3. Moreno, "Psychodramatic Shock Therapy," p. 1. In this article, now published as a Beacon House Monograph, tele is defined as follows:
   "A feeling process projected into space and time in which one, two, or more persons may participate. It is an experience of some real factor in the other person and not a subjective fiction . . ."
4. Moreno, "Psychodramatic Treatment of Marriage Problems," p. 20. As Moreno states in this article, this was a new term coined in 1940 as a correspondent to the term social atom.
   "The use here of the word 'atom' can be justified if we consider a cultural atom as the smallest functional unit within a cultural pattern. The adjective 'cultural' can be justified when we consider roles and relationships between roles as the most significant development within any specific culture." p. 20.
5. Moreno, "Sociometry and the Cultural Order," *Sociometry*, VI, 3 (August, 1943), p 335. In a footnote on page 336 of the same article Moreno writes:
   "From the point of view of the actual situation, the distinction between social and cultural atom is artificial. It is pertinent for construction purposes but it loses its significance within a living community. We must visualize the atom as a configuration of interpersonal relationships in which attractions and repulsions existing between its constituent members are integrated with the many role relations which operate between them. Every individual in a social atom has a range of roles, and it is these roles which give to each attraction or repulsion its deeper and more differentiated meaning."
6. Moreno, "Psychodramatic Treatment of Psychoses," *Sociometry*, III, 2 (April, 1940), p. 7.
7. For example, see Moreno's writing about Psychodramatic Treatment of Performance Neurosis in *Psychodrama*, I (Beacon, New York: Beacon House, Inc., 1972), pp. 285–314 and also printed as Psychodrama Monograph, No. 2.
8. Eugene Eliasoph, "A Group Therapy and Psychodrama Approach with Adolescent Drug Addicts," *Group Psychotherapy*, VIII, 2 (August, 1955), pp. 161–167.
9. Eliasoph, "A Group Therapy and Psychodrama Approach," p. 164.
10. Eliasoph, "Concepts and Techniques of Role Playing and Role Training Utilizing Psychodramatic Methods in Group Therapy with Adolescent Drug Addicts," *Group Psychotherapy*, VIII, 4 (December, 1955), 308–315.
11. Hannah B. Weiner, "Treating the Alcoholic with Psychodrama," *Group Psychotherapy*, XVIII, 1-2 (March-June, 1965), 27-49.

12. Charles F. Agler, "Psychodrama with the Criminally Insane," *Group Psychotherapy*, XIX, 3-4 (Sept.-Dec., 1966), 176-182.
13. Raymond J. Corsini, "Psychodrama with a Psychopath," *Group Psychotherapy*, XI, 1 (March 1958), 33-39.
14. There are many useful discussions of the hysteric in the literature. Two very useful accounts are given in Andras Angyal, *Neurosis and Treatment* (New York: John Wiley and Sons, 1965), and D. Shapiro, *Neurotic Styles* (New York: Basic Books, 1965). In order for such material to be fully usable by the psychodramatist it needs to be translated in terms of the social and cultural atoms.
15. Angyal, *Neurosis and Treatment*, 149.
16. Donell Miller, in a very useful article that is solidly based on psychodramatic theory, has discussed the use of some techniques with schizoid person and the depressed patient. See "Psychodramatic Ways of Coping with Potentially Dangerous Situations in Psychotic and Non-Psychotic Populations," *Group Psychotherapy and Psychodrama*, XXV, 1-2 (1972), 57-68.
17. Reflective listening is utilized by Douglas Warner of Hagerstown, Maryland and the technique was demonstrated by him at a Psychodrama Directors' Workshop in July 1973 in the theater at Beacon, N.Y.
18. Angyal in *Neurosis and Treatment* pp. 135-155 characterizes hysteria as the pattern of vicarious living.
19. A similar kind of thing is discussed by Moreno in relation to the treatment of a psychotic patient. This patient eventually came to develop a very close relation with one of the auxiliaries. See "A Case of Paranoia Treated Through Psychodrama," *Sociometry*, VII, 3 (Aug., 1944), 312-327.
20. For a discussion of role training and spontaneity training see *Psychodrama*, I, 130-139.
21. Moreno, *Psychodrama*, I, 137.
22. Allen M. Woolson and Mary G. Swanson, "The Second Time Around: Psychotherapy with the 'Hysterical Woman,'" *Psychotherapy: Theory, Research and Practice*, IX, 2 (Summer, 1972), 168-175.
23. P. Chodoff and H. Lyons, "Hysteria–The Hysterical Personality and Hysterical Conversion," *American Journal of Psychiatry*, CXIV (1958), 734-740.
24. Woolson and Swanson, "The Second Time Around," 168.
25. *Ibid.*, p. 169.
26. *Ibid.*
27. Moreno, *Psychodrama*, I, p. 252.
28. *Op. Cit.*, p. 169.
29. *Ibid.*
30. *Ibid.*, p. 171.
31. *Ibid.*
32. *Ibid.*

SOME USES OF PSYCHODRAMA IN EDUCATION*

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Concepts Presented in Initial Lecture and Discussion

The creative function of co-creators as Moreno has described in his concept of the psychodramatic community is one that could well be realized in the context of public or private elementary schools. Moreno has envisioned a society where all individuals belong not by consent but as initiators and co-creators. The school setting could provide an opportunity for self-realization and creative expansion of the role repertoire.

For decades Moreno has insightfully discerned that creativity is *the* problem of the universe and it is certainly the problem of the schools. In a recent speech he pointed out that the dinosaur perished because he extended the power of his organism in excess of its usefulness and that man may perish because of reducing the power of his organism by fabricating robots in excess of his control. Man has put a premium on power and efficiency and lost credence in spontaneity and creativity. The countermeasures of sociometric and sociatric approaches to group relationships as well as psychodramatic spontaneity training might well be man's answer to his actual survival—in order to survive man must be creative.

The school, functioning as a social agency has access to the main population and through the development of creativity, spontaneity and group work could provide preventive treatment as well as a self-actualizing environment and thereby create a totally new psychodrama community.

In Moreno's concept of creativity the individual would not simply adapt to situations but would *create* new situations and new roles. Children have long been observed as being natural auxiliary egos who engage in natural role playing, e.g., games of make believe; however, the educator's task could be to transform the natural role playing of make believe into *purposeful* role playing.

Moreno's concepts of (1) the warm up, (2) spontaneity and spontaneity training, (3) creativity, (4) tele, (5) sociometry, (6) social atom, (7) role reversal techniques in the teaching of academic subjects and better interpersonal relationships, could all be successfully utilized in the school setting.

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The warm up allows for expression of roles which the individual rarely has the opportunity to play in daily life.

The warm up and spontaneity have a circular effect—one reinforces the other. Effectiveness in a specific act could be better realized with the benefit of an adequate warming up process. The warm up facilitates spontaneity which in turn is the chief catalyzer of creativity. Without spontaneity, which helps the individual to create new roles, one would be unable to develop through life a personality that would realize his highest potential.

In order to solve the problems of life one must be spontaneous, otherwise he may be trapped in a rigid, stereotyped cultural conserve role. This stereotyped behavior has a paralyzing effect on the personality. With the unpredictable future which looms ahead there is a necessity to provide flexibility for which spontaneity training allows. Spontaneity not only sets up the framework for an adequate solution to problems but also releases the latent genius in mankind.

The *S* factor would contain:

1. appropriateness to the situation.
2. degree of competencies for a solution to a situation.
3. immediacy to the here and now situation.

The creativity/spontaneity principle enables one to be autonomous and free—free from any external influence and free from any internal influence which he cannot control.

Spontaneity might be conceived of as a freely produced experience and the self-initiated behavior of man. When spontaneity abounds man is thrown into action and "the moment is not a part of history but history becomes a part of the moment."

Moreno points out that creativity might not consist of an end product that is totally new and unique but that creativity could produce a *new relationship* which did not exist before.

Creativity factors leads one to respond constructively to new situations rather than merely adapting; in fact, it leads man to create situations. Moreno further concludes that robots, for example, merely react to situations but cannot create new situations. Robotism is the opposite of spontaneity.

Tele is another concept which could well be utilized in the school setting. Tele is the emotional tone between two human objects.

There is a flow of affection and disaffection between oneself and other individuals or groups. Tele becomes the "flow—to and fro—of affectivity between individuals." Man simply does not react with other human beings but he coacts as well.

Moreno explains tele as more than just reacting to other people—it is a

built-in self starter. He points out that there are self energizing characteristics of tele which may initiate a feeling tone within the individual even before anything has happened to cause a reaction to another person. Moreno concludes, "Tele is the fundamental factor underlying our perception of others. We see them, not as they are, nor yet as we are, but as they are in relation to ourselves."

Tele is defined as "the simplest unit of feeling transmitted from one individual toward another." The key word is reciprocity. This concept is basic to Moreno's theory of personality as well as being the central theme of sociometry and an integral part of the social atom concept. The social atom deals with the type structure of one's phenomenological field and the human beings bring into that social structure feelings of attraction or repulsion to one another (telic relationship). This emotionally toned human interaction principle and the understanding of it has unlimited value in the school setting where telic relationships are so vital to self development.

The role reversal concept is a technique of socialization and self-integration and a requirement for establishing a psychodramatic community. It is a very effective teaching and learning device; in addition it can be used as a corrective for unsocial behavior. The concept of role reversal increases one's role perception and broadens the role repertoire. Moreno has discovered that the more roles the individual plays in life the greater his capacity is to reverse roles. Children frequently use their parents as natural untrained auxiliary ego objects in role reversal and this provides the child with a basic empathic viewpoint. They also employ the role reversal concept in the games of "playlike" and "make believe." They need specific teaching and training in order to acquire the technique of role reversal which must be mastered in order to benefit from the viewpoint of the other person. This technique involves sensitivity training in auxiliary ego concepts, and is applicable, for example, in the acquisition of understanding, insight, empathy, and identity into literature and literary characters.

The forementioned concepts of (1) warm up, (2) spontaneity and spontaneity training, (3) creativity, (4) tele, (5) sociometry, (6) social atom, and (7) role reversal techniques in the teaching of academic subjects and better interpersonal relationships could indeed revolutionize the entire school setting and gradually produce a creative psychodramatic community for co-creators to fulfill self-actualization and psycho-realization.

Techniques Used in Workshop to Illustrate Psychodramatic Concepts

(1) Various body movement warm ups.

(2) Warm up to facilitate the understanding, empathy, and identity with literary characters. Group is in circle position facing outward and director warms group up by asking each group member to select a person from literature and to assume the role of that person. After a sufficient warm up to the selected role the circle turns around facing each other and each individual plays the literary role of his choice and acts out the role. Choice of role is, of course, significant and revealing. The director and group members may ask questions directed to each character presented.

The warm up leads to utilizing psychodramatic techniques (role reversal in particular) to explore Shakespeare's *Hamlet* from a psychodramatic viewpoint. Hamlet's social atom and conflicting selves (auxiliary egos) were enacted by group members who were warmed up to play these roles. A protagonist for Hamlet was chosen and the teaching of an art work was illustrated by the presentation of scenes which the protagonist was warmed up to do. Several insights were gained:

(1) Hamlet in the original drama never really successfully role reversed with Claudius, his Uncle, Gertrude, his mother, nor Ophelia, his lover. Had he done so the drama would have changed direction. Hamlet, locked into a cultural conserve and his own obsessive-compulsive thoughts, was lacking in spontaneity.

(2) When the student who is studying Hamlet immerses himself into the role of Hamlet and plays him and then as that character (Hamlet) takes on a new role, e.g., in a role reversal process such as a scene with Hamlet's mother, Gertrude, then there is a different and perhaps more insightful experience than if the student simply initially played Gertrude. The taking on of a third role when assuming the character of a second role creates a totally new perspective.

(3) The telic relationship between Hamlet and his mother, Gertrude the Queen, was explored. The protagonist, Hamlet, reported that he in the role of Gertrude gained an insight that he had never before realized as just a reader and a student of Hamlet. In the role of Gertrude the protagonist realized and experienced that Hamlet was a tremendous threat to Gertrude. The full impact of that was never before experienced by the protagonist as just a passive reader of the play as he mentally, but not psychodramatically identified with Hamlet. Also, the sexual vibes and ambivalent attraction and repulsion become more apparent and were more fully lived and experienced by the protagonist.

(4) The auxiliary ego concept can be used to a great advantage in the teaching of literature. The literary character to be studied, e.g., Hamlet in this case, was presented as one person with varying conflicting selves, moods, or roles that he played. Several auxiliary egos were successfully utilized to play the various Hamlets, e.g., the depressed and disappointed Hamlet who tends to be immobilized, the Hamlet with a strong superego who feels a responsibility to avenge his father's death, the Hamlet who feels a responsibility toward Ophelia, etc. These Hamlets were graphically embodied, thus psychodramatically illustrating the conflicts that existed within this particular literary character. This principle could well be applied in the teaching of other literature selections.

Using psychodramatic techniques in the teaching of musical concepts was explored by the workshop. Several musical psychodramatic warm-ups were used that illustrated basic music principles:

(1) establishing concept of pitch.

(2) combining pitch to make chords.

(3) using rhythm to sing chords.

(4) clarity of interpretation by using role reversal.

Musical warm-ups included:

(1) Warming group up to be musical instrument of their choice.

(2) Humming of buzzing bees voices in order to establish the concept of pitch and chords. (Role reversal with bees enabling each individual to play a role which he does not usually experience in everyday life).

(3) Variety of songs played, e.g., marches and lyric melodies. Group members spontaneously became the music selection of their choice and acted out roles through body movement and dance.

(4) Group was instructed to warm up to assuming the role of an animal and changed their identity from animal to animal whenever the music changed.

(5) Establishing mood through piano music and assuming role to illustrate improvised music, e.g., mood of gaiety, etc. were acted out in dance.

Reference was made to an art work, Schubert's "Heidenröslein," and the concept of clarity of interpretation was illustrated by the role reversal between the rose bush and the boy. The singer of this art song acquired new insight and had a broader interpretation when the concept of role reversal between the rose bush and the boy is realized.

The workshop ended with a brief period for questions, discussion, and a final synthesis of the use of psychodrama in education.

APPENDIX

PSYCHODRAMATIC IDEAS THAT COULD BE SUCCESSFULLY UTILIZED IN THE SCHOOL SETTING

1. The spontaneity factor in teaching music.
2. Spontaneity tests as warm ups for creative writing and acting.
3. The Spontaneity Theory of Child Development.
4. Sociometry.
5. Social atom in art.
6. Psychodrama for kindergartners in fairy stories.
7. Psychodrama for kindergartners in puppet roles.
8. Puppets–Dolls–projective situations.
9. Hypnosis in warm ups.
10. Act out fairy stories psychodramatically and change ending.
11. Act out characters from history, e.g., Columbus.
12. Be Queen–Elizabeth.
13. What are you experiencing?
14. Magic shop.
15. Magic carpet.
16. Be period of history.
17. Be mood.
18. Be strife in Civil War (either exemplify it yourself or use others and sculpt them.)
19. Act out part that you have no empathy with–villain, ugly duckling.
20. Purposeful role playing for children rather than make believe (natural role playing).
21. Social Atom and its uses.
22. Social conflicts and psychodrama.
23. Acting out conflict situation between children.
24. Ethnic conflicts.

BIBLIOGRAPHY

J. L. Moreno, *Psychodrama*. Vols. 1, 2, 3. Beacon, N.Y.: Beacon House, Inc., 1946.

————., *Who Shall Survive*. Beacon, N.Y.: Beacon House, Inc., 1953.

————., "Spontaneity Procedures in Television Broadcasting with Special Emphasis on Interpersonal Relation Systems," *Sociometry*. Vol. 5, No. 1. 1942.

————., *Sociometry and the Science of Man*. Beacon, N.Y.: Beacon House, Inc.

Ledford J. Bischof, *Interpreting Personality Theories*. New York, N.Y.: Harper and Row, 1970.

PSYCHODRAMA: A THERAPEUTIC TOOL WITH CHILDREN IN GROUP PLAY THERAPY

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PSYCHODRAMA AND PSYCHOTHERAPY

Psychodrama may be viewed as a specialized facet or component of psychotherapy and as such is best considered in the total context of the psychotherapeutic process.

Initially, play therapy was conceived as a method which, in general, corresponded to the method of psychoanalysis in adult psychotherapy. In play therapy the child expressed himself and revealed unconscious material to the therapist by means of play rather than by verbalization of thoughts. Psychoanalytic theory and Freud's proponents expounded a cathartic theory of play and saw play as the child's attempt to master situations that were difficult for him. However, even the most analytically oriented child analysts began to focus on current interaction despite their intense interest in the events of the child's very early life. The importance of the "here and now" is a significant factor in psychodrama; it is interesting to note that even in the works of Melanie Klein, she "maintained a here-and-now focus throughout the analytic process" (Yalom, 1970). The primary emphasis in child therapy, however, remained the play of the child himself.

It was considered that the play of children was self-expressive in its nature and that by observing the child through the medium of play much could be learned about the child and much help could be given him by interpreting the meanings of his play activities at a variety of levels, symbolic and generic, as well as immediate. The therapist's role, through this kind of analysis and interaction, was largely to assist the child in facing his various feelings of insecurity, anxiety, hostility, and other disabling emotions, and in learning better ways of dealing with these feelings and resultant behaviors. Much of the early work in analytic therapy with children was done on an individual basis. Later, group psychotherapy, in which catharsis occurred through play allowing the children to act out their preoccupations, fantasies, and anxieties with one another, and activity group psychotherapy in which children were given the opportunity to act out against each other and their environment, rapidly

became increasingly popular. However, whether individual or group treatment was used, emphasis was placed upon interpretation of the latent meaning of the child's behavior. This was intended to assist the child in understanding the meaning of his behavior and to develop or increase insight into his unconscious motivations and fantasies (Freud, 1965, Freud, 1965, Wollman, 1972). The therapist's analytic and interpretive skill at lending meaning at the immediate, latent, and generic levels was considered his primary asset.

The Therapist's Role in Therapist-Patient Interaction

It is an interesting corollary that as the scientific and theoretical formulations underlying psychotherapy became more varied and sophisticated, increased attention began to be paid to the personal interaction of patient and therapist and its therapeutic significance. Psychoanalytic therapy and behavior therapy are primarily technique-oriented; in contrast, client-centered therapy has focused on the interpersonal relationship between client and therapist and on the therapist's own personality and attitudes. During the past ten years, however, all three forms of intervention have focused increasingly on the therapist-patient relationship and the interpersonal conditions under which maximum therapeutic change is likely to take place. "With the advent of more sophisticated conceptions of psychotherapy, it has become almost axiomatic that the relationship between patient and therapist is interactive. Thus techniques ... cannot be regarded as operating in a vacuum, but are almost inextricably intertwined with the therapist's personality" (Bergin and Strupp, 1972).

Just as experience with adult psychotherapy led to the inexorable conclusion that the relationship between therapist and patient was of primary significance, so increased experience in child therapy led to the conclusion that the relationship between adult and child is the primary facilitating factor in the child's emotional growth. Increasingly, the phrase "relationship therapy" was used to express both a specific technique and an integral part of all techniques, recognizing that "a sense of relatedness of one person to another is an essential requirement of individual growth" (Moustakas, 1959). The therapist, then, is one who enters into the child's life as it is expressed through his play and responds to the child's needs as a specialist, as he is one who is selective and responsive to those particular aspects of the child's behavior which he believes to be therapeutically significant. The novice therapist may conceive of the response as that which is entirely cued by the child's behavior and occurs without prior consideration. This is a dangerously naive point of view. Regardless of the therapist's theoretical orientation, "all forms

of psychotherapy exert psychological influence and they are therefore manipulative in the sense of utilizing principles of social control" (Bergin and Strupp, 1972) and therefore should involve, on the part of the therapist, not only humanistic qualities but astute and cogent cognitive processes. In responding with interpretations, questions, reflections, empathic listening, interactive play, whether active, supportive, or relatively passive, the therapist applies particular concepts and principles in order to bring about significant changes in the child's behavior and attitude. Whether facilitator, empathic interventionist, or active challenger, he is motivated by the desire to accomplish certain goal changes in behavior and endopsychic patterns within the child. Whatever the therapist's behavior may be, it is designed to bring about important personality changes and to remedy and correct psychological problems of the child in his care. Spontaneous and seemingly intuitive responses, therefore, should result from clear understanding of the child-patient, from the assimilation and integration of broad and in-depth training in normal child development and psychopathology, from a knowledge of the theories and techniques of intervention, and from an ability to skillfully apply all of these aspects of training to therapeutic contingencies without sacrificing personal warmth and integrity. However, it is not only the therapist who has a significant effect upon the patient. It is sometimes overlooked, but equally important, that the patient has a profound influence on the therapist (Ekstein, 1966). It is fair to assume, both theoretically and experientially, that as the patient-therapist interactions increase, as in group therapy, they become increasingly complex and the effect upon the therapist by the patient as the result of compounded interaction is, if not more significant, at least more difficult in the pragmatic sense.

The Therapist and Group Process with Children

The more active the therapeutic process and the more spontaneous the therapeutic interaction, the greater the demand placed upon the skill of the therapist and the greater the necessity that he be equipped to receive and rapidly integrate new material into his plan for therapeutic change and to alter that plan. Almost all patients bring clinical surprises to each treatment session but it is perhaps in psychodrama, where spontaneity is stressed and group interaction can become exceedingly complex at both the verbal and physical levels, that this aspect of the therapist's skill is stretched to its utmost.

In individual play therapy, the therapist may take many roles. He may be adult, friend, parent figure, infant, peer, sibling, the child himself, the child's fantasy, or any number of other people whom the child interjects and infuses

into the play situation. In group play therapy, he may continue to respond in these ways. At the same time, the children may play supporting roles alternating with one another or simultaneously sharing the focus of therapeutic concern. The therapist must be prepared to respond to each child's parataxic or transference distortions of him as therapist and to prepare all children in the group for one another's distorted perceptions in such a way that peer interactions promote desired change and are supportive of therapeutic goals. Group play therapy is by definition paradoxical for it requires that "the focus of treatment . . . is always the individual child . . ." (Ginott, 1961) [while at the same time] "the essence of the therapy group is interaction. Each member must continually communicate and interact with the other members. Regardless of any other consideration, it is the actual behavior of the members of the group that dictates the fate of the group" (Yalom, 1970). Group therapy with children, then, while providing significant interaction, is hazardous, for it is particularly difficult with children to maintain a therapeutic balance between group process and individual need. An additional kind of difficulty may also arise, usually with older children, in that the discharge of individual needs through the medium of play may be lessened and replaced by the socialization process inherent in peer interaction. If peer interaction is indeed important in the resolution of interpersonal difficulties but a primary focus remains on individual needs and pathology, the obvious question arises as to how to blend the most volatile and valuable aspects of the therapeutic process within the group setting.

PLAY AND PLAY-ACTING AS THERAPY

It is generally conceded that play action and play acting are both facets of play which have enormous potential as therapeutic tools. Play action is traditionally used to enable the child to communicate various inner struggles which he otherwise cannot relate. Similarly, changes or abrupt breaks in play action are cues for the therapist that significant material has been or is about to be dealt with. Play action may be oriented toward the past, reinstituting recollection in an effort to deal with unconscious conflict. It may represent an attempt to master the future—to provide a trial rehearsal for a difficult or feared behavior, to blend elements of fantasy, fear, and reality testing in a relatively safe situation. Normal or therapeutic play can represent conflict or need, can be set in past, present, or future, can take the form of fantasy or reality, or can be the first feeble and hesitant attempts at new ways of responding. Although in the severely disordered child the capacity for play acting, "make believe," and "pretending" may be severely inhibited to the

point of apparent absence, these forms of expression are as natural to children as breathing and therefore can be presumed to be among the most accessible expressions even when manifestly impaired. It is not surprising, therefore, that formalized therapeutic play acting began over sixty years ago (1911) with the work of J. L. Moreno, who found that "allowing children to act out their problems spontaneously produced therapeutic results" (Blatner, 1970). However, by inference, the use of drama in an effort to heal persons manifesting "social or mental" ills has a long history and can be traced to Aristotle. In a more formalized sense, it was in the early 1800's that the suggestion was made that a theater be established for institutionalized mental patients in which they would portray scenes from their early lives and in which hospital staff would act out the roles of various significant persons so that each patient might be able to view his own history and inappropriate behavior. However, the formalized and explicit use of role-playing in psychotherapy does indeed date from the works of Dr. J. L. Moreno, who founded the modern psychodramatic movement (Goldstein, Heller, Sechrest, 1966). It is not surprising that Moreno held the conviction that his stage was the equivalent of the therapist's analytic couch and that action methods were viable means of communication between patient and therapist (Ekstein, 1966). What is surprising, however, is that since 1911 relatively little has been done in the way of psychodrama with children despite Moreno's original observation and the fact that play and play patterns have been the subject of considerable inquiry in normal child development. Additionally, psychodrama as a method applied within the context of group play therapy has been given even less consideration in the literature.

Brief References from the Literature

Although vicarious and induced experiences are seen as among the major benefits of group play therapy, there is little to suggest that these experiences are routinely or systematically induced by the interjection of psychodrama (Ginott, 1961). In addition, since it is also relatively clear that group play therapy provides a setting for "discovering and experimenting with new and more satisfying modes of relating," it is again astonishing that psychodrama is a rarity in the playroom (Ginott, 1961). Interestingly, behavioristic psychodrama has been fairly well described and has been used in school settings, rather than in the traditional playroom setting, to modify aggressive behavior within the classroom by children who have been physically abusive to others. This kind of application is described in an article by Ferrenden in which he reports on children who were involved in play acting a prescribed behavior

which was considered inappropriate in an effort to alter or extinguish the inappropriate behaviors (Ferrenden, 1971). Although the techniques used are credited to Moreno among others, the conclusion of the author refers to behavior modification techniques as the significant change variable rather than the utilization as psychodrama (Ferrenden, 1971). In this writer's judgment, Ferrenden's selection of the significant variable in this respect is subject to scrutiny.

The Warwick Training School was the site of a study to determine the effectiveness of psychodrama. In this study, four groups of six boys met once a week in two-hour sessions for ten weeks. It was found that the "boys in psychodrama groups tended toward a shorter length of (institutional) stay than did the control group boys" (Herman, 1968). However, it should be noted that the difference between the boys in the experimental, i.e., the psychodrama group, and in the control group was not statistically significant. Statistically significant differences in favor of the psychodrama group were found with respect to the number of boys who made the "honor roll"; there were also significantly statistically fewer infractions of regulations by the boys in the psychodrama group. However, no data are reported with respect to the selection of population for the groups nor are any details regarding any other possible confounding variables indicated.

Although the literature is sparse and the studies suggestive rather than conclusive, they do support the contention that psychodrama provides the vehicle for combining the medium of play and group peer interaction into a planned interactive therapeutic experience which incorporates in the here-and-now the elements of past, present, and future, trial and alternative trial.

Psychodrama and Play: Process and Techniques

In psychodrama, the focus is on the individual and his problem, the inextricable relationship between the individual and the group, and the network of relationships among all of the group members. With adults, psychodrama is seen as "a product of the natural evolution of group psychotherapy . . . in that both the group and the dramatization make the patient find himself in a personal inter-relationship closest to actual life" (Bustamente, 1959). With children, psychodrama evolves equally from group process, individual therapy, and play. One of the confounding elements of psychodrama is that although the focus of psychodrama must remain on the substance of the action itself, the symbolic nature of a child's play cannot be ignored, for this enters constantly into the psychodrama transaction.

In symbolic play the object is treated as if it were alive and is played with

so as to symbolize what is salient for the child in the concept. Childhood years are full of frustrations. Thus the child uses play as a means of coping with his feelings. In much of symbolic play the child is not aware of what he is working out. (This is in contrast to imaginative make-believe, in which the child knows he is pretending.) Here play serves the purpose of helping the child assimilate the qualities of people and objects as well as serving as a catharsis to rid himself of tensions (Sutton-Smith, 1971). Play "transforms reality by assimilation to the needs of the self" (Piaget and Imhelder, 1969) whereas imitation is "accommodation to external models" (Piaget and Imhelder, 1969). Both elements of behavior are at work in the child's efforts in psychodrama. Therefore, the child's interaction in psychodrama must be dealt with, understood, and responded to with respect to both the apparent and symbolic needs which it serves. In this way, it may serve as a vehicle for establishing emotional balance and that "intelligence which constitutes an equilibration between assimilation and accommodation" (Piaget and Imhelder, 1969).

Acting-through is perhaps the first task represented in the use of psychodrama with children, but interpretation in the classic play therapy or even analytic sense is not precluded by the introduction to the therapeutic process of the psychodrama technique. However, this is only one of several tasks for the therapist. It can be accepted that the child "knows the world only as he sees it; he knows no alternatives ... and sees the world only as he has previously experienced it" (Maier, 1965). Psychodrama allows the child to use play and the world of make-believe, which for him have the elements of reality, as a rehearsal and a transition to another world of reality for which alternative ways of feeling and interacting are experienced.

Although the child therapist's basic context may be that of play therapy, the use of psychodrama demands that he have skill in psychodrama as a separate tool. The techniques may be modified somewhat for use with children, but they remain basically the same as with adults.

PSYCHODRAMA WITH CHILDREN: A RATIONALE AND ILLUSTRATION

The use of psychodrama as a technique within group play therapy is one in which all issues related both to the psychodrama technique and to group play therapy must be carefully considered. In the situation to be described, the techniques of psychodrama were used in the context of an on-going group which emphasized play therapy. The group was comprised of eight children, ages 9 to 10, whose pathology ranged from a mild adjustment reaction to that of active psychosis. Within these two extremes, the whole range of emotional

disturbance was represented. Despite this variability, the group had developed into a cohesive one, perhaps because the overriding commonality was one in which each child felt himself to be an outsider.

Much has been written about the nature of the search for "identity" as it seemed manifested in these children but perhaps it, and they, are best described by Colin Wilson, who said: "The outsider is not sure who he is. He is bound by an 'I,' but it is not his true 'I.' His main business is to find his way back to himself" (Wilson, 1956). The need to find themselves in relationship to their peers, their parents, their siblings, one another, and in a larger sense in relationship to themselves was preeminent in each and every case.

The age of the children in the group was such that the effectiveness of in-depth classic play therapy was observed to be somewhat mitigated because of (1) a degree of peer-group pressure against regressive, expressive play combined with (2) some measure of age-appropriate proclivity for almost constant random or semi-competitive physical activity. (It should be noted that the children accepted and handled well the regressed and aggressive behaviors of the most severely disturbed children.) Although these factors tended to promote the process of socialization, only indirectly and infrequently did this contribute significantly to the resolution of more profound psychopathology. As a result, play therapy alone as the medium and vehicle for expressing and resolving serious conflicts, although productive, was considered to be insufficient. On the other hand, these children had not as yet developed sufficient sophistication to be able to deal with troubling reality situations, interpersonal relationships, or emotional problems adequately at the verbal level to insure that traditional verbal psychotherapy would be particularly useful. Thus, psychodrama presented itself as an increasingly attractive possibility for combining play and verbal patterns with an attack upon the sources, focus, and precipitants of disturbance and maladaptive coping behavior.

The plan for psychodrama was presented a week prior to implementation and described to the children as a plan for "a real-life play" (Harr). During this preliminary session, at which time the idea of the real-life play was introduced, the children engaged in a "planning session," (i.e., extended preliminary warm-up) describing their homes, parents, schools, and so on.

The first psychodrama session began the following week by having the children themselves describe a problem or problem area that they wished to deal with in the psychodrama proper. Interestingly, the word "problem" was never defined for them (nor did they seek such definition) and five of the eight children readily presented "problems" which they wanted to act out in the real-life play and in which all members of the group participated. The

problems were varied and included the handling of aggression and timidity, identity problems, relationships with parents and siblings, excessive fears, and problems with peer-group and social behaviors. Each psychodrama was preceded by specific warm-up in the classic sense. Initial shared group physical activity was followed by the "setting of the stage" both literally and verbally by the protagonist. Likely auxiliaries also participated in the warm-up since the children were totally inexperienced in psychodrama. Warm-up was kept relatively brief. Extended warm-up did not seem necessary largely because of the on-going nature of the group and the support, interest, and comfort that they already derived from one another, and also because judgment dictated that this "action-oriented" age group could not sustain protracted verbalization and that such would serve to diffuse rather than to focus attention and action.

Two of the several real-life play episodes will be summarized. Before doing so, the children comprising the group are briefly described below:

Bob—age 9: Bob is a child of low academic and intellectual functioning with a history of head trauma resulting in awkwardness and neurological impairment including well-controlled petit-mal seizures. He is a child from a severely deprived home and has learned few social skills. Paradoxically, he is a sensitive, responsive, loving boy with considerable insight.

Sharon—age 10: Bob's sister. Sharon shows more symptoms of deprivation than her brother and had acquired aggressive and manipulating behavior in order to minimally meet her needs. Her relationship with her mother is seriously impaired and characterized by verbally angry and physically abusive interchanges. Sharon has a history of having been sexually assaulted by a family friend.

Annie—age 9: Black, exquisite, and fragile-appearing, academically retarded, Annie is angry, sullen, and withdrawn and given to repeated self-denigration. She experiences seriously impaired parent-child relationships and loss of identity within the family. A social isolate, emotionally turned inward, she rarely spoke other than to respond monosyllablically to direct questions.

Eddie—age 9: Loud, aggressive, disagreeable, socially unacceptable to his peers, parents, and other adults, learning disabled, Eddie's superior intellectual gifts were submerged in a neurotically obsessive-compulsive adjustment and personality pattern. An asthmatic, preoccupied with death as well as a series of archeological and astronomical interests, he was friendless and rejected.

Gilbert—age 10: Pre-psychotic at the time the group began, Gilbert is a Eurasian child with severe anxiety and unresolved guilt relating to the death of his American father. These factors were intensified by his mother's similar functioning and by the ridicule and rejection of his peers. Academic

functioning was retarded and intellectual functioning borderline but interpreted to be the result of impairment due to emotional disturbance.

Allen—age 10: Well-coordinated, beautifully developed physically, reading disabled, passive-agressive in relationships with peers and parents, Allen was afraid of physical pain. He socialized little and poorly and was variably aggressive and withdrawn. He had a great need to prove his worth, bringing gifts and other crutches of this nature to the group and similarly trying to buy friendships in school.

Gretchen—age 10: Gretchen was psychotic. Her behavior was bizarre and regressive, speech was infrequent and infantile, and behavior frequently animal-imitative or mimicking the foetal position. She was the victim of a double-binding mother and a passive-aggressive father.

Geraldine—age 10: Geraldine was in the process of making a good recovery from an acute psychotic episode characterized by hallucinations, neologistic and bizarre speech, and severe withdrawal. Her family situation is chronically disorganized and violent. At the time she entered the group, she was alternately aggressive or withdrawn, but most frequently she was loud, belligerent, and abusive. Nonetheless, she showed remarkable sensitivity and insight into her own and other's behavior and relationships. She actively sought external controls and structure in an effort to better assess and respond to reality.

Several of the children defined "problems" for the real-life play. Geraldine quickly volunteered to be the initial protagonist and the group readily accepted her. The delight and apparent anticipation with which they focused on Geraldine suggested that the forthcoming psychodrama had precipitated a relatively high degree of anxiety among them.

Geraldine's problem was one to which they could all readily respond. She was having a considerable amount of difficulty in school and found herself alone much of the time; she invariably alienated other children by her aggressive behavior. As she stated her problem it was, "There are three girls who pick on me at school. How do I make them stop without hitting them?" Geraldine was ready to deal with, not only her friendlessness, but the inadequacy of her coping behavior which was to strike out belligerently and abusively, seemingly without much variability in relationship to the provocation. It was clear that it was implicitly understood by Geraldine and by the members of the group that her method of dealing with this problem, i.e., "hitting people," had not served its purpose and that she remained unhappy, alienated, and lonely as the result.

Auxiliaries were quickly chosen by Geraldine to play the parts of the aggressive, unfriendly girls. The directors became relatively passive, leaving Geraldine to fend for herself. Initially, there was active and frequent role

reversal in order to define the roles of the auxiliaries. Interspersed in this initial interaction, Geraldine clearly acted out her feelings of friendlessness, anger, and ultimate bewilderment at the futility and lack of success of her attempted ways of dealing with her unfriendly peers. The more belligerent and verbally and physically abusive she became, the more alienated and retaliatory were the actions of the auxiliaries. Sharon, unexpectedly in terms of her normally competitive behavior with Geraldine in the group prior to this time, chose to double for Geraldine and in this way began to cue Geraldine for alternative forms of behavior. Gradually, both girls discovered that verbal aggressiveness combined with assertive ignoring of the unfriendly auxiliaries seemed to be an effective means of dealing with the problem. Gradually, Geraldine became more sophisticated and independent in dealing with the unfriendly trio in this way.

Throughout the psychodrama, Gretchen had been alternately crawling under the table and curling up in the foetal position behind a cabinet door, apparently totally out of contact with what was going on. It surprised everyone when she stuck her head straight up and said in her infantile voice, "I wouldn't fight with them or even talk with them. I'd ask the teacher or principal to help me stop them." The other children, with the exception of Allen, all had participated in the psychodrama. Allen had been wandering around the room or seated near the door with his back to the protagonist. At the end of the psychodrama, surprisingly he initiated "sharing." He turned to the group and with a thoughtful and bewildered expression on his face, stated that he too was unable to deal with aggressiveness in others and rejection by them, saying, "I learned how *not* to fight when I was very young . . . now I need to learn how to fight." He was instantly accepted as the new protagonist. No formal roles were assigned but the group, following the lead of the directors, backed Allen into a corner with shouts and threats. The continuum of feelings which must reside in Allen in his interpersonal relationships was clearly evidenced in the next few minutes. Passivity turned to timidity, then to fear and to panic; the shouts and threats of the "crowd" were therefore softened by an element of well-disguised play which allowed him to begin mock fighting which quickly became angry acting-out. Gradually, carefully, he became the agressor, saying, "I'll take care of you. Wait till you see what I'll do to you." He was able to push and shove his way out of his problem and, mopping his brow, concluded by saying, "I took care of you, didn't I. That's what I'll do to those boys who bothered me last week if they ever bother me again." What we could not know then but learned later from his parents and teacher was that this apparently did indeed mark the turning-point in his ability to respond without fear and with self-protective assertiveness to his peers.

Allen's statement that he felt he really could not handle his problem acted as a catalyst for further sharing. Eddie spoke of his feelings of anger toward his father and fear of showing this anger. He stated that he saw his father as extremely tall (which indeed he was), demanding, and unreasonable, saying, "He likes me to do six things at once and says I never do anything right. I get terribly scared when he does that and I really don't do anything right. And then I get even angrier." Eddie went on to say that he seemed always to be acting angrily toward other people when, in fact, it was his father with whom he was angry. He could find no way to express this anger or to behave in ways which in his father's view were acceptable. Gilbert mentioned that Eddie was lucky to have a father and if he had one, he would never be angry with him. He then spoke, rather forlornly, of the times when his late father had scolded him, saying that he could never remember his father having said anything kind or helpful to him but that he had still never been "angry" with his father. Bob, usually soft-spoken, said he knew just how people felt, that his problem wasn't with other children, but that if he ever saw his father again, that he would have trouble deciding whether to ignore him, to yell at him, or to beat him up or otherwise to hurt him physically. He went on to say that his father was "a no-good drunk" and that he hoped he would never see him again. At this point, Sharon responded with rage, screaming at her brother that this was not true of their father and even if it were, he was still better to them than anyone else had ever been. Sharon then started to hit Bob; Geraldine came over and quickly and assertively reminded her of the alternative behaviors that together they had practiced in psychodrama. Sharon rapidly calmed down. Annie, who had been very quiet during all of this, suddenly stood up and said in her deep, infrequently-used voice, "At least you can talk to your parents no matter what they're like. I can't talk to them at all." We didn't know it at the time, but the stage had been set for the next session.

Eddie began the next session by talking further about his father and his difficulty in relating to him. Although upon entering the room, the children had expressed apprehension at participating in another real-life play, they very quickly responded to Eddie's description of his difficulties by saying, "Don't tell us about it. Act it out. Act it out."

In the initial interaction, Allen became Eddie's father, responding to Eddie in much the way Eddie's father had been described to the group. As increasing pressure was exerted by Allen in the father's role, Eddie's behavior became more random, diffuse, and ineffective until it was apparent that his behavior was severely disintegrating. At that point, the children reversed roles. It was apparent as the action progressed that Eddie was feeling his father's

frustration in a way that he had not appreciated before. Allen was also serving as a model for a totally different kind of response pattern from that which Eddie habitually used with his father. Further role reversal gave Eddie the opportunity to begin to try out new responses to his father. He made excellent use of this opportunity and did indeed begin to respond with considerably less fear and greater productivity. He also was able to verbalize empathy for his father's frustration with his own (Eddie's) behavior patterns. Toward the end of the psychodrama, Allen stepped out of character and said to Eddie, "I hope this helps you as much as it did me. I really knew how to handle those guys at school this week, and boy, did I have a good time."

Annie had been sitting quietly all this time. She then went to the blackboard and standing there, said that she wanted to act out a real-life play problem and wrote on the blackboard a brief definition of her problem at home. Annie's concern centered around the fact that her last name is Anderson and her older brother, who is the favored child in the family, has a different last name. She was very agitated and at the same time depressed, saying that she has asked her mother and father repeatedly why his name is Lopez and why her mother seems far fonder of the older brother than of Annie herself. She said that she is totally unable to get a response from either parent. It was clear that this child was not only terribly preoccupied, perhaps even obsessed by this problem, but, at this point, truly immobilized in relationship to the problem. She moved into the psychodrama readily but the degree of immobilization was clearly evident in that she rehearsed virtually every statement subvocally before speaking to the auxiliaries. She was able to act out her fear that her brother might really be her cousin as well as her questions about "what" and who she is in relationship to him and in relationship to her parents. She also reflected in her behavior an overwhelming sense of ugliness and unworthiness. At first, her interaction was tentative and almost furtive. Gradually it became, with the help of a double and later role reversal and an auxiliary, less confused and more assertive. For the moment at least, the protective shell which encased Annie was being permeated.

This was the first of several psychodramas in which Annie participated in relationship to her interaction with her parents and older brother. We learned later that Annie had indeed talked with her mother about the difference in names and had finally received an answer which, if not toally honest on her mother's part, was at least reassuring to Annie. More importantly, Annie had been able to take the initiative and turn internalized, obsessive preoccupation and fear into a more productive, externalized interaction.

CONCLUSION

Observation and analysis of the adjustment patterns of the children who participated in the psychodrama led to the judgment that much of therapeutic value was accomplished. However, no formalized or systematic assessment of either short-term or long-term effects was implemented. Unfortunately, this failure to include formalized assessment procedures is all too common. It is certainly plausible, at a behavioristic level, that a child who tries out a variety of roles may indeed extend his repertoire of responses to reality situations. However, what is considerably less clear is whether and how the reliving both emotionally and physically, for example, of past traumatic experiences, current childhood adjustment problems, or potential alternative adaptational modes results in the resolution or alleviation of residual or resultant psychological problems. What remains an unknown (and a significant matter for clinical inquiry) is the internal process which permitted the psychodramatic reenactment to result in the observed resolution or diminution, of the manifestations of pathology in many of the children.

BIBLIOGRAPHY

Bergin, Allen E., and Strupp, Hans H. *Changing Frontiers in the Science of Psychotherapy*. Vol. 1. Grune and Stratton, New York, 1954.

Blatner, Howard. *Practical Aspects of Psychodrama: A Syllabus*. Howard Blattner, Suffolk, England, 1970.

Bustamente, Jose Angel. "Group psychotherapy and psychodrama in Cuba." *2nd International Congress of Group Psychotherapy, Zurich, 1957*. S. Karger, Basle and New York, 1959.

Ekstein, Rudolph. *Children of Time and Space, of Action and Impulse*. Appleton-Century-Croft, New York, 1966.

Ferrenden, William E., Jr. "Behavioristic psychodrama: A technique for modifying aggressive behavior in children." *Group Psychotherapy and Psychodrama Journal*. Vol. 24, Nos. 3 and 4, 1971.

Ginott, Haim. Group Psychotherapy with Children. McGraw-Hill, New York, 1961.

Goldstein, A. P., Heller, K., and Sechrest, L. B. *Psychotherapy and the Psychology of Behavior Change*. John Wiley and Sons, Inc., New York, 1966.

Herman, Leon, M. A. "An exploration of psychodrama." *Journal of Group Psychotherapy and Psychodrama*. Vol. 21, No. 4, Dec. 1968.

Maier, Henry W. *Three Series of Child Development*. Harper and Row, New York, 1965.

Moreno, J. L. *Psychodrama*, Vol. I, II and III, Beacon House, Inc., New York, 1972.

————. "The Viennese origins of the encounter movement, paving the way for existentialism groups, group psychotherapy, and psychodrama." *Journal of Group Psychotherapy, Psychodrama, and Sociometry*. Vol. 22, Nos. 1 and 2, 1969.

Moreno, Zerka T. "Moreneans: The heretics of yesterday are the orthodoxy of tomorrow." *Journal of Group Psychotherapy, Psychodrama, and Sociometry*. Vol. 22, Nos. 1 and 2, 1969.

————. "Beyond all Aristotle, Breuer, and Freud: Moreno's contribution to the concept of catharsis." *Journal of Group Psychotherapy and Psychodrama.* Vol. 24, Nos. 1 and 2, 1971.

Moustakas, Clark E. *Psychotherapy with Children.* Harper and Row, New York, 1959.

Piaget, Jean and Imhelder, Barbel. *Psychology of the Child.* Basic Books, New York, 1969.

Sutton-Smith, Brian. "The playful modes of knowing." *Play: The Child Strives Toward Self-Realization.* National Association for Education of Young Children, 1971.

Walberg, L. R. *The Technique of Psychotherapy.* Vol. I. Grune and Stratton, New York, 1954.

Wilson, Colin. *The Outsider.* Houghton-Mifflin, Boston, 1956.

Wollman, Benjamin J., Ed. "Psychoanalysis of the school child," *Handbook of Child Psychoanalysis.* Van Nostrand-Rinehold Co., New York, 1972.

Yalom, Irving D. *The Theory and Practice of Group Psychotherapy.* Basic Books, Inc., New York, 1970.

GUIDELINES FOR USING PSYCHODRAMA WITH SCHIZOID PATIENTS

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The following data was gathered over a two-year period during which psychodrama was the primary method used in working intensively with schizoid patients at two psychiatric hospitals in Southern California.

Although there are various degrees of schizoid behavior, all schizoids exhibit fear and terror when confronting problems they feel are overwhelming. The psychodramatic environment may offer the schizoid a chance to face his fears and terror (and ultimately gain ego strength to overcome his problems) provided it is as judgment-free as possible. By recognizing some of the traits exhibited by the schizoid individual, the psychodramatist may be better able to help facilitate the schizoid's ability to confront his fears. It is important to remember the fragility of the schizoid patient. He protects himself through a very strong and intricate defense system. Therefore, it is not wise for the director to push for a catharsis when the schizoid exhibits reluctance.

In order for psychodrama to be successful with a schizoid, the following is desirable:

a) The director should have knowledge of two basic schizoid traits—terror and fear—in confronting problems. Paralysis and trembling on the part of the protagonist are visual indications of this fear and terror.

b) The director should involve himself with the protagonist by practicing active listening. Doubles should be involved to give supportive feedback to the schizoid. The schizoid is so terrified by his conflicts and ambivalent feelings that he locks himself in a closet labelled "fear." The double may take over some of the verbalization of the schizoid to assist him in self-understanding. A good, sensitive, "in tune" double may help the schizoid gain new awareness.

c) The director should ask the schizoid's permission to delve into problem areas. No command should be given. Example: "Would you be willing to deal with the problem?" as opposed to "You're going to deal with this problem," or "I want you to deal with this problem!" Seeking permission from the schizoid allows space for him to say "No, I'm not ready." It makes him a co-director and it tends to build trust between director and protagonist. The protagonist should not feel "pushed" or "goaded."

d) The director may suggest to the schizoid protagonist that he could deal

with his fear(s) and terror psychodramatically. He should explain that dealing with them he may gain courage and strength to face other problems.

e) The director must solicit support and understanding for the schizoid protagonist from group members. This can have a very positive effect. It may help to eliminate a "lonely" or "alone" feeling the protagonist may have. I am referring to the natural feeling of a protagonist when in front of a group of people ("I feel alone and lonely in front of all these people. No one has my kind of problem.") These statements have been made by protagonists with varying degrees of schizoid behavior. These feelings are real and honest, and group support is vital. Also, active listening is a tool to let the protagonist know you hear him.

Example: Double—"I'm feeling paralyzed because I'm so fearful."
Director—"I can really hear how fearful you are."
Group Member—"I identify with you because I hear your struggle and I've got the same one."

f) During a psychodrama session, a director should be checking constantly with the schizoid concerning how he is feeling. "Is it o.k. to continue?" "Where are you at right now?" "Are you willing to try this?" "It's alright if you feel like stopping." (Note the word *we*. It's a good word to use to let the protagonist know that the director is *with* the schizoid during the struggle. Also it gives the schizoid an opportunity to say "no." It allows the schizoid patient protective space or the opportunity to hold on to needed defenses.)

g) Closure is of the utmost importance. The sharing and identification by group members to protagonist must be sensitive and supportive.

In summary, psychodrama can be a disturbing experience for the schizoid individual if not conducted carefully. On the other hand, it can enhance the schizoid's recognition of some of his defenses, and as a result he may define his problem(s) more clearly. The schizoid surrounds himself with well-armored defenses. He walks a tightrope: on one side is the maintenance of sanity, and on the other side the ugly world of continuous confusion. In doing psychodrama therapy with the schizoid patient a director must be aware of the dynamics of the schizoid's behavior. Being sensitive, using "permission-getting" speech and allowing the schizoid protagonist the right to say "no" are all essential factors for making the psychodrama experience meaningful. By following the guidelines spelled out in this paper, the psychodrama director may have more of a chance of helping the already blocked patient.

ROLE CONFLICT AND TRANSFERENCE IN COMBINED PSYCHODRAMATIC GROUP THERAPY AND INDIVIDUAL PSYCHOANALYTICALLY-ORIENTED PSYCHOTHERAPY

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This is a report on my recent experience of working with a group of people whose treatment consisted of individual psychoanalytically-oriented psychotherapy combined with psychodramatic group therapy. There are obvious advantages to any concurrent individual and group therapy. However, when the same person functions in both therapeutic roles, some technical and theoretical complications can arise when the group therapy is psychodrama. This paper examines the complexities of such combined therapies when they are performed by the same person.

Like other group therapies, psychodrama offers advantages to both the therapist and the patient when it is combined with individual therapy. The group situation provides more feedback and more direct confrontation than is customary in individual psychotherapy. The group can function as part of the patient's observing ego and can promote and hasten the treatment process. The two treatment modalities can feed each other information so that an issue brought up in one treatment can also be explored in the different and complimentary context of the other. When the therapist works in both systems, he has the advantage of observing and experiencing his patient in two different settings. A unique characteristic of psychodrama as a psychologic treatment is that it has a built-in diagnostic potential that other types of group treatment do not have. Psychodrama evokes the full participation of the personality on all levels and avoids the defenses and disguises of verbal interaction. The presentation of self, choice of auxiliaries, being chosen as an auxiliary and the spontaneous behavior in a psychodrama session are all projective responses which are determined by the person's underlying or covert psychological makeup.

An illustration of psychodrama's diagnostic potential is the case of a young man who came to treatment because of being depressed over an unhappy love affair. He described himself as a loving and devoted suitor and was puzzled that he could not maintain a relationship with a woman which eventually culminated in marriage. In his individual psychotherapy, he was polite, considerate and very even tempered; anger did not seem to be part of his life.

However, in the psychodrama group a different side of him quickly emerged. Whenever he took an auxiliary role, his enactment contained so much anger and aggression that he often terrorized the group. He was unaware of the anger and its effect on people. The psychodrama stage was a screen onto which an unapparent aspect of the young man was projected, and provided interpersonal data not available up until that time in individual psychotherapy. Furthermore, the group offered a context where this important facet of his life could be explored and worked through. The feedback data on his anger was probably more acceptable from group members than from an individual therapist. Many people can hear and accept feedback in a more workable state from peers than from a professional.

Before proceeding to the main concern of this paper, I would like to comment on the incidental finding of the extraordinary usefulness of psychodramatic training for the person doing individual psychotherapy. First, it broadens the horizons of formulation. By this I mean that the individual therapist is processing a variety of information which he uses to formulate what ails the patient. From this formulation, the therapist plans his strategies and tactics; the therapist decides what areas the patient needs to explore, what alternatives are open to the patient and gauges his own responses to the patient during the interview. Since the way Man is put together psychodramatically is different from other systems of human behavior, a psychodramatic orientation does increase the perceptual and formulating awareness of the therapist. A second and perhaps more important use of psychodramatic experience is that it is a new and useful source of interpersonal data even when sitting alone with a patient in dyadic therapy. For example, after I had received some training and experience in psychodrama, I found that while engaged in individual psychotherapy, I would try to double the patient in my mind. I found this experientially different from empathetic listening; I felt that I was more in tune to where it was at for the patient and found myself being or feeling less judgmental. At other times, I found myself wondering how I would take an auxiliary and reciprocal role in relation to what the patient was saying. This seemed to increase my awareness to the patient's patterns of interaction and helped me to see what he was doing to other people. In psychotherapy, it is generally easier for the patient to report and for the therapist to hear what people are doing to him and harder to perceive and clarify what he is doing to others. This seemed to sharpen my ability to identify the focal conflict. Or I found myself imagining how either in an individual session or another time, I would direct the action in a fantasied psychodramatic session related to the patient's content. I found that the introduction of this kind of psychodramatic thinking during dyadic

therapy seems to promote a richer and fuller perception, understanding and appreciation of the patient. Based on this experience, I submit that psychodramatic techniques could be used in general to teach interview techniques but may be particularly useful as a supervisory technique at identifying and working through counter-transference problems.

Most of the people involved in the combined project have been patients in dyadic therapy for several months. The main impetus to my forming the psychodrama group was my desire to have some psychodrama group experience. However, the reason or goals in referring people to the group varied. The commonest reason was general therapeutic goals. There were clinical issues coming up in individual therapy which perhaps could be more effectively and more rapidly explored within a psychodramatic context. For example, while I was thinking about the possibility of forming a group, a student I was seeing individually experienced a minor crisis when he presented to his parents the fact that he was serious about a girl he was dating. He was thinking of getting engaged and wanted to go out West to see the girl. The parents were not openly rejecting but were pretty cool to the idea. He talked about this experience in individual therapy, but being something of an obsessional fellow, he was able to intellectualize the experience and split off a good part of the affect. All in all, the experience and our talking about the experience did little to help this young man grow. I felt that he would have gotten much more out of working the problem psychodramatically where there would have been more mobilization of affect and less chance to split off some important feelings. In psychodrama, the situation could have been re-enacted as it occurred. The action method would have mobilized more feelings and stimulated more involvement. Some use of role-reversal in the encounter with the parents could have increased the patient's perception of his parents and perhaps see himself more clearly through the eyes of his parents. An enactment asking the protagonist to demonstrate how he would like his parents to be would more clearly identify the nature of his strivings with his parents. A future projection of marriage could also help the young man to see his girlfriend in a more realistic light. The crisis with his parents was a small human experience which has much potential growth; a psychodramatic exploration could have tapped that potential.

Most patients were referred for general psychodramatic therapy. Another reason for referral was role training or something like role training. Here I have in mind a member of the group, a nurse who had been a Nun for about ten years, and she was coming out. She had some neurotic problems but she also presented some realistic problems which could not be analyzed away. She had led a sheltered life which required only a small range of role behaviors.

What was needed was some experience for this person in taking and practicing new roles. She needed to learn a role repertoire. Psychodrama seemed an effective and adaptable way for this woman to achieve some of her goals. For example, she was very interested but very fearful of a date with a man. On stage, she could have a date and develop some experience in the role of a woman on a date and interact with a real auxiliary and not be simply hung up on her fantasy of a date. Also, in the supportive atmosphere of the theatre and the support of the group, she could take the first step in developing the role.

One man was invited to the group as a way of trying to promote some contact with people. He was a dentist in the public schools. His job was a strain because he hated children and because he has no contact with people except at work. Once when I called him at home to change an appointment, he thanked me for calling saying that it was the only telephone call for several months. In this instance, I thought that his coming to the group would reduce his social isolation. The therapeutic nature of the group and its being a structured human event could allow this man to accept human contact with people.

Although the principles of psychoanalytic therapy and the principles of psychodrama therapy are perhaps reconcilable, when one person is practicing both forms of treatment with the same group of people, contradictions are obvious. Much of the conflict has to do with the issue of transference.

In analytically-oriented therapy, the development and working through of the transference reaction is the cornerstone of treatment. The principle holds that in an intensive psychotherapy the patient will begin to deal with the therapist as if he were significant people of the past. When on the side of the patient, the therapeutic relationship assumes irrational characteristics and is over-determined by the past and by fantasy the phenomenon is labeled *transference neurosis.* It is the analysis of the transference reaction and its historical roots that bring about the curative or healing effects. Therefore, the development of transference and keeping the interactional field clean so it can be recognized and dealt with is of the utmost importance. In a psychodramatic group, the transference is diluted among the entire group. The psychodramatist is a full participant and often offers himself as a real object. In analytic therapy, there is a therapeutic barrier to the patient using the therapist as a real object. Both the therapist and the patient have a strong urge to use each other as real objects. But it is the therapeutic barrier and *as if* quality of the relationship that is necessary for the analysis to take place. In psychodrama, there is no therapeutic barrier, the transference is not a main issue and the therapist is a real object. Indeed, the interaction of the therapist

with the patient is quite real and is geared towards spontaneity, enactment and involvement. This is the theoretical dilemma of doing both therapies simultaneously. In actual practice, I found that my behavior in the two settings was different and people commented that I was two different people. I explained that although the goals of both treatment could be stated as full, self-understanding the techniques were different, and, therefore, what was helpful behavior on my part was also different. But, of course, this did not alter the fact that patients saw me in the group where I was active, made observations and formed impressions which inevitably altered the transference. Patients who had been in treatment for several months were more troubled by the discrepancy than people who began individual treatment shortly before the formation of the group. One young man who was in individual treatment for only two weeks prior to the group, put a tremendous amount of pressure on me to be in individual therapy the way I was in the group. But this was only partly related to my dual role since he had a whole program of rehabilitating me, including such projects as my giving up smoking, trying marijuana, getting a new wrist watch, scheduling my appointments differently, etc. It seemed like his reaction to my dual roles was a continuation and extension of the transference.

But what of transference in the psychodrama group? Moreno's notion of tele is much broader in scope than the notion of transference. He sees transference as part of tele; indeed he defines transference as the pathological portion of the universal factor tele and as such its occurrence shapes and alters interpersonal relations in a destructive way and interferes with possible satisfaction. In the psychodrama group, transference is not primarily to the therapist but scattered to various members of the group. It would seem that the group offers each person more realistic person-objects around which to condense transferences and neurotic perceptual distortions. As the transference and neurotic distortions are crystallized and intensified by the group process of a psychodrama group it is dealt with through the action method. The distortion of perception is corrected and perception is expanded through the action of the psychodrama. In psychoanalysis, it is the verbal interpretation of a distortion that corrects the perception. In psychodrama, the process of action alters and expands the interpersonal perception. For example, a protagonist sees a member of the group in a distorted way. Based on this disordered perception, he selects this person to be an auxiliary in an interaction. By the time the action is over, hopefully, the distortions are corrected. Each of the two people see each other more accurately and can achieve a more functional interpersonal relationship—one not hampered by distortions or over-determined by the past. But there is a further question beyond the

immediate situation of the group, perhaps with greater lively importance, namely the therapeutic alteration of the person's "social atom" or "model group." In selecting the auxiliary, there is some correspondence between the protagonist's perception of the auxiliary and a person in his social atom or model group. The concept of social atom and the concept of model group are not precisely the same but they refer to the interpersonal core of a person: all his roles and counter-roles, and it is the base from which he operates interpersonally. Distortions or misperceptions in the social atom or model group lead to unsatisfying human relations and the repetition of failures and disappointment between people. The action corrects the distortion between person and social atom or his model group. For example, the student mentioned above who was in love with a girl of whom his parent disapproved, might choose an auxiliary to play mother based on some distortions of perception of the auxiliary as a real person in the group. In the action the distortion would be corrected. In addition, that portion of social atom or model group which corresponds to mother would be expanded and more precise in perception.

Another point where the two forms of treatment are at odds is in the theoretically and culturally prescribed model of the therapist. Some of this is related to transference as mentioned previously but much of it also has to do with the philosophic seed of each discipline and is reminiscent of two basic sides of mankind—the intellectual, analytic side of Man vs. the experiential and action-oriented side. Analytic therapy is commited to thinking and mental analysis where as psychodrama has its roots in spontaneity, action and creativity. The individual therapist in his professional role is more detached, less involved and is trying to make intellectual sense out of the world. The psychodramatist operates on a more gut level, using intuition, tele, creativity and spontaneity. The individual therapist is making formulations and observations which he is filing away for use months later. The psychodramatist is trying to create the moment. He constantly diagnoses the situation within the group and helps to create new situations through which sick repetition patterns have maximal opportunity for being broken. Both types of therapist have the same professional role of helping to promote growth and motivation. But role styles differ regarding responses to data they are receiving from and about the patient. The individual therapist limits his responses to the patient. The psychodramatist uses his responses and responsiveness to promote the therapeutic situation.

In addition to the theoretical questions, when the two treatments are combined problems in technique arise. For example, the warm-up becomes more difficult or unnatural. In group psychodrama, the warm-up should be

the development of the entire group's concern at that moment in time. It is a time when the entire group draws together on some shared human issue. From this perception, it is easier to view the group as a living organism and comments from its members are relevant to the entire group. When the director knows some members in the group individually or knows what they are struggling with that day or week, there is a tendency to perceive and respond to the comments more in terms of the individual rather than the entire group. Another way of stating this is that when the two treatment methods are combined, there is some tendency during the warm-up to do individual therapy in a group setting.

Finally, a very serious problem that can occur in the combined treatment is important communication occurring in the wrong place. This was most notable in the area of an individual's feelings or attitudes towards the entire group or some of its members. It happened at times that a member would feel distrustful of the group experience or dislike for another member and instead of this being expressed in the group it would be withheld and later expressed in an individual session. Withholding occurs in all groups but in the combined setting, the discharge of affect or tension individually reduces the pressure to express it in the group. The withholding and draining off on some group energy may impede the natural flow of group process and distract from full involvement in the group life. Identifying this phenomenon in the group and making it a group issue helps to control the problem.

BIBLIOGRAPHY

Moreno, J. L., *Psychodrama*, Volumes I, II and III, Beacon House, Beacon, N.Y.

Moreno, Zerka T., *A Survey of Psychodramatic Techniques*, Psychodrama Monograph No. 44, Beacon House, Beacon, N.Y.

————, *Psychodramatic Rules, Techniques and Adjunctive Methods*, Psychodrama Monograph No. 41, Beacon House, Beacon, N.Y.

ABRAHAM MASLOW'S THEORY OF SELF-ACTUALIZATION APPLIED TO THE SENSITIVITY TRAINING GROUP

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Since the early 1900's, the period in which "the first book on group psychotherapy" (Moreno, Z. T., 1966, p. 32) was published, *Application of the Group Method to Classification* (Moreno, J. L., 1932), and group psychotherapy became an organized movement in the United States, objectives of therapy have spiraled into a multitude of new purposes for which sensitivity groups have been formed. There seems to be two basic trends which have developed as a result: training directed towards improving group members' interactional awareness, and training for the purpose of expanding the group member's potential for experiencing and expression.

I wish to focus on a third group training concept which, admittedly, is closely linked with the latter trend stated above. It, however, has as much relevance to the former and can contribute to the amelioration of the two. Instead of the label "objective" or "purpose," this third concept should be termed a "characteristic." It is a characteristic potentially inherent in all training groups. That characteristic being each group member's opportunity for what Abraham Maslow calls a "peak experience."

Many group trainers have warned of the appeal which intense, transient experiences, an intrinsic part of sensitivity training groups, have for emotionally unstable individuals. In their concern for the protection of vulnerable group members I fear, nevertheless, that the differentiation between emotionalism, or fleeting rushes of hate, love, pity, etc., and genuine powerful, human experience has been muddled. Maslow's concept of peak experience can clarify that difference.

In describing the application of "peak-experience" to the group I will also consider the problems of validation and the relevance of "here and now" experiences to "back home" problems in the "real" world. These are questions which have traditionally shrouded such training groups. Before continuing with Maslow's peak-experience and self-actualization there should be some discussion of sensitivity group dynamics, goals, and values; and of the recent shift of emphasis from learning and insight toward "expressive experiencing" as an end in itself.

> "How successful is T-group training in achieving its goal? All trainees report that they have been through a very powerful emotional experience, and most feel that they know themselves better, feel more confident, and are able to deal with social situations more effectively." (Argyle, p. 195)

The above general T-group evaluation, while common, is indicative of the positively expressed aspects of training groups which have been vigorously attacked for their subjectiveness and ambiguity. Critics of such descriptions state that, while group members feel they have undergone an important and moving experience, they are unable to bring that experience into focus with the real world. This insistence upon "take home" knowledge is shared by Martin Lakin:

> "On the whole, even favorable reports by 'graduates' were characteristically vague, egocentric, and centered upon emotional high points of training. Even where a conscientious effort was made to be realistic, such reports rarely gave a comprehensive picture of procedures, member roles, or trainer function." (Lakin, p. 60)

Mr. Lakin discusses the problem, in his *Interpersonal Encounter*, of retaining the emotional power of the group encounter while remaining scientific, objective, and goal oriented. His intent is creditable but the two seem to be mutually exclusive, as he recognizes: "The problem underlying the training process represents one of the classic human dilemmas—how to remain rational and intellectually alert while fully immersed in an emotionally involving experience; or to put it another way to be both participant and observer." (Lakin, p. 61) He says that some trainers have succeeded, but in rationally explaining how this blend is affected he necessarily loads the intellect side of the intellect-emotion question.

He insists that the trainer is not a regular member of the group, and this is certainly the case, for the trainer comes more experienced and knowledgeable about training groups than the members. The trainer is initially able to set the "tone" for the group and has responsibilities as a trainer of which other members may not yet be aware. The group trainer, however, must also be a part of the group experience; drawing upon his expertise honestly, remaining open to new group demands and developments. There can be no assurance that certain training procedures or trainer functions will be conducive to a meaningful group experience. The trainer, rather, must have the confidence to rely upon new-found internal resources repeatedly. Spontaneity in response to the group's needs is as important a quality in the trainer as in the members. I am afraid the value of spontaneity is lost in Dr. Lakin's descriptions of the group trainer's role such as:

"... the trainer never can function as an ordinary member. Aspirations to be 'just ordinary members,' even when motivated by the desire to be democratic, have to come to terms with the professional responsibility inherent in his role. Some trainers may crave the sense of belonging and the development of intense relationships of ordinary members. This desire, however, must be subordinated to the responsibility of an honest trainer-group relationship." (Lakin, p. 109)

The concept of peak-experience does not contradict Dr. Lakin; rather it is a "third" characteristic which is over and above the conflict between desire and responsibility as described in the preceding paragraph. It is this third characteristic which Maslow can contribute to our existing knowledge of training group dynamics. The peak-experience is an integral part of the sensitivity group experience; perhaps the most essential element. It is the understanding and the identification of this phenomenon as such which group trainers can learn from Maslow; it is *not* an additional goal or concept to be considered as a possible objective for training groups. It is, instead, already a substantial characteristic and a source of the considerable appeal which such training groups have.

Maslow's "peak experience," as expressed in his theory of self-actualization, is not passive. It is an active experience of feeling and expression when the individual truly feels "at one" with the group. It is similar to the phenomenon described in Buber's "I-Thou" relationship in that there ceases to be a consciousness of the separation between subject and object. Buber says we can understand such a relationship if we can remember situations in which we have become totally engrossed in what we are doing. It may have been while playing an instrument, writing, making something with our hands; or it may have occurred in a discussion with a friend when both minds are "one." These examples do not have to be I-Thou relationships, however. In fact, the majority of the time, they are, instead, "I-it" relationships. Relationships in which we are very conscious of playing the instrument, or writing to a friend. I-it relationships are those which most people maintain most of their lives. The I-Thou experiences are rare moments, those which we remember and try to recapture.

The essence of peak experience is not new to most of us, but it is something we can not "plan" to happen. It is spontaneous and can arouse deep feelings, but it is not uncontrolled emotionalism. The true I-Thou relationship, to continue the parallel, originates from within, resulting from a person's active expression of feeling, whether through painting, music, writing, talking, etc. Similarly, the group peak experience, although shared by several

persons, must spring up from the individual. Each contributes his own unique input, and shares the group experience in his own inimitable way.

Maslow's peak experience is a positive, deeply-felt emotional situation where the individual is participating, creating, expressing himself. He is not a victim of his own, or another's, emotion being used as a substitute for honest participation in a feeling-level experience. I believe this approach reiterates Lakin's group objectives; stating them without what I fear is the unintentional loss of personal excitement and emotional energy found in Dr. Lakin's explanations of group dynamics. For example, Dr. Lakin states that, "A priority on intimacy and emotional expressiveness for their own sakes impedes the development of interpersonal skills for uses in other contexts." (Lakin, p. 107) This is a criticism of the trend toward expressive experiencing as an end in itself. I understand Dr. Lakin's reluctance to credit this trend with having viable objectives, but in reality can any experience be an "end in itself"? There are repercussions from all of one's experiences. An experience can be, I am sure, valuable in, and of, itself. There need not necessarily be tangible skills nor quantifiable knowledge resulting from an experience for that experience to be considered worthwhile and desireable. In avoiding placing "a priority on intimacy and emotional expressiveness for their own sake," the value of the peak experience is inadvertently lost, without a real understanding of what has been lost.

I do not believe that advocates of improved interactional awareness and group skills as principle training group objectives deny by that advocacy the worth of the peak experience in such groups. They have, nevertheless, failed in the past to properly integrate that worth into their conception of group dynamics. As stated before, this has resulted from their aversion to groups being used for transient, intense "rushes," emotional feelings having a shallow inception and demanding little from participants.

Carl Rogers' writings on sensitivity training groups reveal a concern parallel to Maslow's concept of the self-actualizing person. Rogers values the subjective human qualities of the group experience, retaining the group's potential for generating an emotional energy greater than the sum of its parts. A clear contradiction does not separate Rogers and Lakin. They merely emphasize different aspects of the group experience. Lakin is concerned with the group member's interactional awareness and skills while Rogers accentuates the interactional *experience* itself. Rogers writes that in sensitivity groups "individuals come into much closer and more direct contact with one another than is customary in ordinary life. This appears to be one of the most central, intense, and change-producing aspects of such a group experience." (Rogers, p. 270)

The importance placed upon member contact by Rogers reveals his feelings that something can happen between members of a training group which is somehow special and different from our ordinary relationships in the "outside" world. He feels the group experience is conducive to individuals communicating on an uncommonly honest, intense level. This is one type of peak experience. While Rogers' approach to an understanding of training group objectives is on the other side of the coin from Lakin's, the concept of peak experience encompasses the whole coin. Without what Maslow has labeled peak experience, a member's interactional awareness becomes meaningless, for the group loses its power and energy. It should be clear at this point that peak experiences do not just happen when a group of people is formed. The necessary criteria are found in Maslow's delineation of self-actualization which will be explained later.

For the purpose of introducing the concept of peak experience into sensitivity training, specifying a trainer's role as either passive or directive, is not essential. Too much trainer domination and direction, however, could impede the development of a group environment conducive to peak experiences. I would agree with Dr. Lakin that, for the trainer, "Some inner conflict is inescapable because every trainer facilitates (letting happen) to some degree and he manipulates (making happen) at least at some point in the process . . . it is hoped he does progressively more of the former and less of the latter as the group develops." (Lakin, p. 120)

I would like to make clear again that it is not a group objective or goal that members have a peak experience. Instead, it pervades the group experience promising a heightened sense of effectiveness and communication, not through learned, artificial, manipulative skills but through the perception with unusual clarity, of the important "other." That "other," or that which is not oneself, mutually binds the group members together. With this perception one's self ceases to be the center of reference and attention, as is usually the case. We are able to place our environment and predicament in the proper perspective. It is proper because it "feels" proper. We sense the interrelatedness of its components, not with a utilitarian, objective understanding, but with a sense of participation forming what can be called the "subjective universe."

Is this merely the "sense of belonging," a common characteristic of the group experience? I do not think so. A sense of belonging may indeed accompany the peak experience, but one is not only "a part of," as "the sense of belonging" suggests, in such a case. Using Eastern phraseology, when one ceases to be, at that very moment he is. A mere "sense of belonging" still infers the existence of the subject, the sense of "me," that must "belong." As in the I-Thou relationship, an individual is not cognizant of the subject-object

division during a peak experience. So, instead of being "a part of," the subject "ceases to be." Only when the subject ceases to be can he feel and operate on a feeling-level. At that moment he is.

It seems that out of these peak levels of feelings and expression can come the energy for positive inter- and intra-relationship developments. While the members may emerge from the group experience with varying degrees of group knowledge and skills, all will have been moved by the energy released through the group. This energy is what makes any group work and the source of this energy is the individual peak experience.

Abraham Maslow's terms, peak experience and self-actualization, should be explained further before their relationship to the encounter group experience can be fully described and understood. According to Maslow, self-actualizing human beings are unusually capable of having peak experiences. He writes in "Self-actualization and Beyond" that "self-actualization means experiencing fully, vividly, selflessly, with full concentration and total absorption . . . At this moment of experiencing, the person is wholly and fully human." (Maslow, *Challenges*, p. 281)

The self-actualizing person, as described, seems to be an ideal. The answers to *how* one self-actualizes and how the experience contributes to one's psychological well-being are not clear-cut and quantifiable. Rather, they seem to elude precise explanation. Nevertheless, Maslow's elaborate and extensive works relating to self-actualization point clearly to a potential within each of us that cannot be denied by the honest and open reader. The subjectiveness of "experiencing" invites criticism from those who rigidly cling to objective, experimental data, refusing to accept what cannot be observed in a laboratory or clinic. Perhaps a group situation could be designed and utilized for "objectively" investigating Maslow's theories, but that is not the purpose here. I, instead, examine the parallels which exist between the group experience and Maslow's peak experiences, and how group members are capable of self-actualization.

Maslow's theory of self-actualization is founded in existentialism. The label "existentialist psychologist" has been used to link his thinking with the existentialist of other disciplines. In addition to the works of social scientists, Maslow himself uses the works of novelists, philosophers, and numerous theologians to explain key concepts in his theory of self-actualization. Existentialists share at least one common trait, they speak advisedly from the subjective. Ontology, for the existentialist, is "What do *I* see? What do *I* feel? What do *I* experience?" "Existentialism rests on phenomenology," writes Maslow, "it uses personal, subjective experience as the foundation upon which abstract knowledge is built." (Maslow, *Toward*, p. 9) Before one can

understand peak experience he must be able to trust himself; to have confidence in what he senses and feels; and to rely upon those senses and feelings for his own unique perceptions and opinions. Without this basic belief and trust in the human potential for experiencing and expression, one cannot relate to the theory of peak experience or the self-actualizing personality.

The real proof of the phenomenon is in the experiencing of it. Maslow says we have all had, at one time or other, peak experiences. For most people, however, these have been few and short lived. Self-actualization is the actualizing of one's potential for such experiences. Actually, peak experiences are only one part of self-actualization for Maslow lists eight ways in which one self-actualizes. They are all intertwined and related to the peak experience:

"First, self-actualization means experiencing fully, vividly, selflessly, with full concentration and total absorption.

Second, let us think of life as a process of choices, one after the other . . . There may be a movement toward defense, toward safety, toward being afraid; but over on the other side, there is the growth choice. To make *the growth choice instead of the fear choice* a dozen times a day is to move a dozen times a day toward self-actualization.

Third . . . There is a self, and what I have sometimes referred to as 'listening to the impulse voices' means letting the self emerge.

Fourth, when in doubt, be honest rather than not . . . Looking within oneself for many of the answers implies taking responsibility. That is the great step toward actualization. Each time one takes responsibility, this is an actualizing of the self.

Fifth . . . All of these (first through the eighth) are steps toward self-actualization, and all of them guarantee better life choices . . . One cannot choose wisely for a life unless he dares to listen to himself, *his own self*, at each moment in life, and to say calmly, 'No, I don't like such and such.'

Sixth, self-actualization is not only an end state but also the process of actualizing one's potentialities at any time, in any moment.

Seventh, *peak experiences are transient moments of self-actualization.* They are moments of ecstacy which cannot be bought, cannot be guaranteed, cannot even be sought . . . *But one can set up the conditions so that peak experiences are more likely.*

Eighth, finding out who one is, what he is, what he likes, what he doesn't like, what is good for him and what bad, where he is going and

what his mission is—opening oneself up to himself—means the exposure of psychopathology. It means identifying defenses, and after defenses have been identified, it means finding the courage to give them up." (Maslow, *Challenges*, pp. 281-284)

It is easy to see how the values of honesty, openness, confidence, and self-awareness, which sensitivity training groups attempt to draw out of its members, parallel the above eight ways in which Maslow says a person self-actualizes. He clearly defines the meaning those values have for oneself and one's relationship to others. The result is that the self-actualizer has a more astute perception of himself and other people. These flashes of perception which penetrate to the core of oneself or another person in the sensitivity group are peak experiences, or "transient moments of self-actualization" as defined by Maslow. At that moment, says Maslow, there is a complete, uncondemning "acceptance of the world and of the person." (Maslow, *Toward*, p. 92) Fear, anxiety, and defenses are dropped, allowing the individual to fully perceive the "other" and to openly express himself. Again, this is a common experience expressed by individuals who have attended sensitivity groups. It is obvious that at times during the course of group development, members take on temporarily many of the characteristics of self-actualizing individuals. They become, for a time, self-actualizers, which according to Maslow, are peak experiences. "Not only are these his happiest and most thrilling moments, but they are also moments of greatest maturity, individuation, fulfillment—in a word, his healthiest moments." (Maslow, *Toward*, p. 97)

The question of validity of peak experiences proposes a problem, for how does one objectively judge subjective experience. Perhaps by the resultant behavior? In truth, the perceiver's belief that his perceptions are truer or his expressions more honest during a peak experience does not make it so. Maslow compares such perceptions to aesthetic perceptions, which are purely subjective no matter how art, music, and theater critics attempt to quantify them. Can that which is subjective be criticized objectively? The creative perceiver might be said to be self-validating, but an exact parallel cannot be drawn between that and the self-actualizer. Validation, therefore, of peak experiences could be considered in terms of "after effects." Maslow proposes several criteria for judging or validating peak experiences. These can easily be applied to peak experiences in sensitivity training groups by asking have any, or all, resulted from the member's experience.

"1. Peak experiences may and do have some therapeutic effects in the strict sense of removing symptoms.

2. They can change the person's view of himself in a healthy direction.
3. They can change his view of other people and his relations to them in many ways.
4. They can change more or less permanently his view of the world, or of aspects or parts of it.
5. They can release him for greater creativity, spontaneity, expressiveness, idiosyncracy.
6. He remembers the experience as a very important and desireable happening and attempts to repeat it.
7. The person is more apt to feel that life in general is worthwhile . . . That is, life itself is validated, and suicide and death-wishing must become less likely." (Maslow, *Toward*, pp. 101-102)

In considering the problem of validation and after effects of the group experience, Carl Rogers makes a meaningful and relevant point:

> "What is the goal of personality development? It seems evident from our review of the group process that in a climate of freedom, group members move toward becoming more spontaneous, flexible, closely related to their feelings, open to their experience, and closer and more expressively intimate in their interpersonal relationships. If we value this type of person and this type of behavior, then clearly the group process is a valuable process." (Rogers, p. 275)

For those needing objective criteria for judging the validity of group experiences, Maslow's seven points are a foundation for such an evaluation. It seems, however, that Dr. Rogers' approach is also realistic, especially since the very objectives which beg validation are subjective humanistic ones which are in direct contrast to the cold, objective, scientific approach. I would hope, then, that those humanistic qualities would not be lost in the validation. Admittedly, the peak experience should not be above objective inquiry, and they do not need to be at opposite poles. Certain personal qualities are either reinforced or criticized during the training process itself, and an emphasis on the positive aspects should result in those being identified as desireable by group members. These aspects are the most valuable criteria for evaluation. Dr. Lakin states that in group sessions, "There are legitimate and illegitimate ways of getting esteem in a training group. The training ideology values such attributes as openness, expressiveness, warmth, and appropriate support. It disvalues defensiveness, rigidity, passivity, and obsessiveness." (Lakin, pp. 105-106)

I have outlined in the paper the positive, humanistic qualities which sensitivity training values and attempts to draw out from group members. These qualities are parallel to those which Maslow identifies as criteria for the self-actualizing personality. Maslow states that an individual experiences transient, intense moments of self-actualization which he labels peak experiences. I have separated the concept of peak experience from the emotionalism criticized by advocates of interactional awareness and group skills as the only viable training group objectives. The concept of the peak experience as a characteristic potentially inherent in all training groups can be accepted without the denial of those objectives. Maslow's theory of self-actualization provides criteria for evaluating the group experience without detracting from the feeling-level relationships which are the training group's principle contribution to curtailing the current societal trend toward dehumanization. The subjectiveness of the peak experience adds rather than subtracts from its value as a sensitivity training group characteristic. I have shown how it can be integrated into a total T-group philosophy by contouring Maslow's extensive writings on self-actualization to the experience of the group member.

Before concluding, it must be stated that there are dangers which peak experiences can present to immature or unstable personalities. These would be distortions of the true peak experience, but Maslow has warned that

> "The peak experience may then be exalted as the best or even the *only* path to knowledge, and thereby all the tests and verifications of the *validity* of the illumination may be tossed aside ... Spontaneity gets confused with impulsivity and acting out and there is then no way to tell the difference ... Out of the joy and wonder of his ecstacies and peak experiences he may be tempted to seek them, *ad hoc*, or to value them exclusively, as the only, or at least the highest goods of life, giving up other criteria for right and wrong." (Maslow, *Further*, pp. 344-345)

The potential for harm frequently co-exists with the potential for good, as Maslow points out here. The ecstasy which makes the peak experience desireable invites its misuse but, as stated, that would be a distortion of peak experience as well as of the training group. Neither can be experienced for a lengthy period; that would destroy their ability to provide positive qualities for the group members. The relative brief period in which sensitivity training groups are conducted, and the even shorter peak experiences, are part of what makes them valuable and productive. They would become impotent for the individual who attempted to prolong the experience. This quality of sensitivity-training is creatively and successfully expressed by a past group participant who states, "The group experience is not a way of life but a

reference point. My images of our group, even though I am unsure of their meanings, give me a comfortable and useful perspective on my normal routine. They are like a mountain which I have climbed and enjoyed and to which I hope occasionally to return." (Rogers, p. 272)

BIBLIOGRAPHY

Argyle, Michael, *The Psychology of Interpersonal Behavior.* London: Cox and Wyman Ltd., 1967.

Lakin, Martin, *Interpersonal Encounter.* New York: McGraw-Hill, 1972.

Maslow, Abraham, Self-actualization and beyond, in *Challenges of Humanistic Psychology*, Bugental, J. F. (Ed.). New York: McGraw-Hill, 1967.

Maslow, Abraham, *The Farther Reaches of Human Nature.* New York: The Viking Press, 1971.

Maslow, Abraham, *Toward A Psychology of Being.* New York: Reinhold Company, 1968.

Moreno, J. L., *Application of the Group Method to Classification.* National Committee on Prisons and Prison Labor, Washington, D.C., 1932.

Moreno, Zerka T., Evolution and dynamics of the group psychotherapy movement, in *The International Handbook of Psychotherapy.* New York: Philosophical Library, Inc., 1966, 32.

Rogers, Carl R., The process of the basic encounter group, in *Challenges of Humanistic Psychology*, Bugental, J. F. (Ed.). New York: McGraw-Hill, 1967.

THE EXPERIENCE OF COMMUNITY IN THE PSYCHODRAMATIC TECHNIQUE OF SHARING: AN EXISTENTIAL-PHENOMENOLOGICAL INVESTIGATION

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Introduction

In 1914 in Vienna there began to emerge two major antitheses to psychoanalysis, namely group psychotherapy and psychodrama. The first of these, group psychotherapy, was a movement toward a fuller recognition of the societal and interpersonal contexts in which the individual normally exists. Psychodrama began to emerge from group psychotherapy as the realization that man creates and lives in his world through action. J. L. Moreno, the pioneer of these methods, becomes somewhat of a middle man of his era, in a constructive positive sense between the purely individualistic man of Freud and the solely collective man of Marx. Moreno stands for the cosmic man who is always both of these men with the expressed understanding that to really treat a person these poles of self and world must be investigated in their mutual implication and structural interrelatedness. It is in this interrelatedness that man creates his home and is continually rebuilding, modifying, and improving that abode in the universe. The body, the psyche, others, and objects of the world must all be taken in their full relation to one another if effective living, much less effective treatment, is to ensue.

Moreno's development over the past sixty years of sociometry, group psychotherapy and psychodrama has a colorful and provocative history which is beyond the intentional scope of this present work to trace. Let us however just comment that in keeping with Moreno's belief in the interrelatedness of the somatic, the psychological, and the societal, his development of these methods came out of his relations to himself, to others, to his training and lived experience. Moreno thus began with a certain questioning which led to an initial interrogation of his own experience and later on to his observation of other's experience and formal psychological theory.

The classical Morenoian psychodrama follows the following structure: a) warm-up, b) problem presentation, c) the formal psychodramatic work and action presentation, d) sharing the experience with audience members, and e) didactic analysis or processing of the session. It is to the aspect of sharing that

we wish to direct our attention in an effort to explore the communal nature of the experience for the protagonist and the attending audience. It has been observed by this psychologist that it is during this period of sharing that the greatest amount of communal feeling of togetherness and therapeutic secondary catharsis (see Moreno, a.) transpires. We wanted to see how this feeling was lived out in experience by both the protagonist and the audience members who viewed and experientially shared in his (the protagonist's) psychodrama.

Results

Description of the Research Project:

The focus of our study involves the technique of the audience sharing their feelings, emotions, and thoughts about a protagonist's psychodrama which they have just witnessed. Sharing occurs immediately following the psychodrama (usually one to one-and-a-half hours in duration) when the protagonist and his director come to the edge of the stage and sit together before the audience. This is usually a moment of quiet relief for both protagonist and director who have been working and sharing many highly emotional events together. The director usually speaks first by asking the protagonist how he feels about his now completed psychodrama. Following this expression by the protagonist, each member of the audience "shares" or expressively discloses to the protagonist just what his psychodrama has meant for his life, called up in association or led him to see. The director also shares his feelings toward the protagonist's psychodrama not only as a director but as a feeling and hopefully sensitive human being. The spirit of the sharing period is one of noncritical supportive presence by the audience toward the protagonist and is not a time of questioning why he or she did or did not do this or that.

Our raw data consists of six protocols taken by this psychologist following a psychodrama I directed on March 8, 1973, in the Psychodrama Theatre of Somerset State Hospital. One protocol is from the protagonist of that psychodrama and the other five are from audience members who were particularly active in the sharing of that day. The question posed in the protocol was, "Would you describe for me, in complete detail as possible, the feelings of community you experienced during our sharing of today's session." These six protocols came from in-patients at Somerset State Hospital and were initially taped and later transcribed for analysis.

Using these descriptive protocols as our approach to the phenomena of community within the psychodramatic sharing, we will attempt to qualitatively differentiate the various structures which present themselves within

these protocols. Our intention, while general but directed (Merleau-Ponty), is to highlight and bring into articulation what meaning units structurally combine to form the essential structural quality of this community experience, permitting other aspects to show their interconnectedness. While common structural themes will be evident, the variations upon these themes (Straus) will prove helpful in fleshing out the skeleton of communal sharing in psychodrama and how that continues to unfold in deeper feelings of togetherness for the whole group.

If community experience really involves an intentional structure as we believe, then it also becomes equally important to briefly state my attitude-intentionality within the confines of this study. When one engages in phenomenological research, one of the cardinal dictums is the bracketing (Husserl) of the natural attitude. Concretely, this means that the researcher puts out-of-play, so to speak, the normal everyday understandings, assumptions, and philosophies of the phenomena under study. The researcher allows the phenomena to speak to him in its richness and complexity of meaning. The untamed wanderings of the unbracketed natural attitude implicitly, as well as explicitly at times, censure the data into preconceived categories, orders, or types. The phenomenon becomes colored by these attitudes and is already transformed into something different. Again we return to Merleau-Ponty as he shows us that the greatest lesson of the phenomenological reduction is in its impossibility: we are creatures of the world. To the greater degree that this can be accomplished however, we will have a purer phenomenon with which to work and concommitantly purer results from our phenomenological analysis. This bracketing creates a new mediated space between us and the phenomena, a space Husserl termed transcendental, which allows us to meet the phenomena in a fashion of enlightened naivete.

Data Analysis:

Our procedure begins by carefully reading through the entire protocol in an effort to obtain a feeling for the whole and to be present to the sense or direction (sens in French = direction) of its unfolding unity. Following the careful reading of the entire protocol, the researcher proceeds to isolate the "natural meaning units" which were expressed within the protocol (A analysis). One approaches this step, in view of the above discussion on bracketing, with a maximum openness to the emerging phenomena in dialogue with the intention of the study. My approach is to encircle the meaning units on the transcribed protocol and then assign numbers to them so as to differentiate one unit from another.

From this isolation of the natural meaning units, we then go back and interrogate these units in dialogue with the intention of our study, namely, *what* (content) is revelatory about community experience in the psychodramatic sharing and *how* (style) is this lived by the participants. This forms our C analysis and is transformed into phenomenological psychology's terms. This illucidation of the what and how of community experience within the sharing technique is the phenomenon as lived by the experiencing-historical-intentional subject. Our attitude as phenomenological researchers is clearly evident here and constitutes our heurmenutical (Heidegger) understanding of their respective meanings. The importance of a clear understanding of our intention is critical in successfully handling this step of the analysis. (Note: The reader will notice an absence of a B analysis which was previously done in earlier studies but is now incorporated (Giorgi) within the movement from the A analysis to the C level of heurmenutical meaning.)

Our next step is to attempt to pull together in a coherent and non-redundant way the essential structures as they have presented themselves within the protocol. This is initially accomplished in the *situated content* and *situated style* which concretely contextualizes the situated what and situated how this subject experienced the phenomena of community within psychodramatic sharing. The research situation in its concreteness is described here and is done in the attitude of "What I would describe was the sense of community and how was it experienced back to the one who had this experience?" A good internal test of the adequacy of the situated structure is to test your description against the above mentioned question to see how well it would communicate to the subject.

From our situated level we move to the *general* structure. The general structure divests itself of the concrete specifics of the lived situation in an effort to approach and articulate what is trans-situational (Giorgi) to any experience of community. This movement to the general trans-situational structure is not to be confused with a structure that is pan-situational or universal. The pan-situational becomes too diluted, so to speak, and overshoots the balance between richness and comprehensivity, which we have attempted to maintain throughout our analysis's movement.

On a more heuristic note, the universal structures then provide us with a ground on which to compare other general structures (our N=6) to see where there is overlap, similarity, and disparity. When we encounter similarity, we are then able to compress these general structures into slightly larger structures which encompass the similarities as well as the subtle variations which internally exist.

When protocols are seen as not revelatory of the particular intention under

study, they are not merely discarded as unacceptable or contaminated data, but must be dealt with in dialogue with that intention. In this study, none of the protocols obtained were considered not revelatory of the community experience in psychodramatic sharing. The E is not totally responsible for the kind of data he obtains when he questions his subjects; he is however totally responsible for what he does with it once obtained. When I said the E was not totally responsible for the data he obtains, I meant to denote that he *is* responsible to the degree that it is he as E who poses the questions to the world and the world answers in dialogue with the question posed. Once again the importance of the researcher's intention is illuminated as foundational in phenomenological research.

Analysis of Data:

From my analysis of these six protocols I found four structures of community as experienced within the moment of psychodramatic sharing being manifest. Sharing was seen by three of these patients as being a time when their respective worlds become experientially enlarged through the mere hearing of how others were feeling or thinking about any given issue. This sense of having one's world enlarged came through the expanded horizons and greater number of perspectives given on any single topic than had been previously experienced. These expanded horizons meant that some sense of the person's world was being opened up by another and with this concommitantly came the other's entrance into what had been previously just his private domain of experience, thought, idea, or image. The person's world became then not only experientially enlarged by the sedimentation of these new profiles which had not been previously seen or allowed to be recognized, but also became *co-inhabited* by others. Other people were now in the patient's thoughts, perceptions, and feelings which had not been there before either by conscious or unconscious choice. This structure of community within psychodramatic sharing expanded one's horizons through the entrance of others into what had previously remained the subject's alone, or that which was only shared with a select few. As one of the subjects noted expressly, "I'm not so much alone in my world any longer." I have chosen to label this structure of community experience in psychodramatic sharing as *Expanded Horizon* and *Phenomenal Population* of an individual's world.

The style by which this transpired was a movement into another's world through the infiltration of an idea, feeling, thought or image first. This initial entrance by the idea, thought, image or feeling paved the way for the person who expressed it to also enter the other's world. It was as though the initial thought, expression, etc. called on and pulled along with it the subject whose expression it was. The stylistic movement was first the acceptance of the

object and then almost a following acceptance or increased readiness to take in the subject of that object as well. The other's eventual entrance into someone's world came on the heels of his hearing what he had to offer which touched him and was the interpersonal legal tender for later subjective entrance.

The second structure of communal experience to emerge which was represented in all protocols was what I have termed *Unconditional Acceptance.* The protocol given by the protagonist of that day was most illuminating as we found his expressing the feeling of having emerged temporarily from the group and that the experience of psychodramatic sharing was a vehicle for his return into the group from which he had emerged. As he noted in his protocol, "It was like being welcomed back home after you've been away." The sharing then was a period of transition or modulation back into the group from which one had momentarily left.

The important aspect of this acceptance back into the nascent group is in the unconditional nature of that acceptance. The returning member is accepted no matter how far or how diverse his wanderings have been. One protocol contained the statement, "Even my sickness is okay to share!" which exemplifies the depth of feeling accepted and accepting of others. Another protocol revealed, "You don't have to worry about how you look since we are all a part of the same thing." This unconditional acceptance back into the fold was made possible by a certain suspension of value oriented judgments about one another and the experience of having been with the other on his journey even though it was primarily his alone. This acceptance is most powerful due to this unconditional non-judgmental and non-critical nature; one is accepted back in his wholeness as a human being who has both shadow and light aspects to his life. Not only are the success and triumphal aspects allowed but also the sick and pathological aspects of one's life.

The style of the unconditional acceptance back into the group happens in the form of feeling the others have seen openly your journey away and still in spite of what they have seen offer a call back to join once again with them. The style of this is experienced by the protagonist as a welcoming offering to come back as one of the group whereas the audience perceives this movement as a going out toward the wandering other. The stylistic effect of this mutual movement is a coming together or more appropriately a rejoining of one another only this time on a new ground. This ground upon which the group is rejoined is new in the sense of having moved out or moved toward the protagonist yet retains a sense also of the old historical space together as the protagonist moves back toward what he perceives he has left.

The third structural dimension which emerged in four of the protocols is

what I have termed *Oneness within our Individuality*. The nature of this oneness within our respective individualities is that communal feeling of somehow all sharing the same things even though we experience them in different ways. This general structure borders very closely and I suspect is contingent upon our second structure of unconditional acceptance having been established within the group. The group experiences a sense of recognition of some level of general shared humanity as well as a shared ground of experience which has been built up in their specific histories together. An awareness of the common themes which each of us in our own ways in dialogue with our individual histories composes variations around these common living themes. This powerful sense of commonness with one another leads to a deeper and fuller appreciation of our shared general themes and greater openness toward each other's individual ways of coming to terms or not coming to terms with them.

This commonness as the appreciation of difference becomes clear in the following exerpt from a protocol: "When I share what I've been feeling, I feel that I'm helping an equal who can't see his way out of whatever his problem is. I think I can help him because it is sort of, well, my problem too! It's like he's doing maybe what I've already done or have been thinking about and I sort of know where that's at." This appreciation of the other's struggle with that with which we all struggle has the serendipitous effect of doubling back on the person and deepens his own understanding and presence to his own particular struggle with the universal. Also the universal or shared commonness takes on a fuller and possibly less threatening meaning since all become aware that it is not exclusively mine or yours alone, but rather ours.

The style through which this happens initially begins with a sense of mutual journey together with the protagonist through his psychodrama. The presented psychodrama is not merely something to be viewed as one would observe a movie, but is more fully something which each audience member participates in and lives with. The audience member not only sees the protagonist in the context of his psychodrama and life but also like a mirror comes to see himself within the action. In this mirror, each group member shares the experience of the other as both being the other's and concommitantly being his own. In the actual articulation of these feelings, thoughts, images, etc. during the sharing period this experiential bridge between one group member and other group members is constructed upon the ground of the common oneness which is felt in its individual forms.

The fourth structure which emerged from our protocol analysis is what has been termed *Existential Giving* and was represented in four of our protocols. This existential giving is a greater knowing and feeling for another in a deeper

way because they have given of themselves. The gift of their hidden fears, hopes, joys, or sadnesses has become a present to those who are willing and open enough to accept. As was noted for the last structure, the structure of Existential Giving rests upon the previous structures and is intricately bound to them in order to exist. This giving is a giving of self within the given context of psychodrama sharing but reflects not only on that specific situation but beyond it toward the further reaches of the members' lives, relations to others and relation to self. This giving is very rightly conceived of as a gift since it is most private and therefore most precious to the individual who receives it and to the one who lives it. It is not therefore taken lightly by either party. An example taken from a protocol will again show us the depth of this structure's lived meaning, "I just feel so close to Jim and I don't think I'll ever forget him or what he's allowed me to see today. I never really liked him at first but now I think I can understand why he's like he is and you know . . . I guess I've never liked people who come on like he does. But when I thought about my daughter, I guess we're pretty much alike and I felt strangely close to him when I told him about her."

This existential giving of one another occurs in such a manner that the individual feels he is in the audience and the audience in him. Saying the previously unspeakable not only has a liberating force about it for the person sharing it but also permits them to actively move toward another since this aspect of themselves is not baggage which needs to be concealed any longer. The liberating force of this movement is in the form of a "freedom from" the individual problematics and a "freedom toward" sharing those problematics with another. The weight is existentially shared by all. The way this commonly occurs is through some sort of beginning disclosure by the bravest group member who acts as a catalyst for the other members to begin to share dimensions of their lives. These expressive disclosures begin to deepen and broaden as more people begin to share and make possible where they are in terms of their lives and the issues at hand. Again we make note that for this structure to emerge there must be the preceeding structures of Unconditional Acceptance and Oneness Within Our Individuality upon which to build.

Discussion

Problems in the Study:

One of the major methodological problems in this study was the difficulty in attempting to extract the sense of community within the psychodramatic experience of sharing from the ongoing and more encompassing total group

phenomena of psychodramatic work. Just as was evident in our structural analysis that one structure was intricately linked with other structures and, in some instances, dependent upon other structures as its ground, so too the psychodramatic period of sharing is intricately linked with a good warm up, clear problem presentation and well directed psychodrama.

An interesting note concerning the richness of the protocols—these protocols came from currently hospitalized patients (note: not attached for study due to legal reasons of privacy—in Pennsylvania, patients would need to sign a release of information form even though it was purely for research), of which one may think, therefore, they may not be the most articulate subjects. To my pleasant surprise, I found these patients amazingly open in their descriptions in that they told me what they experienced and not what were their theories or speculations about what they experienced. I am grateful to those patients at Somerset State Hospital who trusted in me enough to share their experience of sharing with me.

Dialogue with Psychotherapeutic Intentions

Our first structure termed *Expanded Horizon* and *Phenomenal Population* leads the patient to not be so afraid to live in his world since others now share it with him. This expanded horizon and the infiltration of others into one's world does not occur without resistance. As Moreno himself notes concerning this resistance and the opening of one's world:

> It (resistance to psychodrama) arises because private problems are treated in public, private psychological properties, experiences of the most intimate kind which have always been considered as the last anchorage of individual identity, are urged to be relinquished to the group. The individual is urged to face the truth that these experiences are not really 'his', but public psychological property. This loss of all that individuality purported to be cannot be given up without a fight. The individual is told to sacrifice his splendid isolation, but he is not certain whether psychodrama will be able to replace his investment.
>
> (Moreno. *Psychodrama*, Vol. I, pp. 10-11)

This movement from giving up what is totally owned by the patient in his isolation toward allowing it to become public property and shareable means also, as we have seen from our protocols, that others can become a part of the person's life. This movement while initially resisted because of the open question to the person's Being becomes tremendously liberating as they find co-inhabitors in what had been isolation.

With the increased population of one's world comes the increased and varied perspectives which these people bring with them. A broader vista of possibilities begins to open for the patient which may include something as basic as realizing it is alright to feel this way or that way. The increased perspectives and increased numbers of people co-inhabiting one's world permits them to be more open not only toward others in the life-world but also toward themselves. To borrow a thought from John O'Neill, people begin to collect about each other's worlds and the essence of community emerges within this phenomenal incarnation of the other; community with the other through a corporal communion which allows us to share that which had previously been relegated to being mine alone. Our corporal communal sharing creates a new space between us, a transcendental realm which is both mine and the other's.

Therapeutically this can beckon one from his isolation and confront him with the worth of his own existence; for why else would others collect about him? For Moreno, the interpsyche is always an interpsyche of the entire group which is composed of co-conscious and co-unconscious states. These states are *never* the property of one individual only but are rather always a common property and therefore cannot be reproduced but by a combined communal effort.

Our second structure, termed *Unconditional Acceptance*, is not totally lifted from Carl Rogers but seems evident as a cardinal dictum of all effective psychotherapists, i.e. Freud, Jung, Boss, Kaiser, and Moreno to name a few. It is interesting but not totally surprising that this structure appeared within the group as revelatory of the community aspects of sharing. The reason that this does not meet with total surprise is because the group has become the healer or agent of therapusis. This role of group as healer is lived concretely in that the therapeutic values are scattered throughout the group with the effect of one patient being able to treat the other (Moreno, *Psychodrama*, Vol. I, p. 317) at any given moment. The healing therapeutic power lies in the group which encompasses Freud's notion of transference and Mesmer's concept of rapport. People are helped by other people and not by invisible forces hypothesized to be operating; the group is the healing agent and in essence, takes care of its own.

Therapeutically for the individual this means that once he experiences himself as being unconditionally welcomed back into the group no matter how far or how "crazy" his wanderings were, he feels more willing to venture out further the next time. In our actual psychodrama sessions we find that once an individual has been a protagonist and accepted in his psychodrama by the group, he is most willing to be protagonist again, which is usually in

greater depth than the initial time. This leads to further therapeutic gains, for as Moreno says, "Every true second is the liberation from the first" (*Psychodrama*, Vol. I, p. 28), for if the protagonist can re-create his demons, illusions or hallucinations on the stage, he is taking the first steps toward their mastery. That is, he is awakening to the possibility that it is he, the protagonist and author of his actions who *has* these demons, fears, etc. instead of their *having him*. This is important, for if the protagonist realizes it is he who can re-create these objects of his world on stage, he may just begin to see that it is also he who creates them in his life.

Our third structure of *Oneness Within Our Individuality* permits a common awareness that we all as members of the group share in a commonness. This may be a specific commonness of a shared problem in homogeneous groups constructed for certain types of people (i.e. alcoholics) or with a specific intention in mind (i.e. teaching group for students). On a larger scale, one of the important dimensions which becomes owned by all is their common humanity, their desire for help and the recognition that everyone lives this humanity and desire for help in infinite variations. This oneness and its individual variations becomes a shared communal project which all group members live out through their thought, word, and action.

Moreno bases the cement of this oneness in what he terms the tele relations between individuals. This is a primary structure which immediately sizes up what kind of person the other is. For Moreno tele is prior to transference, it permits two way communication and continues to operate once transference has been resolved. Tele is dialectical and therefore is two way communication vs. the more limited and specialized one way projective communication of transference. It is tele which fosters permanent relations between people that are open to the growth of dialectical movement. This tele relationship is not merely a hypothesized force but is an actual phenomenon of individual attraction, already operating at the first meeting which differs significantly from chance. Moreno's development of sociometry (see *Who Shall Survive*) becomes his attempt to measure and schematize tele relations.

One of the fascinating results of psychodramatic experience which reaches its high point in the sharing is what has been called secondary catharsis. The emotional release of the protagonist is the primary catharsis which is the most powerful but as the audience lives the common shared problems they also experience a less intense emotional release. This secondary catharsis is a moment which is releasing for the audience members when they *live* the realization that they share with others common problems of living and through their reproduction are liberating themselves from them together as a community.

The fourth structure, *Existential Giving*, appears to be what forms the bridge between the human condition of our individual separateness which normally functions to keep us apart. Therapeutically, this reciprocity of contact (Moreno) allows individuals to consummate what Buber terms the "between" where the I and the Thou meet. This dialogic calling out of oneself mobilizes what is uniquely existentially mine and if I am to genuinely meet the other on this new space of the interface of our Being, then I must be a true I to a true Thou. To be anything less by remaining fused to another, hidden behind walls of defense or by misrepresenting myself to the other means that I destroy this living "between" which ultimately means I am still trapped in myself and have not existentially given to the other, therefore obliterating the possibility of community. This giving of self becomes the important communal commerce which allows individuals to join in their separateness and share in the flesh of the world.

Transituational Elements of Community as Illuminated by this Study:

From our focus on community within the psychodramatic technique of sharing and the structures which emerged, we are also able to speak to the essence of community whenever and wherever it may occur. Lived community involves an individual's openness to the relativity of their own perspective and a willingness to grant other's perspectives initial credibility until possibly later proven not to hold for the individual. This openness to others also involves allowing not only these varying perspectives to enter into one's life but also means that these others ultimately co-inhabit my world of action, thought, word, dream and reality. Lived community is a shared flesh which we consummate as we feed from the same source (Levinas) of our worlds. Each person moves toward the others in respect of where he or she perceives each other to be in terms of the issue facing them all or any one member.

Lived community becomes not just an illusionary utopia but rather is a concrete space where human actions, feelings, illusions and realities are given a stage for expression, knowing they will be accepted as genuine. The living community then does not view deviance as a "bad" turn of events which mandates correction, but rather views the deviant as a call to reflect upon where each person is in constituting the community and whether change is already being lived by this individual. The one on the periphery is not automatically labeled the deviant but has the possibility of being the *pioneer* who is exploring the further reaches of what they all share.

Each person is existentially in each other and the group. The investment is a real sense of self in that instead of the I or me being primary, we find the

individual ego sharing equal time with the collective ego, the *we*. It is the dialectics of the "we" in the "I" and the "I" in the "we" that makes the community continue to grow and evolve.

As a closing note, when I began this study, I chose the psychodramatic technique of sharing as my vehicle of study through the terrain of community. I am amazed at just how synonymous these words really are. Community is sharing and sharing is community!

BIBLIOGRAPHY

Buber, M. *Between Man and Man*. New York: Macmillan Company, 1965.

Giorgi, A. An Application of Phenomenological Method in Psychology. *Readings in Humanistic Psychology*. Warmoth, A. (ed.) in press.

Giorgi, A. Toward a Phenomenologically Based Research in Psychology. *Journal of Phenomenological Psychology*, 1, 1970, 75-98.

Husserl, E. *Logical Investigations*. New York: Humanities Press, 1970.

Merleau-Ponty, M. *Phenomenology of Perception*. New York: Humanities Press, 1962.

Merleau-Ponty, M. *Structure of Behavior*. Boston: Beacon Press, 1963.

Moreno, J. L. *Psychodrama Vol. I*, Fourth Edition. Beacon: Beacon House, Inc., 1972.

Moreno, J. L. *Who Shall Survive?* Beacon: Beacon House, Inc., 1934.

Moreno, J. L. *Words of the Father*. Beacon: Beacon House, Inc., 1941.

Moreno, J. L. and Jennings, H. H. Sociometric Measurement of Social Configurations, Based on Deviation from Chance. *Sociometry* I, part II, 1938 and *Sociometry Monographs*, No. 3, Beacon House, New York.

PRE-DISCHARGE CONFERENCE PSYCHODRAMA

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There comes a time in the course of therapy with hospitalized patients, when the patient requests to be discharged. Multiple problems are involved with this request in that the patient frequently is not ready for discharge. The manner in which this premature request is encountered will have potent effects on the subsequent course of therapy. The primary danger here is that if the patient views the denial of the request in paranoid terms, either as a personal rebuke toward the patient by the therapist or as an attempt by the therapist to "imprison" the patient, the therapeutic rapport between the therapist and the patient may be threatened. Another aspect is that the denial of the request may result in frustration, manifested in the form of regression or violent acting out.

What is suggested to deal with these requests for discharge, and this does not only apply to premature requests, is a psychodrama to enact the discharge survey conference. The best setting for the staging of this psychodrama is the room in the hospital where the actual conference takes place. Other patients in the group therapy of the patient who has made the request are assigned the roles of examining doctors with one patient designated as the supervisor of the conference. During the course of the psychodrama the patient up for discharge is questioned and evaluated by the psychodramatic doctors, and has an opportunity for role-reversal with all members, but with emphasis on the conference supervisor's role.

There seem to be multiple advantages in this psychodramatic application. Primarily, the evaluation becomes buffered in that it is being given by peers and is less threatening than criticism given by the therapist. The result here is that even if the fellow patients pronounce that the patient is not ready for discharge, the patient is still oriented positively toward the therapist and subsequent therapy is not disrupted. The other major contribution of this psychodrama is that it orients the patient toward recognizing symptoms of his pathology and he comes to realize the interpersonal effects the pathology has on his fellow patients. When the patient is in a position of role reversal, taking the part, for instance, of the conference supervisor, he will frequently make very intuitive statements of his present condition which had not been

previously noted in therapy. It would seem that during this type of psychodrama, some of the defenses which keep the patient from acknowledging his pathology are broken down during the evaluative interchange between himself and the patient-doctors. It is not unusual during one of these diagnostic conference psychodramas for the patient to declare that he is not, in fact, prepared for discharge and that certain personality elements, of which he is now aware, still need further modification.

The secondary effects of this application are also considerable. The patients in the roles of doctors are themselves exposed to the task of examining a patient and trying to establish if the patient is able to leave the hospital, making them more empathetic with the job of their own doctor. These patients become oriented toward recognizing pathology and seeing its social implications. There is also a desensitizing effect, in that the diagnostic conference becomes familiar to them and when the time comes that they are actually interviewed in conference, the experience is less anxiety-provoking. A patient who has been in prediagnostic conference does not seem to express the insecurity or hesitation before the actual discharge conference, as is the case of non-psychodrama patients.

Finally, the psychodramatic conference may be used in a supportive sense for a dependent patient who is ready for discharge, but expresses great fear of both the discharge conference and being discharged from the hospital. In this case, the positive experience of going through the psychodramatic discharge conference successfully increases confidence in the patient concerning actual discharge. The positive interaction of the other patients who confirm the idea that the patient is ready for discharge has a strengthening effect on the patient's self image.

The pre-discharge conference psychodrama, then, seems a useful tool in dealing with the very important question of discharge with hospitalized patients.

PSYCHODRAMA AS EXPERIENTIAL INSERVICE TRAINING

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In the process of setting up and operating a new acute inpatient psychiatric unit, a vital aspect to consider is the inservice training program. Staff development and growth seems to be an integral part of such an endeavor.

A certain amount of factual information and data such as psychiatric diagnostic nomenclature is necessary for the members of such a unit. If it is apparent that there are some members who lack background in dealing with patients presenting psychological problems, my feeling is that such a lack can only be partially filled didactically through lectures and film presentations. While this certainly fulfills some vital needs of staff, the addition of an experiential learning opportunity decisively augments the didactic program.

As Director of Psychological Services, when I was called upon to help develop a program for a new psychiatric inpatient unit in what had formerly been totally a convalescent hospital, the necessity of an inservice experiential learning group for the staff became vital for me. This was to be in addition not only to a series of lectures dealing with emotional disturbance, but also to the on-going nursing education program. It was obvious to me after the first experiential group meeting that the course for the group to take was one relying heavily on the techniques of psychodrama and encounter.

The hospital unit itself was organized around the concept of a therapeutic community, and group therapy was the primary mode of psychotherapy. In such a unit, the interaction of staff and patients, not to mention the interaction among staff, is a significant factor. (In "staff" I include nursing personnel, social workers, aides and psychologists). I felt that an experiential learning group focused toward psychodrama and encounter would be valuable and highly facilitative to such a program.

Through psychodrama the staff could experience ways of coping with various types of patients and situations before the "in vivo" situation arose. They could also come to understand some of their own sensitivities in such critical areas as sex, physical contact, manipulation, authority, reaction to profanity and identity. At the same time I hoped staff would get a sense of less need for defensiveness with one another. Several staff members at the "aide" level were anxious initially at their own stereotypes of "the psychiatric

patient." This stereotyping was also to be a focus of the experiential groups. My goals for the experiential group were clearly directed toward meeting these specific levels of educational needs, and the series of once-weekly 1½ hour meetings was organized to encompass one or more of these goals at each meeting.

As the group grew and developed cohesion a number of obstacles, some anticipated and some not anticipated began to become more apparent. Like all groups of this sort, anxiety on the part of the members was initially very high. Since many of the staff members had been continually employed by the hospital for some time in the capacity of working with elderly convalescent patients, their new, somewhat undefined role as members of the therapeutic community was very threatening. After the first session of the group which involved a warm-up maneuver of getting acquainted, making some eye contact, and giving some direct feedback, two aides chose to leave the psychiatric unit and return to the convalescent section of the hospital. Reaction among the other 8-10 staff members was mixed, but generally favorable and enthusiastic. As the group continued, while the anxiety level seemed subjectively to remain the same or slightly decrease, the enthusiasm continued to increase. One staff member even made the comment that "The weeks seem to go from Thursday (group day) to Thursday!"

In experiential manner, groups dealt directly through psychodrama with physical contact, nonverbal communication, sensitivity to profanity, trust, anger, and identity. For example, in the session dealing with trust, after a warm-up, members were asked to imagine the person they trusted least seated opposite them. I suggested they confront this "person" with their feelings and the reasons behind these feelings. As the scene developed, another person took the role of the "imagined person." This group thus learned not only to explore the meaning ot trust for them, but also about the therapeutic usage of specific psychodramatic techniques. As this one particular scene spontaneously developed, however, it happened that the encounter between one nurse and her supervisor ("playing" an acquaintance) became a real encounter between these two members. The use of auxiliary egos together with some carefully-timed role-reversal led each of these two individuals into some important insights about the other, and about themselves.

In the session devoted to an exploration of identity, group members were asked to find an object in the room with which to identify. After choosing an object, a member was asked to act and speak as that object. That is, with actions accompanying the words, one member revealed, "I am an artificial flower. Plastic. I have no real roots. I am here to be looked at, and, now, to collect dust," while another explained, "I am a plant, living and growing. I

take nourishment from the environment around me. I need others to water me. I give them pleasure by growing and giving them something pleasant to look at."

A group which dealt with staff's reactions to profanity was structured so a number of 'soft' words such as "golden," "velvet," "love," and "magic" were occasionally dramatically interspersed with 'hard' words such as "vomit," "gut," and "fuck," while staff were in a state of heightened relaxation and body awareness. The staff then divided into dyads with one partner taking the role of patient and the other that of therapist to explore their reactions to the stimuli. This group then not only explored personal reactions to verbal stimuli (which they would have to face from patients), but also came to a better understanding of what it was like to interview a patient and be interviewed about personal feelings.

Such groups had one result in increased staff closeness. This proved to be both an asset and a problem. Certainly the flow of communication, the empathy, the warmth and trust which developed were all highly positive factors as was the direct more nonpersonal knowledge. These very assets, however, were viewed with disdain by administrative personnel who overtly stated, "The staff is really too close. There is too much fraternization and chumminess and that's not good!"

Comments such as these from the hospital authority figures had the effect of increasing the anxiety and negative feelings of the old-time staff members toward the group while unifying the more recently employed staff in its enthusiasm for the group. This split the staff rather badly and made the group a difficult place in which to deal with this issue which was central to its continuing survival.

One group session dealing with getting into touch with one's positive feelings resulted in most group members spontaneously and joyously running from the building and rolling in the green grass under a warm autumn sun, hugging and holding hands. Shocked disapproval of such "childish behavior on the part of adults" was the administrative reaction.

After reaching a high point of closeness and affection after several months of work, group members began to show increased intrastaff hostility. Angry confrontations over trivial incidents increased as the pressure on the staff from administration increased. Members of the staff were suspended from the hospital by the administration without group knowledge, and, finally, staff began to resign from the hospital. Attempts to build a psychodrama around these incidents led nowere, mirroring the growing sense of despondency and impotence on the part of staff members. Requests that administrative personnel attend the group experiences also went nowhere.

Throughout the experience, however, each group continued to explore a different and important aspect of the staff's educational growth. The groups were not coordinated to the didactic lectures and became an independent focus of experience. Because of the controversial nature the groups took on, however, after I had concluded my part in the development of the new psychiatric program, I asked for anonymous written feedback to the experience. The following statements indicate a sampling of different staff members' reactions to the experiential learning sessions:

> One comment: "I found it stimulating, exciting, frightening and frustrating many times. Most of the time I felt close to most of the other members."
>
> Another: "The openness which developed between staff members allowed us to be honest with each other."
>
> Another: "I found the group to be very disturbing. Before and during the groups, I was always nervous."
>
> Another: "It seemed to function well to relieve the tension that arises when any group of people work together."
>
> Another: "I found the meetings beneficial and educational in learning new concepts, as increasing communication among staff members by (sic) getting to know each other better and offering an opportunity for a meeting place"

In retrospect, these comments indicate to me how each individual member takes from a group what he wants to and sees in a group experience that which he chooses to. My own major purpose of helping persons cope more efficiently and comfortably with complex human, interpersonal relations was fulfilled and I would judge the groups positive on that ground. People became more aware of their own feelings and responsibility for those feelings, and more sensitive to patients and their needs. The attitude of the administration, and a way of effectively and constructively dealing with that attitude was one of the failures of the group.

In summary, this paper is meant to present one way of approaching experiential learning in a hospital setting, and to provide a brief synopsis of some of the pitfalls and some of the high points of such an endeavor.

AMERICAN SOCIETY OF GROUP PSYCHOTHERAPY AND PSYCHODRAMA

FINAL PROGRAM
32nd Annual Meeting and
Psychodrama Training Institute

April 25 through April 28, 1974

The Statler Hilton Hotel
New York City, 10001

ELLEN SIROKA, Program Chairman
STEPHEN WILSON, Program Coordinator

Program Committee: ZERKA MORENO, ELLEN SIROKA, ROBERT SIROKA, JAMES SACKS, STEPHEN WILSON

Administrative Assistants: JOAN WEINSTOCK, ROBERT FLICK, ROBERT FUHLRODT, JILL ELLIOT, LEE SINOVOI, JOHN RANDOLPH, RICHARD WEINSTOCK, BETH MEEHAN, ANDI ZERLER and staff members, Institute of Sociotherapy, New York City.

ALL-DAY INTENSIVE
PSYCHODRAMA TRAINING INSTITUTE

THURSDAY, APRIL 25, 1974
9:30 a.m. to 5:00 p.m.

WORKSHOPS:

I. PSYCHODRAMA AND PSYCHOTHERAPY
JAMES M. SACKS, Ph.D., Moreno Institute, New York City

II. FUNDAMENTALS OF PSYCHODRAMA & GROUP PSYCHOTHERAPY
ROBERT W. SIROKA, Ph.D., Executive Director, Institute for Sociotherapy, New York City

III. PSYCHODRAMATIC TECHNIQUES
JAMES M. ENNEIS, Chief, Psychodrama Programs, Saint Elizabeths Hospital, NIMH, Washington, D.C.

IV. EXPERIENTIAL PSYCHODRAMA
ELAINE GOLDMAN, Director, Western Institute for Psychodrama, Phoenix, Arizona

V. PSYCHODRAMATIC TECHNIQUES
HANNAH B. WEINER, M.A., Moreno Institute & Center for Experimental Learning, New York City

VI. PSYCHODRAMA IN THE 70's
LEWIS YABLONSKY, Ph.D., Professor of Sociology, California State University, Northridge, Calif.
and
DONNA YABLONSKY, Director, California Theatre of Psychodrama, Beverly Hills, California

VII. DOUBLING & STAGING TECHNIQUES IN PSYCHODRAMA
LEON J. FINE, Ph.D., Director, Seminars in Group Processes and Clinical Professor of Psychiatry, University of Oregon Medical School, Portland, Oregon

VIII. PSYCHODRAMA, THEORY AND PRACTICE
HOWARD A. BLATNER, M.D., Author of recent book on Psychodrama: *Acting-In*, Private Practice, Palo Alto, California

IX. SMALL GROUP PSYCHODRAMA
EUGENE ELIASOPH, M.S.W., and ROBERT SINGER, Ph.D. Co-Directors, New Haven Center For Human Relations, New Haven, Connecticut

THURSDAY, APRIL 25, 1974

ANNUAL MEETING REGISTRATION HOSPITALITY ROOM

Mezzanine Floor
1:00 p.m. to 8:00 p.m.

"The Warm Up"
OPENING CEREMONY
7:30 p.m. April 25, 1974
Terrace Ballroom – lobby floor
followed by Psychodrama Orientation sessions
(Rooms to be announced)

Directors:

CLARE DANIELSSON
MEG UPRICHARD
DAVID WALLACE
DONALD HEARN
CALVIN STURGIES
ANATH GARBER
ROBERT & ILDRI GINN
GILBERT SCHLOSS
THOMAS TREADWELL

"The Action"
FRIDAY, APRIL 26, 1974

REGISTRATION HOSPITALITY ROOM

Mezzanine Floor
8:00 a.m. to 5:30 p.m.

FRIDAY, APRIL 26, 1974
9:30 AM – 11:30 AM

101. Hartford Room–Videotape Center

C CAN YOU REALLY TALK WITH YOUR CHILD? PAPER/DEMONSTRATION/DISCUSSION

D. D. DURRETT, M.S.W. & P. A. KELLY, M.S.W., University of Texas at Arlington, Arlington, Texas

102. Pennsylvania Room
PERMANENT THEATER OF PSYCHODRAMA
DONALD HEARN, Director

103. Washington Room
C COUPLES GROUP THERAPY
HENRY GRAYSON, Ph.D., Executive Director, National Institute for the Psychotherapies, Inc. Assistant Professor, Brooklyn College, CUNY, Brooklyn, New York
MARIA-RIOS GRAYSON, M.A., Instructor and Counseling Staff, Queens College, CUNY, Flushing, New York

104. Cornell-Dartmouth Room
COUNSELING ALIENATED ADOLESCENTS, A NEW APPROACH: PAPER AND PANEL DISCUSSION
RUTH-JEAN EISENBUD, Ph.D., Psychological Consultant to The Robert Louis Stevenson School & Training Analyst, New York University and Adelphi University, Postdoctoral Psychoanalytic Institutes
EMANUEL SCHREIBER, Ph.D., Principal and Psychologist, The Robert Louis Stevenson School, New York City
STEVEN M. SICHEL, M.A., Psychology Intern, Queens Children's Hospital, New York
NAN BELDOCH, M.S.Ed., Bank Street College of Education, New York City
JANE THORBECK, M.S.Ed., Boston University, Boston, Mass.

105. East Room
VOCAL DYNAMICS: COMMUNICATION THROUGH SOUND, WORD AND GESTURE
NORMA M. WASSERMAN, R.M.T., B.M., Music Therapist, New York City

106. West Room
FOLKSONG IN EARLY CHILDHOOD, A PSYCHODRAMATIC APPROACH
RUTH RUBIN, Ethnomusicologist, New York City

107. Grand Ballroom
TECHNIQUES FOR SELF CONFRONTATION IN PSYCHODRAMA
ZERKA T. MORENO, Director of Training, Moreno Institute, Beacon, New York

108. Hudson/Sutton Room—1st Floor
C BEYOND WOMEN'S CONSCIOUSNESS RAISING GROUPS—WHAT?: EXPERIENTIAL (for women only)
LUCY SLURZBERG, Counselor & SUE PERLGUT, Instructor, Richmond College, Staten Island, New York

109. Empire Suite B—1st Floor
HOW TO DEAL WITH A HOSTILE MEMBER OF THE GROUP?
ANATH H. GARBER, Psychodramatist, Moreno Institute, New York City, Day Care Inc., East Orange, New Jersey

110. Play Penn—lobby floor
PSYCHODRAMA IN THE BEDROOM
PAUL HEBER, M.A., C.S.W., Institute for Sociotherapy and Long Island Jewish-Hillside Medical Center, Program in Human Sexuality, New York City & Hillside, New York

111. Room 402A
C METHODS OF FINDING A PROTAGONIST
ARTHUR S. WEINFELD, Ed.D., Clinical Director, Alcoholism Treatment Program, Elgin State Hospital, Elgin, Illinois
HELENE WEISZ , Psychodrama Consultant, Lutheran General Hospital, Park Ridge, Illinois
SHIRLEE WHEELER, Group Facilitator, Chicago, Illinois

112. Room 410A
C JECKYLL AND HIDE
MICHAEL GORDON, JOAN TUOHY TETENS, and TETE H. TETENS, JR. CONTACT: Growth through Experiential Living, New Jersey

113. Room 416A
USE OF ACTION SOCIOGRAMS TO CONCRETIZE AND RECONCILE GROUP CONFLICT: DISCUSSION
PETER ROWAN , JR., Co-Director, New England Institute of Psychodrama, Boston, Massachusetts

114. Room 409
SEMINAR ON RESEARCH IN PSYCHODRAMA AND SOCIOMETRY: A PANEL
ALLAN G. WICKERSTY, M.A. and Interns and Residents of Psychodrama Section, Saint Elizabeths Hospital, NIMH, Washington, D.C.

115. Room 450
C GESTALT AWARENESS EXERCISES
JACK CANFIELD & JUDY OHLBAUM-CANFIELD, Ph.D., Directors of the New England Center, Amherst, Massachusetts

116. Room 413A
L C FANTASY FOR PERSONAL GROWTH
TULSI B. SARAL, Ph.D., Professor of Communications, Governors State University, Park Forest South, Illinois

117. Room 436
L C EXPERIMENTS IN THE MULTI-MODAL EXPRESSION OF THE SELF WITHIN A GROUP
MARGIT BASSOW, B.Sc.D.T.R., Dance Therapist
CLAIRE SHERR, M.S., A.T.R., Senior Art Therapist, Maimonides Mental Health Center, Brooklyn, New York

118. Room 443
L C WORKSHOP ON ROLE-PLAYING . . . A TEACHING DEVICE
PETER T. VAN SUETENDAEL, Ed.D., A.C.S.W., Part Time Lecturer, University of Bridgeport; Conslutant in Minority Group Relations, Dixwell Community House

119. Room 444
A HOLISTIC APPROACH TO EDUCATING URBAN BLACK POOR COLLEGE STUDENTS: PAPER AND DISCUSSION
THELMA GRIFFITH JOHNSON, Ed., M., Assistant Professor, Urban Education, Livingston College, Rutgers University, New Brunswick, New Jersey

120. Room 457
THEORY AND EXPERIENCES OF WORKING WITH "SCHIZOPHRENIC" MEMBERS IN A MULTIPLE FAMILY GROUP: A DISCUSSION
PAUL D. REID, Psychodramatist and Group Therapist, New Haven Center for Human Relations, New Haven, Connecticut and Hartford Hospital Day Psychiatric Program, Connecticut

121. Room 470
MODIFYING THE ASPIRATION LEVEL OF COLLEGE STUDENTS: A DEMONSTRATION
DORIS NEWBURGER, Ph.D., Borough of Manhattan Community College, CUNY

122. First Mezzanine—Alcoholism Consultation Center
REALITY GROUP THERAPY FOR ALCOHOLICS
JOSEPH P. PIRRO, C.S.W., & RUTH LASSOFF, M.A. Alcoholism Consultation Center, Freeport Hospital, Long Island

FRIDAY, APRIL 26, 1974
1:00 PM – 3:00 PM

201. Hartford Room—Videotape Center
C AN EXPLORATORY STUDY OF INTERPERSONAL RISK-TAKING BEHAVIORS IN GROUP PSYCHOTHERAPY: A PAPER
NAZNEEN S. MAYADAS, D.S.W., Associate Professor
WAYNE D. DUEHN, Ph.D., Chairman, Direct Practice Sequence and Associate Professor
ROBIN H. OTSTOTT, M.S.W.,
MARILYN C. P. SCRUTCHINS, M.S.W., Graduate School of Social Work, University of Texas at Arlington

202. Pennsylvania Room
PERMANENT THEATER OF PSYCHODRAMA
GILBERT A. SCHLOSS, Director

203. Washington Room
AFFECTIVE EDUCATION IN A UNIVERSITY SETTING: RICORSO: A GROWTH CENTER IN AN URBAN COMMUTER COLLEGE
JEROME GOLD, Ed.D., PETER SPOWART, M.S.W., VIVIAN LOWELL, M.S.W., RICORSO, Group Program of City College of New York, New York City

204. Cornell-Dartmouth Room
SOCIOMETRIC BASIS OF GROUP PSYCHOTHERAPY: A PANEL
ZERKA T. MORENO, Director of Training, Moreno Institute, Beacon, New York
JAMES M. ENNEIS, Chief Psychodrama Programs, Saint Elizabeths Hopsital, NIMH, Washington, D.C.
ABRAHAM E. KNEPLER, Ph.D., University of Bridgeport, Bridgeport, Connecticut

205. East Room
C SELF RENEWAL—METHODS OF ENERGIZING, RELAXING, AND CENTERING OURSELVES
BARBARA BERGER, Ph.D., New York City

206. West Room
L C SONG-DANCE THERAPY AS A GROUP METHOD
DANIEL A. PETERSON, Assistant Professor, University of Massachusetts, Amherst, Massachusetts

207. Grand Ballroom
PSYCHODRAMA BASICS FOR MENTAL HEALTH PROFESSIONALS
ROBERT W. SIROKA, Ph.D., Executive Director, Institute for Sociotherapy, New York City

208. Hudson/Sutton Room—1st Floor
CO-DIRECTION: DEMONSTRATION AND WORKSHOP
ILDRI B. GINN, M.A. & ROBERT M. GINN, M.F.A. Executive Directors of the Psyhcodrama Institute of Boston, Inc., Boston, Massachusetts

209. Empire Suite B—1st Floor
PSYCHODRAMA AND DEPRESSION: A DISCUSSION
DAVID A. WALLACE, M.S., Psychotherapist, Institute for Sociotherapy, New York City

210. Play Penn—lobby floor
C PSYCHODRAMA AND ALCOHOLISM
SHEILA B. BLUME, M.D., Unit Chief, Alcoholism Rehabilitation Unit, Central Islip State Hospital, Central Islip, New York

211. Room 402A
PSYCHODRAMA AND THE THEATRE OF THE CATHOLIC CHURCH
JOSEPH POWER, M.A., Co-Director, New England Institute of Psychodrama, Boston, Massachusetts

212. Room 410A
ROOTS TO THE COSMOS: A PSYCHODRAMATIC NEW YEAR CELEBRATION
CLARE DANIELSSON, Psychodramatist, Catholic Worker Farm, Tivoli, New York, Stony Lodge Hospital, Ossining, New York

213. Room 416A
CONSCIOUSNESS RAISING GROUP: A DEMONSTRATION (for women only)

BILLEY LEVINSON FINK, Ph.D., State University of New York at Buffalo, New York

214. Room 409
HYPNOTHERAPY FOR EVERYDAY LIVING: DEMONSTRATION AND GROUP PARTICIPATION
LYNNE GORDON, Hypnotherapist, Executive Director, Autosuggestion and Hypnosis Center, New York City

215 Room 450
TRANSPERSONAL GROUP THERAPY: DISCUSSION AND EXPERIENTIAL
SHIRLEY WINSTON, M.A., Psychologist, New York City
DAVID PURSGLOVE, Psychotherapist, New York City

216. Room 413A
SUPPORTIVE ELEMENTS OF GROUP PSYCHOTHERAPY AND PSYCHODRAMA WITH PARANOID SCHIZOPHRENICS: A PAPER
WAYNE C. HUDSON, Dipl.–Psych. Former Psycho-Analyst, South Florida State Hospital, Visiting Lecturer, C. G. Jung Institute, Zurich, Switzerland,
BARI ZWIRN, Graduate Student, Emory University, Florida

217. Room 436
GROUP PSYCHOTHERAPY WITH ACTING-OUT, ALIENATED, ADOLESCENTS: DIDACTIC AND EXPERIENTIAL
THOMAS EDWARD BRATTER, E.M., Consultant, Group Training Project, New York City Office of Probation
RICHARD BAXT, M.A., Senior Probation Officer, Office of Probation, New York Supervision Branch, New York City
RICHARD R. RAUBOLT, M.A., Consultant, Pelham Narcotics Guidance Council, New York

218. Room 443
C GESTALT TECHNIQUES: A DEMONSTRATION
CAROL HOAGLAND, Group Trainer, The New Haven Center for Human Relations, New Haven, Connecticut

219. Room 444
PITFALLS OF CONSULTING/TRAINING AND ROLE-PLAYING WITH WELFARE WORKERS: TWO PAPERS
ELAINE A. SACHNOFF, M.A., & CAROL HEISS, R.N., DePaul University, Chicago, Illinois

220. Room 457
L C ACTION THERAPY: AN EXPERIENCE IN NONVERBAL INTERACTION
RUTH WOLFERT, B.S., Psychotherapist, New York City

221. Room 470
DEMONSTRATION OF SOCIODRAMA
ABEL K. FINK, Ed.D., Professor of Behavioral Studies, State University College at Buffalo, Buffalo, New York

222. Room 474
THE USE OF PSYCHODRAMA IN A DETOXIFICATION AND REHABILITATION CENTER
ROY GOLDSTEIN and ADEL SACKS, South Oaks Hospital, Baily House, Amityville, Long Island

223. Terrace Ballroom—lobby floor
THE PRIMAL CHUCKLE
JACK CANFIELD, Director of the New England Center, Amherst, Massachusetts

FRIDAY, APRIL 26, 1974
3:30 PM – 5:30 PM

301. Hartford Room—Videotape Center
THE USE OF VIDEOTAPE FEEDBACK AND OPERANT INTERPERSONAL LEARNING IN MARITAL COUNSELING WITH GROUPS
NAZNEEN S. MAYADAS, D.S.W., Associate Professor of Social Work, and WAYNE D. DUEHN, Ph.D., Chairman, Direct Practice Sequence and Associate Professor, Graduate School of Social Work, The University of Texas at Arlington, Arlington, Texas

302. Pennsylvania Room
PERMANENT THEATER OF PSYCHODRAMA
ANATH GARBER, Director

PSYCHODRAMA

303. Washington Room
GEEL—CHANGING TRADITION
A film and discussion of the oldest family-care program for the mentally ill and retarded, and its applications
CLARE DANIELSSON, Psychodramatist
Catholic Worker Farm, Tivoli, New York
Stony Lodge Hospital, Ossining, New York

304. Cornell-Dartmouth Room
PSYCHODRAMA IN RELATION TO OTHER MODALITIES—SIMILARITIES AND DIFFERENCES: A PANEL
JAMES M. SACKS, Ph.D., Moreno Institute, New York City
CARL GOLDBERG, Ph.D., Laurel Comprehensive Community Mental Health Center, Laurel, Maryland
LEON J. FINE, Ph.D., Seminars in Group Processes, Portland, Oregon
I. E. STURM, Ph.D., Psychologist, V.A. Hospital, East Orange, New Jersey

305. East Room
C MOVEMENT AND BODY AWARENESS: A GESTALT APPROACH
KENNETH MEYER, Ph.D., Psychologist, New York City

306. West Room
PSYCHO-OPERA—SPONTANEITY, MUSICAL TECHNIQUE AND WARM UP
TOBI KLEIN, P.S.W., Montreal, Canada

307. Grand Ballroom
BOTH SIDES OF THE LAW: ACTION DEMONSTRATION
HANNAH WEINER, M.A., Moreno Institute and Center for Experiential Learning, New York City
STEPHEN CHINLUND, Director of Bedford Hills Reformatory, Bedford Hills, New York
THOMAS E. BRATTER, Ed.M., & GARRY FALTICO, Ph.D.

308. Hudson/Sutton Room—1st Floor
PSYCHODRAMATIC DIET WORKSHOP: EXPERIENTIAL
STEPHEN WILSON, A.C.S.W. & BARBARA STEIN, B.A., Institute for Sociotherapy, New York City

309. Empire Suite B—1st floor
PARENTS ANONYMOUS: A SELF HELP GROUP PRESENTATION AND DISCUSSION
GERTRUDE M. BACON, Founder and Member, Parents Anonymous, New York City

310. Play Penn—Lobby Floor
THE USE OF VERBAL AND NON-VERBAL TECHNIQUES IN THE PRACTICE OF SOCIAL WORK: DIDACTIC AND EXPERIENTIAL
CALVIN H. STURGIES, JR., A.C.S.W., Senior Consultant, Boone, Young and Associates, Management Consultants, N.Y.C.

311. Room 402A
A SOCIO-POLITICAL-DRAMA FOR THE PSYCHODRAMATIST, ENCOUNTER LEADER AND GROUP DYNAMICIST: MENTAL HEALTH ORIENTED
THOMAS TREADWELL, Chief Clinical Psychologist, Community Mental Health Clinic, Darby, Pennsylvania

312. Room 410A
FANTASY SOCIODRAMA
JOHN NOLTE, Ph.D., Professor of Psychology, Sangamon State University, Springfield, Illinois

313. Room 416A
C WARM-UP TECHNIQUES FOR DEMONSTRATION GROUPS
DALE RICHARD BUCHANAN, M.S., Psychodrama Section, Saint Elizabeths Hospital, NIMH, Washington, D.C.

314. Room 409
TESTING AND EXAMINATION OF GROUP WORK METHODS THROUGH THE EXTENSIVE USE OF ROLE-PLAYING: A PAPER
EDCIL R. WICKHAM, M.S.W., Social Worker, University Professor, Wilfrid Laurier University, Waterloo, Ontario, Canada

315. Room 450
L.C. USE OF ART IN A GROUP PROCESS
JEAN PETERSON, A.C.S.W., Art Therapist, Social Worker, Institute for Sociotherapy, New York City

316. Room 413A
THE GREEK THEATRE AND THE PSYCHODRAMA THEATRE: A FORMAL COMPARISON OF ARENAS FOR CATHARSIS: A PAPER
SEYMOUR HOWARD, Ph.D., Department of Art History, University of California, Davis, California

317. Room 436
C. INTEGRATION OF INDIVIDUAL AND GROUP PSYCHOTHERAPY
CLEMENS LOEW, Ph.D., Director of Clinical Services, National Institute for the Psychotherapies, Inc., New York City

318. Room 443
L.C. THE USE OF SHARING AND MODELING WITH GROUP THERAPY AND GROUPS FOR PERSONAL GROWTH: EXPERIENTIAL AND DIDACTIC
LEONARD BLANK, Ph.D., President, Princeton Association for Human Resources, New York City and Princeton, New Jersey

319. Room 444
PSYCHODRAMA FOR CREATIVE THEATRE
JAMES WEISS, Ph.D., Associate Professor, Manhattan College, Bronx, New York

320. Room 457
WORKSHOP IN CREATIVE DRAMATICS FOR THE EXCEPTIONAL CHILD
GERTRUD SCHATTNER, Senior Activity Therapist, Bellevue Hospital, Psychiatric Division; Instructor, Turtle Bay Music School, N.Y.C.

321. Room 470
SOCIOMETRY AS IT CAN BE APPLIED TO EDUCATION, CORRECTIONS, AND MENTAL HEALTH
CARL E. HOLLANDER, President
SHARON L. LEMAN, Vice President, Colorado Center for Psychodrama, Sociometry and Sociatry, Denver, Colorado

322. Terrace Ballroom Lobby Floor
C. HYPNODRAMA FOR GROWTH AND GUIDED FANTASY FOR GROUP PROBLEM-SOLVING
IRA A. GREENBERG, Ph.D., Supervising Psychologist, Camarillo State Hospital, Camarillo, California

EVENING SOCIAL EVENT

FRIDAY, APRIL 26, 1974
7:00 p.m. to Midnight–Georgian Room
Dutch Treat Cocktail Party
(Hosted by the Fellows of the ASGPP)
and
DANCE
Music by Robert Fuhlrodt

"The Action"
SATURDAY, APRIL 27, 1974
REGISTRATION
HOSPITALITY ROOM
Mezzanine Floor
8:00 a.m. to 5:30 p.m.

SATURDAY, APRIL 27, 1974
9:30 AM–11:30 AM

401. Hartford Room–Videotape Center
Two Presentations:
DEATH ON THE COLLEGE CAMPUS? ASSESSMENT AND MANAGEMENT OF COLLEGE SUICIDE
JAMES ENNEIS, Chief, Psychodrama Programs
DONALD HEARN, Psychodrama Section
Saint Elizabeths Hospital, NIMH, Washington, D.C.
ACTION METHODS WITH VIDEOTAPE FEEDBACK IN INTERVIEW TRAINING
JUD WATKINS, U.S. Probation Officer, U.S. District Court, District of Columbia

402. Pennsylvania Room
PERMANENT THEATER OF PSYCHODRAMA
MEG UPRICHARD, Director

403. Washington Room
THE THERAPEUTIC COMMUNITY: CONCEPT AND APPLICATIONS: A PANEL
AMY S. WALLACE, M.A., (moderator) Institute for Sociotherapy
KENNETH AXEL, Metropolitan Community for Psychotherapy

HERBERT J. FREUDENBERGER, Ph.D., Psychoanalyst, Staff Psychologist, S.E.R.A.
RICHARD MINGIA, A.C.S.W., Encounter, Inc.
BERNEY GOODMAN, M.D., Mt. Sinai Hospital, New York City

404. Cornell-Dartmouth Room
ROLE THEORY AND PSYCHODRAMA: A PANEL
ABRAHAM E. KNEPLER, Ph.D., University of Bridgeport, Bridgeport, Connecticut
HANNAH WEINER, M.A., Moreno Institute and Center for Experiential Learning, New York City

405. East Room
BIONEUROSIS–NEW CONCEPTS IN PSYCHOTHERAPY RELATING TO THE BODY-MIND PROBLEM: ENERGY FLOW AND WHY IT GETS BLOCKED
DANIEL MILLER, M.A., Psychologist, Organic Center, New York City

406. West Room
C. GROUP PROCESS IN MUSIC THERAPY: A DEMONSTRATION
LEO C. MUSKATEVC, R.M.T., Associate Professor of Music Therapy, The University of Wisconsin-Milwaukee, Milwaukee, Wisconsin

407. Grand Ballroom
PSYCHODRAMA OF THE SPHINX
PIERRE WEIL, Ph.D., Psychodramatist & Group Psychotherapist, Belo Horizonte, M.G., Brazil

408. Hudson/Sutton Suite–1st Floor
POETRY THERAPY: DEMONSTRATION AND DISCUSSION
GILBERT A. SCHLOSS, Ph.D., Assistant Professor of Psychology, Manhattan College, Staff, Institute for Sociotherapy, N.Y.C.

409. Empire Suite B–1st Floor
GROUP DYNAMICS AND SOCIODRAMA IN A WOMEN'S LIB CONTEXT: A PANEL
BILLEY LEVINSON FINK, Ph.D., State University of New York at Buffalo, New York

410. Georgian Room
THE EMOTIONAL ATMOSPHERE IN THE GROUP: DEMONSTRATION AND DISCUSSION
JAMES M. SACKS, Ph.D., Moreno Institute, New York City

411. Room 402A
C. PSYCHODRAMA AND BIO-ENERGETICS
GLORIA ROBBINS, Teacher and Therapist, State University at New Paltz, New York

412. Room 410A
C. PSYCHODRAMA TRAINING TIPS
E. KARIN WARNER, O.T.R. & G. DOUGLAS WARNER, Ph.D., Brook Lane Psychiatric Center, Hagerstown, Maryland

413. Room 416A
C. USING PSYCHODRAMA WITH FAMILY THERAPY IN THE HOME
DAVID SCHWARTZ, A.C.S.W., Psychiatric Social Worker and Family Therapist, V.A. Alcohol Rehabilitation Program, Northampton, Massachusetts

414. Room 409
C. A GROUP SUPERVISORY EXPERIENCE FOR WORKING PSYCHOTHERAPISTS
CLARA HARARI, A.C.S.W., Psychoanalyst, Family & Group Therapist, Community Consultation Services, New York City

415. Room 450
C. GESTALT APPROACH: FANTASY AND DREAMS
MARVIN LIFSCHITZ, M.S., Gestalt Therapist & New School Faculty, New York City

416. Room 413A
C. A MODEL FOR UNDERSTANDING THE POWER OF DEVIANCY IN GROUPS AND ITS RELATIONSHIP TO GROUP DEVELOPMENT
LEO M. BONFADINI, R.N., M.S.S.A., Social Group Worker, Crosier House of Studies, Fort Wayne, Indiana

417. Room 436
C. USING INTERACTION EXERCISES IN THE CLASSROOM
GENE STANFORD, Ph.D., Assistant Professor, Teacher Education Program, Utica College of Syracuse University, Utica, New York

418. Room 443
TRAINING MODELS FOR TEACHING BASIC PSYCHODRAMA TECHNIQUES
BARBARA ENGRAM, Psychodrama Section, Saint Elizabeths Hopsital, NIMH, Washington, D.C.

419. Room 444
C. NEW TECHNIQUES IN SOCIODRAMA
RON SIMMONS, Ed.D., Chairman, Department of Urban Education, William Paterson College, Wayne, New Jersey

420. Room 457
GROUP DYNAMICS IN THE CLASSROOM: SOCIOGRAMS, ROLE PLAYING AND OTHER APPROACHES
PAUL HUREWITZ, Ph.D., Psychologist, Lehman College, CUNY Bronx, New York

421. Room 470
L.C. THE NEW SEXUALITY FOR WOMEN (for women only)
BEVERLY GOFF, A.B., M.S., Sex Educator/Therapist, New York City

SATURDAY, APRIL 27, 1974
1:00 PM–3:00 PM

501. Hartford Room–Videotape Center
L.C. GESTALT PSYCHOTHERAPY: AN EXPERIENTIAL DEMONSTRATION
MICHAEL KRIEGSFELD, Ph.D., Gestalt Psychotherapy Associates, N.Y.C.

502. Pennsylvania Room
PERMANENT THEATER OF PSYCHODRAMA
DAVID WALLACE, Director

503. Washington Room
A NEW GROUP HYPNOTHERAPY LIVE DEMONSTRATION

WILLIAM T. REARDON, M.D., Director of the Group Hypnotherapy Research Center, Inc., Wilmington, Delaware

504. Cornell-Dartmouth Room
ACTION METHODS IN EDUCATION: A PANEL
HOWARD SEEMAN, M.A., Moderator, Lehman College, CUNY, Bronx, New York
ABEL K. FINK, Ed. D., Professor of Behavioral Studies, State University College at Buffalo, New York
GENE SANDFORD, Ph.D., Assistant Professor, Teacher Education Program, Utica College of Syracuse University
RON SIMMONS, Ed.D., Chairman, Dept. of Urban Education, William Paterson College, Wayne, New Jersey

505. East Room
C. DANCE AND MOVEMENT IN THE THERAPEUTIC PROCESS
FRAN LEVY, M.A., C.S.W., D.T.R., (Dance Therapist, Reg.), Social Worker, Institute for Sociotherapy, New York City

506. West Room
C. MUSIC'S ROLE IN THE EXPLORATION OF INNER SPACE, ALTERED STATES OF SONSCIOUSNESS: AN EXPERIENCE
SARAH JANE STOKES, R.M.T., Music Therapist, Brook Lane Psychatric Center, Hagerstown, Maryland

507. Grand Ballroom
THE SCREAM AND INTENSE FEELING THERAPY
SIDNEY ROSE, M.D., Fellow Am. Ac. Psychoanalysis Faculty, Am. Institute of Psychoanalysis; Former Director Group Psychoanalysis, Karen Horney Clinic, NYC
ELIZABETH ELWYN, A.C.S.W. & IRWIN BADIN, Ph.D. & AL ROSSI, M.A.

508. Hudson/Sutton Suite—1st Floor
C. THE USE OF FAMILY ART THERAPY AND PSYCHODRAMA
SELMA H. GARAI, M.S.W., C.S.W., Staff Member, Family Therapy Department, Postgraduate Center for Mental Health, New York City
JOSEF E. GARAI, Ph.D., A.T.R., Graduate Art Therapy Program, Pratt Institute, Brooklyn, New York

509. Empire Suite B—1st Floor
J. L. MORENO'S CONCEPT OF THE SOCIAL ATOM

JOSEPH POWER, M.A., Co-Director, New England Institute for Psychodrama, Boston, Massachusetts

510. Georgian Room
"LOVE ME, LOVE ME, LOVE ME!" PSYCHODRAMA AS AN EMOTIONALLY HEALING EXPERIENCE
LEO SANDRON, Ed.D., Clinical Psychologist & Psychodrama consultant, and
FRANCES SANDRON, B.A., Social Work Associate, Metropolitan State Hospital, Norwalk, California

511. Room 402A
INTEGRATIVE GROUP PSYCHOTHERAPY
GLEN BOLES, Ph.D., Integrative Psychotherapist, Supervisor, Morton Prince Clinic for Hypnotherapy; Trainer, American Institute for Psychotherapy & Psychoanalysis, NYC

512. Room 410A
C. THEATRE OF SPONTANEITY IN USE WITH ADOLESCENTS
FAYE L. GRANBERRY, Ed.D., New Jersey-Union County Juvenile Court, Union, New Jersey

513. Room 416A
C. PEER COUNSELING IN THE GAY AND BI-SEXUAL COMMUNITY
PATRICK J. KELLEY, M.A., Associate Clinical Director, Identity House, Fellow, New York Institute for Gestalt Psychotherapy, New York City
JOHN KANE, BURT LAZARIN, GERI TASCA, PAMELA WEEKS, Identity House, New York City

514. Room 409
SPONTANEITY WORKSHOP, TECHNIQUES IN CREATIVITY AND IMPROVISATION: ACTION DEMONSTRATION
SHEILA PECK, Group Worker, Coordinator Link Theatre Program, Empire State College, New York City

515. Room 450
C. WHAT AM I TELLING THE OPPOSITE SEX AND HOW?
MICHAEL GORDON, JOAN TUOHY TETENS, and TETE H. TETENS, JR. CONTACT: Growth through Experiential Living, New Jersey

608. Hudson/Sutton Suite—1st Floor
COUPLES GROUP: THE PARADOXICAL RELATIONSHIP—MARRIAGE
THOMAS TREADWELL, Co-Therapist
JEAN TREADWELL, Co-Therapist, Community Mental Health Clinic, Darby, Pennsylvania

609. Empire Suite B—1st Floor
GROUP PROCESS STUDY IN THE THEATRICAL PRODUCTION
GUILLERMO BORRERO, M.D., RICHARD E. MENNEN, Ph.D., & RAY NAAR, Ph.D., School of Medicine, University of Pittsburgh, Pennsylvania

610. Georgian Room
SOCIOMETRY OF DEATH AND THE PSYCHODRAMA OF THE SURVIVOR
ROBERT W. SIROKA, Ph.D., Executive Director, Institute for Sociotherapy, New York City
HANNAH WEINER, discussant

611. Room 402A
SELECTED STRATEGIES IN MODIFICATION OF BEHAVIOR IN GROUPS
HOWARD NEWBURGER, Ph.D., Institutes of Applied Human Dynamics, New York City & Westchester County

612. Room 410A
USE OF PSYCHODRAMA—INDIVIDUAL AND GROUP, IN PRIVATE PRACTICE
SYLVIA ACKERMAN, M.A., Executive Director, Central Queens Psychotherapy Center, Jamaica, New York

613. Room 416A
CRISIS INTERVENTION WITH ADOLESCENTS: PSYCHODRAMATIC TRAINING APPROACH
MERRI CANTOR GOLDBERG, M.S.W., Consultant, Silver Springs, Maryland

614. Room 409
L.C. AN EXAMINATION OF COVERT PROCESSES IN SMALL GROUP DEVELOPMENT

PSYCHODRAMA

SATURDAY, APRIL 27, 1974
3:30 PM–5:30 PM

601. Hartford Room–Videotape Center
SHOWING EMOTIONS IN A GROUP
ABEL K. FINK, Ed.D., Professor of Behavioral Studies, State University College at Buffalo, New York

602. Pennsylvania Room
PERMANENT THEATER OF PSYCHODRAMA
CLARE DANIELSSON, Director

603. Washington Room
INTEGRATIVE WORKSHOP MAKING USE OF THE NEWER ACTION THERAPIES
MARTIN KASSAN, Ed.D., Past President, Council of Psychoanalytic Psychotherapies, New York City

604. Cornell-Dartmouth Room
POETRY IN THERAPY, THEORY AND APPLICATIONS: A PANEL
GILBERT A. SCHLOSS, Ph.D. (moderator), Institute for Sociotherapy and Manhattan College
ANTHONY SUMMO, Ed.D., Chairman, Department of Psychology, Manhattan College, Bronx, New York
JAMES MURPHY, M.D., Psychiatrist, New York City

605. East Room
C. CREATIVE USE OF THERAPEUTIC ENCOUNTERS
ALFRED D. YASSKY, M.A., Executive Director, American Psychotherapy Seminar Center, New York City

606. West Room
INTERACTION THROUGH MUSIC
A. BETH SCHLOSS, R.M.T., M.M., M.A., Music Therapist, Institute for Sociotherapy, New York City

607. Grand Ballroom
PSYCHODRAMA, PSYCHIATRY AND AA
N. CRAIG BAUMM, M.D., Director Alcoholism Treatment
MEG UPRICHARD, B.A., Psychodramatist, Horsham Clinic, Ambler, Pennsylvania

516. Room 413A
C. CONJUGAL THERAPY
BARRY G. GINSBERG, Ph.D., Psychologist, Director, Child & Family Unit, Lenape Valley Foundation
MINDI GINSBERG, B.S., Family Group Worker, Community Commitment Project of Bucks County, Bucks County, Pennsylvania

517. Room 436
C. TRANSACTIONAL ANALYSIS TREATMENT IN GROUPS
BARTON W. KNAPP, Ph.D., & MARTA VAGO, M.S.W., Laurel Institute, Incorporated, Philadelphia, Pennsylvania

518. Room 443
TEAM DEVELOPMENT IN HEALTH CARE, CONCEPT AND PRACTICE: A PANEL
TOM AZUMBRADO, M.A., M.S. (moderator), Associate Director of Evaluation and Training, Morrisania City Hospital, Bronx, New York

519. Room 444
CHANGES IN THINKING, TREATMENT & TECHNIQUES OF A FREUDIAN TRAINED PSYCHOANALYST
MILDRED S. LERNER, Ph.D., Past President National Psychological Association for Psychoanalysis, New York City

520. Room 457
THE USE OF PSYCHODRAMA AS THEATRE
JANE & JOEL GOTTLIEB, MADELINE SHERWOOD, RICHARD SUMMERS, K. C. TOWSAND, DANIEL BLUMENEAU, DIANA (DANNY) BARSTOW, The Double Troupe

521. Room 470
EXPLORING MAN-WOMAN RELATIONS VIA THE PSYCHODRAMATIC SITUATION TEST
BONNIE WEISS, M.A., Counselor, Baruch College, New York City

522. First Mezzanine—Alcoholism Consultation Center
THE PROFILE OF THE PARA-ALCOHOLIC: THE SIGNIFICANT OTHERS IN THE ALCOHOLIC'S LIFE
KAY AND CHARLES SHIRLEY, Freeport Consultation Center, Family Services, Freeport Hospital, Long Island

CALVIN H. STURGIES, JR., A.C.S.W., Senior Consultant, Boone, Young and Associates, Management Consultants, N.Y.C.

615. Room 450
ACTION TECHNIQUES AND AFFECTIVE EDUCATION
HOWARD SEEMAN, M.A., Educator, Supervisor, Lehman College, CUNY, Bronx, New York

616. Room 413A
THE MAGIC OF THE THERAPIST
JACK COHEN, Counselor–Trainer, Atlantis Foundation; ADD State of Connecticut Mental Health Department

617. Room 436
L.C. CONDUCTING A SOCIOMETRIC EXPLORATION IN A GROUP: THE SOCIOGRAM
ANN E. HALE, M.L.S., M.A., Psychodramatist, Moreno Institute, Beacon, New York

618. Room 443
PSYCHOLOGICAL EDUCATION: EXPERIMENTAL GROUP METHODS TO TRAIN PEER AND PARAPROFESSIONAL HELPERS
THOMAS READE, Assistant Professor (Chairperson), New York City Community College of CUNY
NATHANIEL WOODS, Coordinator Student Self-Help Program, New York City Community College of CUNY
LEO A. NEWBALL, Director of the Human Development Center, LaGuardia Community College of CUNY
RONALD ESPOSITO, Counseling Center, University of Maryland, Baltimore County

619. Room 444
PSYCHODRAMA AND THE FUTURE OF THE SOCIAL SCIENCES: A PAPER
JONATHAN MORENO, Moreno Institute, Beacon, New York

620. Room 457
C. ROLE TRAINING IN TRAINING BEGINNING FAMILY THERAPISTS: EXPERIENTIAL
JOHN O'BRIEN, M.S.W., Staff Development Specialist, Hutchings Psychiatric Center, Syracuse, New York

621. Room 470
SEXUAL ROLE IDENTITY: AN EXPERIENTIAL SESSION
ALTON BARBOUR, Ph.D., University of Denver, Denver, Colorado

622. Room 474
PSYCHODRAMA WITH ADOLESCENTS: AN EXPERIMENTAL PROGRAM WITH JUNIOR HIGH SCHOOL STUDENTS
DAVID KENT, Director, Project C.A.S.T., Tallahassee, Florida

EVENING SOCIAL EVENT

Saturday, April 27, 1974
7:30 p.m.–Gold Room

THE ANNUAL MEETING DINNER
&
The J. L. Moreno, M.D. Lecture
"The Contributions of Moreno to Treatment of the Offender"

by MARTIN R. HASKELL, Ph.D.
Professor, California State University, Long Beach

SUNDAY, APRIL 28, 1974
10:00 a.m. to 12:00 noon–Georgian Room
CLOSING SESSION–"Sharing"

ZERKA T. MORENO
ROBERT W. SIROKA, Ph.D.
ELLEN K. SIROKA, M.A.
STEPHEN F. WILSON, ACSW

INTERNATIONAL ASSOCIATION OF GROUP PSYCHOTHERAPY

Registered under the Swiss Civil Code, Art. 60 ff

Dear Friends:

The newly established International Association of Group Psychotherapy is one of the major goals I have been trying to attain since 1951. Now that it is a reality, I hope you will give it every support. We need support of both a moral and financial nature if we are to maintain a high level of academic pursuit and continued contact at International Congresses with colleagues all over the world.

The enclosed membership application is your chance to give evidence of your interest. It is a crowning achievement of my life's work.

Thank you.

Sincerely yours,

J. L. Moreno, M.D.
Honorary President

APPLICATION FOR MEMBERSHIP

International Association of Group Psychotherapy

NAME_____ AGE_____ SEX_____

ADDRESS_____

ACADEMIC DEGREES_____

EXPERIENCE AND TRAINING IN GROUP PSYCHOTHERAPY_____

_____

_____

NAMES OF ANY GROUP PSYCHOTHERAPY ASSOCIATION OF WHICH YOU ARE A MEMBER

_____

The application is to be returned with a check or money order to the President with check payable to "Internatl. Assn. of Group Psychotherapy." The payment of annual dues makes one eligible for nomination to elective office and to special consideration at the next Congress. The annual dues are $6.00 or the equivalent. Payment of dues for 1974 and 1975, in the amount of $12.00, is requested.

Naturally, additional contributions are welcome to assist in defraying organizational expenses.

1974-75 Dues $12.00

Contribution $____ Total $____

SIGNATURE_____

Mail to: Samuel B. Hadden, M.D., President
946 Remington Road
Wynnewood, Pa. 19096, USA

MORENO INSTITUTE

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Training Workshops, New York City

Fall-Winter, 1973
Thursdays, November 8-January 17
Fridays, November 9-January 25

Winter-Spring, 1974
Thursdays, February 21-April 25
Fridays, February 22-May 3

Spring, 1974
Tuesdays, April 23-June 25
Thursdays, May 9-July 18

These training workshops are held from 5:30-7:30 pm at 236 W. 78th Street, New York City. Students will be required to attend ten sessions (a total of 20 hours) for *three credits* toward certification.

Enrollment limited to 12, to maximize and intensify interaction and learning.

Tuition: $150.00 for 20 hours.

Tuesday and Friday workshops are led by *Clare Danielsson*, M.A.T., a certified Director of Psychodrama and Group Psychotherapy, a faculty member of the Moreno Institute who conducts psychodrama demonstrations on Tuesday and Friday evenings in New York City at the Moreno Institute.

Thursday workshops are led by *Anath Garber*, B.A., a certified Director of Psychodrama and Group Psychotherapy, a faculty member of the Moreno Institute who conducts psychodrama demonstrations on Wednesday evenings in New York City at the Moreno Institute.

1974 Calendar, Beacon, N.Y., for Training Periods

January 4 through 17
January 25 through Feb. 7
February 15 through 28
March 8 through 21
April 5 through 25
May 10 through 30
June 7 through 20
July 5 through 25
August 9 through 22
September 6 through 19
October 4 through 17
November 1 through 14
November 22 through Dec. 5
December 13 through 26

SPECIAL WORKSHOP FOR GRADUATE, CERTIFIED DIRECTORS
June 29 through July 1

1975 Calendar, Beacon, N.Y., for Training Periods

January 10 through 30
February 7 through 27
March 14 through April 3
April 11 through May 1
May 16 through June 5
June 13 through July 3
July 11 through 31
August 8 through 28
September 12 through Oct. 2
October 10 through 30
November 7 through 30
December 5 through 25

SPECIAL WORKSHOP FOR GRADUATE, CERTIFIED DIRECTORS
July 4 through 6

INTENSIVE COURSE IN SOCIOMETRY
March 7-13, September 5-11

Tuition Fees

3 days------$150.00
One week (7 days)------$350.00
Two weeks (14 days)------$690.00
Three weeks (21 days)------$1035.00

Registration fee of $15.00 is required with enrollment. Not refunded, but credited towards enrollment fee.

(The above rates include room and board at no extra charge.)

Intensive Course in Sociometry Offered

During the calendar year of 1975 the Moreno Institute will offer two one-week training periods devoted to sociometric methodology and technique. Topics to be explored will be Moreno's Theory of Roles; the social and cultural atom; the objective, perceptual and action sociogram; conducting sociometric explorations; the psychodramatist as social investigator; and other methods for raising sociometric consciousness in groups and organizations. Prospective participants are encouraged to become familiar with *Who Shall Survive?* (Moreno); *Sociometry, Experimental Method and the Science of Society* (Moreno); *Sociometry and the Science of Man* (Moreno); the journals *Sociometry*, and the *International Journal of Sociometry*; and various works in the Sociometry Monograph Series published by Beacon House. Dates for the course are March 7 through 13 and September 5 through 11. Attendance at each training period carries *six points* toward certification. Interested students should contact the Institute.

NEWS AND NOTES

Psychodrama Workshop at American Psychological Association Annual Meeting

Zerka Moreno will lead an all-day workshop on Psychodrama on Tuesday, August 27, 1974, during the Annual Meeting of the American Psychological Association, in the International Hotel, New Orleans, Louisiana. Registration fee is $40.00 ($30.00 for full-time students). For further information on this workshop and others offered by the Division of Psychotherapy (29) write to: Dr. Benjamin Fabrikant, Chairman, Department of Psychology, Farleigh Dickinson University, Teaneck, New Jersey, 07666.

New German book on Psychodrama

The first volume of *Psychodrama Theorie und Praxis* entitled "Das klassische Psychodrama nach J. L. Moreno" by Dr. Gretel A. Leutz is due to appear in the summer of 1974. This work has the distinction of being the first of a new series of publications by Springer Verlag (Berlin, Heidelberg, New York) in the area of Psychology. The focus of the book is on classical psychodrama philosophy and theory, and incorporates a number of German writings of Moreno (including poetry). A second volume by Dr. Hilarion Petzold covering techniques and applications of psychodrama is in the planning stage.

Appointment of Psychodrama Expert by United Nations in Geneva

Dr. Anne Ancelin Schutzenberger has been given the honor to be named as expert in psychodrama by the United Nations in Geneva and has been sent on brief missions involving the teaching of psychodrama, especially therapeutic psychodrama. Her first mission took her to Sweden where she met with the members of the Society Of Medical Psychology (President, Bengt Bregren) and the Group Psychotherapy Society. It is the first time the United Nations has nominated such an expert. The mission took place from the 19–25th of March, 1974 in two psychiatric hospitals, Langbro and Ulleraker (Stockholm and Upsala).

Founding of the J. L. Moreno Institute in Germany

We are pleased to announce the opening of the J. L. Moreno Institute, Uberlingen am Bodensee and Stuttgart. Director of the Uberlingen branch is Gretel A. Leutz, Uhlandstrasse 8. Director of the Suttgart institute is Helga Straub, diplomate in psychology, whose address is 175 Birkenwaldstrasse.

U.S. Dept. of Health Education and Welfare: New Publications

Guidelines for a Minimum Statistical and Accounting System for Community Mental Health Centers.

A working handbook designed to assist community mental health centers develop an appropriate and useful management information system. 133p. DHEW Publ. No. (ADM) 74-14. $1.60.

The Voluntary Agency and Community Mental Health Services

An updated edition. Provides current information about services provided by voluntary social and health agencies in cooperation with community-based programs. DHEW Publ. No. (HSM) 73-9156, GPO Stock No. 1724-00328. 50¢.

Routinizing Evaluation: Getting Feedback on Effectiveness of Crime and Delinquency Programs.

A "how-to-do-it" book on evaluating the effectiveness of programs designed to change people, by Dr. Daniel Glaser, University of Southern California. Publ. No. (HSM) 73-9123, and GPO Stock No. 1724-00319. $1.55.

The above publications may be ordered from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Publication numbers and GPO stock numbers must accompany the order.

Study Seminars Offered

During the June session, 1974, Jonathan Moreno will offer study seminars in problems and theory of existential phenomenology and philosophical psychology. The seminars will be geared to a comparison of these positions and psychodramatic theory.

Directory Published

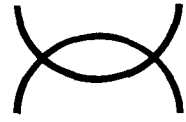
A directory of the Moreno Institute is now available from Beacon House, Beacon, N.Y. In addition to information about the training program of the Institute the directory contains biographical sketches of Directors certified by the Moreno Institute prior to April, 1974. Also included is a listing of students-in-training. The directory may be obtained for $5.00 per copy from Beacon House.

ENCOUNTER PIN IN STERLING SILVER, HANDMADE $15.00

ENCOUNTER PENDANT IN STERLING SILVER, HANDMADE $20.00

Order from MORENO ACADEMY, 259 Wolcott Avenue, Beacon, N.Y., 12508

Proceeds go towards providing scholarship funds for students.



NOW AVAILABLE:

MORENO INSTITUTE DIRECTORY

Complete Listing of Certified Directors, lists of students in training and locations of various centers with related activities

Price: $5.00. Obtainable from MORENO INSTITUTE, 259 Wolcott Avenue, Beacon, N.Y. 12508