GROUP PSYCHOTHERAPY AND PSYCHODRAMA

NOTE TO AUTHORS:

GROUP PSYCHOTHERAPY
AND PSYCHODRAMA

CONTENTS

Founded by J. L. Moreno, 1947

EDITORIAL

JONATHAN D. MORENO

City University of New York

The reader will note that this issue appears as an annual. The reason for this is that, as we are sure you will understand, Dr. J. L. Moreno's passing in May of this year caused various difficulties in meeting our schedule. Next year we intend to return to a quarterly or semi-annual format, and hope you agree that the content of this issue more than compensates for its irregularity.

This is the first issue of Group Psychotherapy and Psychodrama to post-date the death of J. L. Moreno. It is also the first wherein my name appears on the masthead as editor. These two events have a certain relation of significance insofar as they indicate a renewed determination to further disseminate the philosophy of social science and practical techniques inherent in the work of the psychodramatist.

It is trivial to note that both the world at large and the world of social science continue to undergo extraordinary strains and crisis. For the social scientist the challenge is to discover and alleviate the growing complexity of our global problems. As psychodrama theorists we believe that our approach contains certain clues leading us on the right path and that the various other socio-psychological systems developed in the past century are lacking in basic respects. Our purpose in producing this journal is therefore to create an extended community of readers and contributors interested in combining theory and praxis in the way in which Dr. Moreno came to grasp.

For humankind there can be only one direction and that is the future.

PSYCHODRAMATIC SHOCK THERAPY
A SOCIOMETRIC APPROACH TO THE PROBLEM OF
MENTAL DISORDERS[1] *

J. L. MO R E N O, M.D.

Moreno Institute, Beacon, N.Y., USA

SYNOPSIS

This paper presents a sociometric approach to the problem of mental disorders by means of the psychodrama. During lucid intervals of the psychotic attack or immediately after it the patient is stimulated by use of a warming-up process to throw himself back into the psychotic world. This upsetting experience is called "psychodramatic shock." The significance of the procedure is two-fold. It offers a research method for the study of the social atom in the psychoses, and thus offers a new frame of reference—the psychodrama, through which the deeper changes which take place in mental disorders can be understood. Secondly, it has a cathartic effect upon the patients. It enhances their spontaneity and creates barriers against recurrence. The treatment is illustrated by three cases—a schizophrenia, a manic-depressive psychosis, and a psychoneurosis.[2]

The outstanding problem in psychiatry is a therapeutic approach to the psychosis. This can not be attained with lasting effects unless it is based upon a thorough knowledge of the psychological and sociometric structure of the psychotic world. Pharmacodynamic studies and treatments have come to the front today and are holding the interest of the psychiatrist. They may be able to return the patient to lucidity for a certain length of time, but they cannot have a permanent result unless the personality of the patient has been so adjusted as to prevent a slipping back into the psychotic confusion. Therefore, a method based on a new frame of reference, the psychodrama, has been worked out and is presented in this paper.

When the psychotic attack itself is in progress the mind of the patient is absorbed by an experience which the attending psychiatrist is at a loss to co-experience with him. If he does not satisfy himself with a symbolical interpretation of the patient's conduct, the clinical description he can truthfully give is scant. The psychiatrist may even suspect that the experience the patient undergoes is extremely rich in detail, intense in feeling, a world of his own, but he does not have any tool with which to reach into that strange world in which the patient lives. An approach in this direction can be made

by psychodramatic technique. The patient is asked to throw himself back into the hallucinatory experience when it is still most vivid in his mind. He is not asked to describe it; he must act. He puts his body into the position as it was then and acts as he acted then. He may select any members of the staff to recreate the hallucinatory situations. The patient usually shows a violent resistance against being thrown back into the painful experience from which he has just escaped. His natural bent is to forget—not to talk about it. He is full of fears that his new freedom may be shattered. The mere suggestion and still more the actual process, frightens him. The psychodramatist is encouraging the patient to act, to throw himself into the psychotic state, to lose himself entirely in it, however awful, ugly and unreal it may seem to him at the moment.

The first psychodramatic acts are usually of short duration. The patient is experimenting, tapping around, until he finally gets hold of a situation. He may then appear to the physician exactly as he was when in his acute state. All persons who have been in contact with the patient during the first psychotic attack must coact with the patient. They must stimulate his bodily and mental memories. Around the body behavior of the patient, numerous reminiscences flare up. A shakening and loosening of the patient takes place, and suddenly he is able to warm up to the mental states of which he was unaware before he began to act. The bodily states are the psychodramatic starters and guides of the patient, on the one hand, into the psychotic realm, and on the other hand, into a gradual integration and control of the roles he played during the psychotic attack. The patient is no longer a helpless victim as he was formerly.

The technique of embodiment, soliloquy and immediate analysis of each act as soon as it is portrayed enable us to reconstruct the psychotic situation. In the psychodrama of the dream the patient portrays a situation in which he was asleep. Certain odd phantasies which passed through his mind may be re-enacted. But in the psychosis, however dream-like his experience may have been, he was acting towards real things and real people. Indeed, there is even a possibility that we amy understand dream constellations better when our knowledge of the actual events in the psychotic processes increases.

The *social atom* is that peculiar pattern of inter-personal relations which develops from the time of human birth. It first contains mother and child. As time goes on, it adds from the persons who come into the child's orbit such persons as are unpleasant or pleasant to him, and vice versa, those to whom he is unpleasant or pleasant. Persons who do not leave any impression, positive or negative, remain outside of the social atom as mere acquaintances. The feeling which correlates two or more individuals has been called tele. The social atom is therefore a compound of the tele relationships of an individual. As positively or negatively charged persons may leave the

individual's social atom and others may enter it, the social atom has a more or less ever-changing constellation.

In the original social-atom charts the ego of the patient was shown in relationship to his numerous partners. A more thorough consideration of the position of the individual within his social atom suggests considering him also in relationship to himself. As an infant grows he does not only experience other people but also experiences himself. As a result of this tele-relationship, he begins not only to feel himself, but also to see himself as one towards whom persons have acted in a certain way and as one who has acted towards them in a certain way. Gradually, he develops a picture of himself. This picture of himself may differ considerably from the picture others have of him, but it becomes considerably significant for him as life goes on. The gap between him as he is and acts and between the picture he has of himself is growing. Finally, it appears as if he had, besides his real ego, an outside ego which he gradually extrojects. Between the ego and his extrojection a peculiar feeling relationship develops which may be called "auto"-tele.[3]

The shape of the extrojection can be amorphous or clear-cut and sharp. It may have a close material resemblance to the real ego, or it may be a variation of it in some degree. It may be contrasting or even contrary. The relationship may be a feeling of acceptance and of accord, or it may be a feeling of rejection and discord. It may be a strong and powerful feeling, or it may be a weak feeling or even indifference. Therefore, the new social atom chart presents the center individual twice. The line between them portrays the "auto"-tele relationship.

In cases of complex personalities a patient may shape for himself more than one extrojection. A most fascinating illustration of this is the case of hallucinatory psychosis in which a break-up and distortion of the tele-relation takes place, a breaking up of the auto-tele. And with all this, a chaotic condition within the social atom of the patient develops. Out of old tele particles and perhaps some new spontaneously created ones emerging during such an unprecedented psychological upheaval through which the patient passes, numerous embryonic extrojections are produced. Various roles crop up. Tele experiences from persons around the patient are synthetically combined with new particles which have for the observer an incomprehensible and confused appearance. But they are, as we know, not confused to the patient but extremely clear and real. Parallel to the breaking up of the auto-tele, all the tele between the patient and individuals and objects is breaking up; his social atom is in a state of revolution. It is not the sense of hearing, of sight, of touch, of smell and taste, not the alimentary and sexual urges which are disturbed as such. They are, in a sociometric sense, disturbed in specific relationships with definite persons and things and in different degrees of intensity with each of them. With the gradual loss of the tele realities, the sense of time and space may also become blurred. As the psychological

organization of time and space are disorganized the spontaneity states, instead of following one another in rapid frequence, producing the sense of time with the dimensions of a past and future, flow freely into space, since there is no barrier to prohibit this. Spontaneity turns, so to speak, into tele; and with it the projection, instead of into time, is diverted into space.

There is an old dogma in medicine that violent diseases demand strong remedies. There is nothing more violent and strange in the realm of human pathology than insanity in an acute phase. For the social atom, it is like a flood, uprising and submerging a town. The houses, the streets, may still exist somewhere underneath but the flood has risen so high that nothing can be seen or felt but water everywhere. During the sudden onset of an attack, the patient and the people around him alike are taken by surprise. It is an upsetting experience to the patient and to the members of his social atom, that is, it is a "shock." A procedure which throws a patient, barely escaped from a psychosis, into a second psychosis is a psychodramatic shock treatment. As a violent shock the acute phase of a psychosis is treated by another violent shock with material resemblance to it. Since a cathartic effect is expected from it, this recalls an old dogma in medicine: "similia similibus curantur."

Psychodramatic procedure tries to recreate the panorama of the psychosis. The break-up of the patient's social atom, his new experiences of his own self, the break-up of the auto-tele and its replacements, the replacement of the individuals and objects in the social atom by new constellations, come back into the bodily and mental experience of the patient. They also come back into the experiences of the physicians and nurses who are his partners in the act of reconstruction. Since they are able to enter, through the psychodramatic shock, the psychotic world of the patient, they are, on the one hand, able to investigate it guided by the patient; on the other hand they are able to guide the patient not to fear his own world but to understand it and to make it his own, if not a part of his manifest life, then a part of his psychodrama.

This is necessary because the process of returning to the common reality does not take place in the individual's organism proper. It takes place in the tele relationships within his social atom. From the point of view of a fully integrated personality, the tele formations existing during the psychotic attack have also to be brought back into the common reality. As long as unintegrated elements persist in some manner near the individual proper, or scattered within his social atom outside of his spontaneous controls, similar occurrences may again upset his balance. The personality of the patient has to be safeguarded against any emergency; otherwise, he cannot truthfully be labeled recovered from his mental disease.

There is no moment during the procedure in which the psychiatrist and the patient cannot say "stop." Immediately or a few seconds after the order is

given the patient may break up the procedure and act as if nothing had happened. These stop orders produce in the patient a significant co-experience. Acting on a psychotic level at a time when he is extremely sensitive, he learns to check himself. It is a training in mastery of psychotic invasions, not through intellectual means, but through a sort of spontaneity training.

In the history of the psychodrama, the Aristotelian concept of catharsis found its place in the spectator. The modern concept returns the place of catharsis to the spontaneous creator. The relationship between the creator and catharsis was not considered for a long time. The recipient of the tragic shock remained the person in the audience. The enormous possibilities of the psychodrama remained undeveloped. In the psychodrama, production is creation in the fullest sense. The subject has become creator of his own role, its author and actor at the same time. Consequently, he has become the recipient of the tragic shock.

Preliminary to the psychodramatic treatment itself, in the interview preparing the patient for the treatment, tracing with him the syndrome which may provide the material for the first shock situation, a form of catharsis takes place in the patient which operates largely on the intellectual level. It corresponds to forms of psychotherapy which try to cure through logical persuasion and suggestion (intellectual catharsis). Immediately after each act reflections take place to which there is a corresponding feature in the psychoanalytic approach. The relationship to the psychiatrist and to each auxiliary ego dominates (analytic catharsis). There are individuals who are as individuals well balanced; their difficulties center entirely in the sphere of their social atom. A Negro patient, for instance, felt well, but as soon as he entered a restaurant for white people, he suffered from great anxieties which disappeared as soon as he left the locality. At times the tele relations reach far into the psychological networks of the community. Then all the individuals involved have to be considered in the treatment (social and network catharsis). Creative catharsis, intellectual and analytic catharsis, and social and network catharsis may each play a role in the different stages of the psychodramatic shock procedure.

The difference between the psychodramatic shock and other forms of treatment which are accompanied by upsetting experiences, such as the treatment with hypnosis or the chemical shock therapy, is obvious. Hypnosis turns the patient into a state of sleep and insulin turns him into a state of coma; both procedures make the patient helpless and inarticulate. It is a shock—but in the dark. Psychodramatic procedure not only insists that the patient has to be awake and conscious but also insists that the patient has to reproduce with his own body and with the bodies of as many auxiliary egos as he needs that phantastic world into which he has been drifting. At times the reconstruction may have to be as confused as it was in the original psychosis. The psycho-

dramatic shock is the only method which shakes the patient so deeply that the lost psychotic world is reborn before our eyes. The patient acting on the stage shocks himself, his "auto"-tele, and his social atom until it gives way to the pathological constellations of his psychotic state.

In the course of every psychotic attack there are many moments of relative lucidity. During any of these lucid moments an application of the psychodramatic shock may be considered. The ideal time for its application, however, seems to be after the attack has burned itself out immediately after its natural course has terminated. The outbreak and course of a psychotic attack are so far removed from any rapport that no other approach is able to give us direct information about the actual structure of these psychotic worlds.

For the demonstration of this new approach three cases have been selected, each representing a different category of mental disorder according to current classification—a schizophrenia, a manic depressive psychosis and a psychoneurosis.

CASE 1

M. F., an Italian woman of thirty years, had a sudden outbreak of her present mental illness a few months after her marriage. The patient had never been mentally ill before, but two members of her mother's family have been mentally ill. There have been several factors in the social setting of the patient which must be considered contributory factors. Her father, to whom she was deeply attached, died recently after a short illness. She and her father had always disagreed with her mother. She directed, single-handed, the father's business after his death. The cleavage in her own family group was accentuated by a cleavage in her sexual feelings. She was at once attracted to men and to women. When she fell in love with a Protestant boy, her mother, a Catholic, protested violently. This conflict led to a hostile division of opinions in the networks of the small community in which they lived. Shortly after the wedding, the patient says, a man stood, early one morning, in the window of her bedroom. "The man in the window" was probably her first hallucinatory experience. Within forty-eight hours she developed an acute psychosis which required her immediate hospitalization.

FIRST PHASE

The first acquaintance with the patient was made in an automobile which brought her to our hospital. The situation in the car was selected as the first situation to be recreated by the patient through psychodramatic procedure. On the left side of the page is presented the conduct of the patient during the automobile trip as recorded by a physician. On the right side of the page a reconstruction of the same situation is given by the patient on the stage of the therapeutic theater.

The patient sits erect in her seat. Staring ahead. Everybody in the car feels apprehension. Nobody speaks.

The patient sits erect in a chair on the stage of the therapeutic theater. She soliloquizes:

"It is dark as hell. Everybody looks so sinister. The devil is driving the car. Something terrible will happen."

She looks at the doctor. Stares at him frightfully for a long time.

She looks at the doctor, soliloquizing: "Who is this man? He looks like my father. But he does not move. He must be dead."

The car passes red traffic lights. The patient evidently becomes more excited.

"I see so many red lights. What do they mean? Why do they put their heads together? They bring me to a house of prostitution."

The car passes a policeman. The driver asks him for directions.

The car stops. "They talk to a man. He is dressed like a policeman. But he looks like 'the man in the window.' He comes to kidnap me."

They drive on for awhile. The patient jumps up—is forced back.

Suddenly throws her arms around her mother's neck. Speaks for the first time, saying: "Let us pray."

"The car is doped. Dope comes from every corner of the seats." Jumps up. "Why do they put needles into my leg?" Is forced back. "Why do they kick me? It hurts." Suddenly throws her hands around her mother's neck. "They want to crucify me. Let us pray."

ANALYSIS

The patient is agitated in the car. The clinical picture is full of gestures and actions but poor in verbal content. In contrast, the psychodramatic shock reveals an invisible world rich in delusions and hallucinations. The patient acted in the car with few exceptions as if she were alone, shut in, as if the world around her were not existent. In the reconstruction we see a highly moving interpersonal drama in which every person in the car participates and in which many imagined persons and objects appear. Many incidents which the patient did not mention in the preliminary interview were discovered during the shock through "psychodramatic recall." It appears that in the process of action, of throwing her body and mind into a state of frenzy, avenues of recall were reactivated which could not be reached through a verbal interview. The starters for these recalls are often bodily starters. As the patient explained during the analysis: "When I jumped up during the act on

the stage, for an instant I really felt the needles in my legs. That made me immediately shout in pain. When I was forced back on the stage by the nurse, I also felt suddenly a real kicking. And again I shouted in pain. After the act was over it went like lightning through my head that that is what had happened in the real situation in the car." The string of associations was apparently this: the jumping was associated with the feeling of the needles. And with this were associated the words "Why do they put needles into my leg?" The being-forced-back was associated with the feeling that she was kicked and with this the words: "Why do they kick me. It hurts."

The patient had been in the car about two hours without speaking. But according to her psychodrama she was actually living through many intense scenes in which many persons were involved, some actual and some imaginary, and in which her life was threatened. She spoke almost incessantly. She saw and heard, did and felt innumerable details.

We are here at a dilemma; an event cries for an explanation. We had observed some actions which she denied having made. On the other hand, she reported some actions which we are certain were never performed by her. As we have no reason to doubt the patient's sincerity we can assume that, due to the break-up of her acts, parts of them reached us at different moments without giving the impression of coherence. But she may have experienced them at one moment as parts of the same act. The break-up of her acts and the break-up of her social atom occur hand-in-hand. In fact they are different parts of the same process.

The mannerisms, stereotypes, speech imitations and other automatisms which appeared during this psychodramatic shock were recorded. These actions were found similar to the actions of the patient during her acute schizophrenia. The patient perspired profusely during the session. Every one present was apprehensive and feared that she may become insane again. For several hours afterwards she was withdrawn from reality. She was unable to report how long the shock lasted, what movements she had made, in what direction, what her gestures had been, and what she had said. She appeared as if she were only half conscious during the act. This corresponds to the deep alterations in time and space which took place in the patient's mind between the real attack and its reproduction.

SECOND PHASE

In the first shock the patient reconstructed an initial phase of her psychotic attack. In the second shock the patient reconstructs a later phase when the psychosis is in full development. Rapport with the patient was not possible. In the automobile she was full of fear. Now she is full of aggression. It was difficult for us to suggest a definite situation which she might construct because wide discrepancy was evident between what we remembered clinically

and between what she produced psychodramatically. Whenever we told her what she had said or done she replied: "I did not say this. I did not do that. I do not remember." Thus we could not guide her into the shock. She had to guide herself. Instead of suggesting therefore a specific situation we tried to pin her memory upon a locality, the "middle room," in which she had been for about twelve hours.

Middle room:

Actual duration of this period, twelve hours.

Psychodramatic duration, as experienced by the patient, several years. "When I came to this room, I was a young woman. When I left it I felt like an old woman."

The patient is stretched out on a mattress. The patient holds the nurse's hand tightly.

Patient lies down on the floor. The same nurse takes part in the psychodramatic procedure. She holds the patient's hand. "She holds my hand. The hand is her hand, but the head is the head of my dead father."

Two physicians enter the room. She smiles at Doctor A.

Two physicians step on the stage. She smiles at Doctor A. "He is like a little boy, two years old, small in size. His voice is sweet."

Frowns at Dr. B.

She frowns at Dr. B. "He is dark, so big in size. How could he get through the door?"

She snatches with her fingers at Dr. B. and points down to the ground.

She snatches with her fingers at Dr. B. and points down to the ground. "This is your end. Dead."

She breaks herself loose and begins to bang with her hand on the wall.

She breaks herself loose and begins to bang with her hands on the wall. "It is an earthquake. It sounds terrific. I am a great magician. Houses are breaking down. People are dying on the street. This is the end of the world."

The patient shivers. She dips with her fingers into space.

The patient shivers. "It is so cold here. There are many holes in the wall. The wind is blowing through them. It is a flood. Water must be everywhere. She dips with her fingers into space. Tries to touch the water: "I see the water and I touch it."

She tears her sheet and pillow cases to pieces.

She indicates the tearing of her sheet and pillow cases. "This is my wedding dress. I have torn it to pieces now."

The patient is put into restraint. Her arms are stretched out. Her legs are crossed.

The patient lies down on the floor with outstretched arms and crossed legs. "I am crucified. I am Christ on the cross. My hands are bleeding. I see blood on the joints of my elbows, blood on my knees and blood on my feet."

ANALYSIS

The analytic outcome of the first shock was that the situations, actions and words recorded during the psychotic attack could not be used as starters by the patient for the shock procedure. The patient showed an almost total amnesia for many occurrences, which was extremely striking to the participant observers, physicians and nurses. She must use starters of her own, buried and meaningful in her psychodrama. She must play after her own key. An explanation of the causes producing this mechanism becomes possible through the analysis of this shock. The clinical observer has an amnesia for certain things which may remain a total non-experience. The patient has an amnesia for a different set of things. The second shock shows clearly the break-up of the patient's social-atom-constellation and with it a break-up of the "auto"-tele. It is this break-up which may guide us to an explanation of the amnesia cleavage. The result of this break-up is:

The size of things and persons has changed. A knock on the wall sounds to the patient like thunder. Six feet look like two feet.

The shapes are changed. Some persons look swollen and curved. Some look faint, like a shadow.

The time pattern is changed. The dead father is alive and the living doctor is dead.

Duration has changed. Twenty-four hours becomes many years.

The ego has changed. It is replaced by such roles as magician and Christ.

A "persona" is composed of parts which belonged originally to different individuals and topics. For instance, the hands of one individual are connected with the head of another individual. The outcome of the psychotic attack is like debris after an earthquake. Isolated elements whose original place is hard to detect and new combinations appear. The patient's social atom is smashed.

THIRD PHASE

The patient was removed shortly before the attack from the "middle

room" to a room next door to it. Since we could not construct any psychodramatic situation with which the patient would agree for reasons already explained, we left it to the patient to recreate herself in the mood she was in when she found herself in this new setting.

The patient is stretched out on a mattress. The nurse sits by her side. A glass of water is given to the patient. She grasps it so tightly that it breaks. The water falls on the mattress.

The patient lies down on the floor. The nurse sits by her side. A glass of water is given to the patient. She holds it tightly. "I am here on a ship. I am the captain. I hold it tightly. The boat begins to sink. Cold water is all around me. We sink to the bottom of the sea."

She closes her eyes.

She closes her eyes. "Now I am in a box. I am dead and safe on the bottom of the sea. It is so pleasant here. Wonderful and quiet. All the water is above me."

She cries like a baby.

"O, the box begins to rise. I rise with it higher. The box opens. I am reborn. I am an infant." Cries like a baby.

She looks through a window. First, an expression of astonishment, then of bliss.

Looks through a window. "What a strange place in which I am. There is an open window. A beautiful tree full of leaves. The sun is so warm."

Calls her nurse incessantly with a plaintive voice: "Stay with me."

Pleads with gestures not to leave her alone. With a plaintive voice: "A wonderful face is on my bedside. It is the face of a woman looking at me. She feeds me. She takes care of me. She is so strong and big. I am so weak and helpless. Stay with me."

ANALYSIS

In the third shock, the patient portrays the act of her rebirth. She discovers the world again. It is an unbelievable world. Everything is so strong in it; the colors are deeper; the sounds are louder; the time is longer; space is broader; people are bigger and more important. It is this moment when the patient comes out of the acute state that has enormous possibilities for increasing our knowledge of the psychoses and for their catharsis. If the attack has come to an end the patient herself gives a signal that the bedlam is over. She feels "like new." She has a thrill which she never forgets. She looks

at the world as if for the first time. Everything she sees and touches is more beautiful, more real, more exciting than ever. She herself becomes poetic, religious, exuberant with vigor. It is the normal response of an individual from whom a heavy burden has been removed. This moment is the crucial time to apply the psychodramatic shock. The more days and weeks go by the more the psychological navel-string, which binds her present situation to the psychotic world from which she comes, fades and finally breaks. But if the shock treatment has begun at the crucial time before it is too late the psychosis is kept alive in the patient. She develops a double relationship towards two different worlds. For many months the treatment can go on. Shocks are timed daily or as often as the treatment required. The shocks, one succeeding the other, hinder the patient from freeing herself prematurely from her illness. We prolong her illness artificially. We keep the psychosis alive in her. Being normal and "as if" psychotic, at the same time, she develops spontaneous controls. The outside event has become a part of herself. It has found a tie to her own existence.

The third shock also portrays a period of infancy. The patient is in a state of great inferiority. She is threatened by everything from which she was safe during the psychotic attack. She feels dependent upon every person who protects her, preserves her life, feeds and loves her. The two persons, nurse and physician, who have taken care of her in this period of awakening, attain for her great authority and meaning. Later they became the natural agents to prepare and guide her into the difficult adventure of psychodramatic shock treatment. She follows them blindly into the psychosis just as she followed them blindly into the real world.

Sociogram I portrays the normal configuration of her social atom. Negative tele goes to all members of her family, positive tele to all members of her husband's family who are positively attached to her. Such a distribution of tele produces a cleavage between the two family groups. There is a positive tele for her dead father. It is charted because of his dominant role in the development of her psychosis. A positive sexual tele for two girl friends is indicated. The tele towards herself, the "auto"-tele, has the following characteristics: it is of clear-cut shape, positive in valence, strong in intensity and unbroken.

Sociogram II indicates that with the beginning of the acute phase of the psychosis all the interpersonal relations preceding it were, at least to all appearance, washed away. The patient does not ask for her husband, her mother, her siblings, her other relatives and friends. She does not show any interest in them when their names are mentioned. If these persons, who have been so close to her life are in her presence, she hardly notices their existence. It is as if she had lost her social atom. A new configuration has developed instead and is revealed through the psychodrama. The only figure of the old social atom which persists is the symbol of her dead father. The intensity of
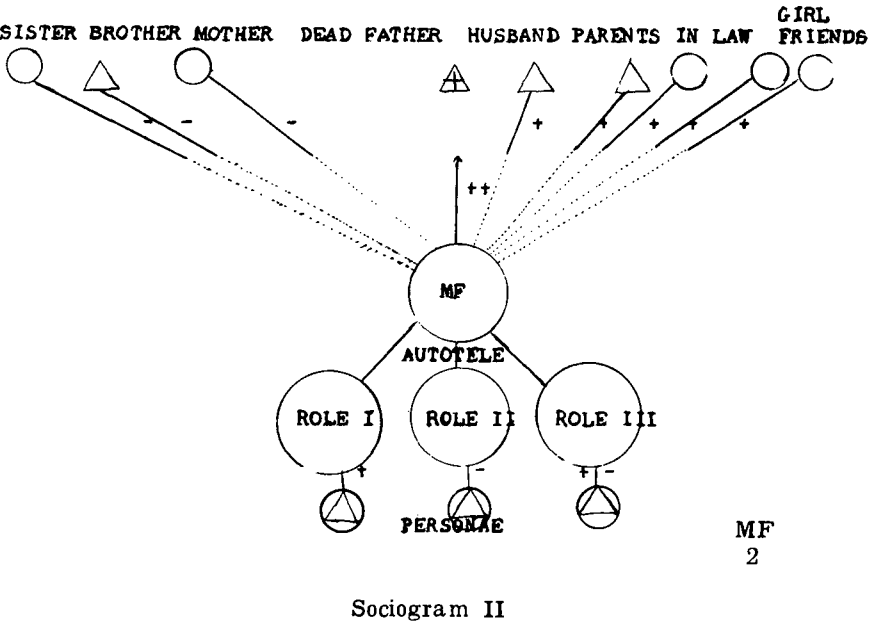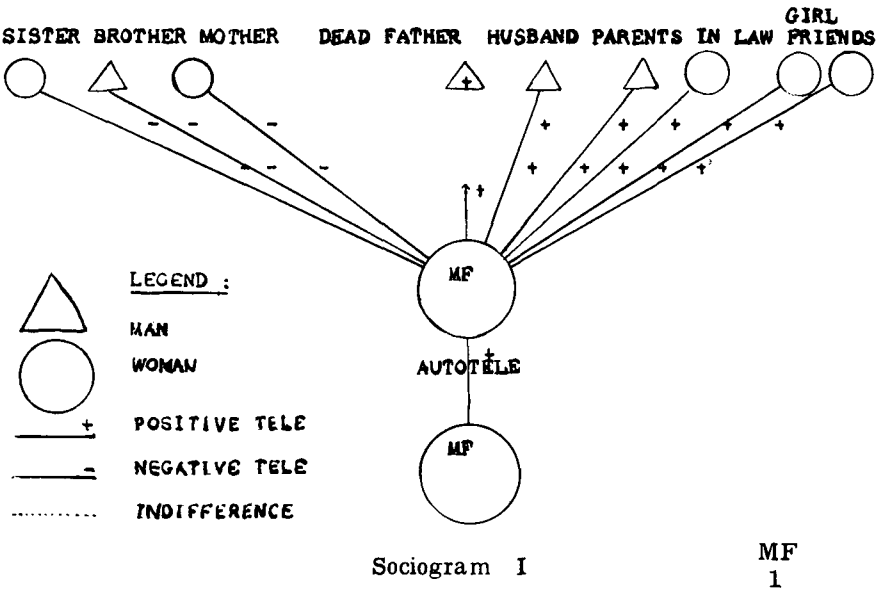
SISTER BROTHER MOTHER   DEAD FATHER HUSBAND PARENTS IN LAW   GIRL FRIENDS

LEGEND :

△ MAN

◯ WOMAN

———— + POSITIVE TELE

———— — NEGATIVE TELE

············· INDIFFERENCE

MF

AUTOTELE

MF

Sociogram I

MF
1

SISTER BROTHER MOTHER   DEAD FATHER   HUSBAND PARENTS IN LAW   GIRL FRIENDS

MF

AUTOTELE

ROLE I   ROLE II   ROLE III

PERSONAE

MF
2

Sociogram II

relation is enormously increased. The most important individual in a social atom is the patient herself. In the case here illustrated the patient's role in her social atom is replaced in successive phases by at least three new roles—the role of the magician, the role of Christ and the role of the newborn infant. As a magician she can produce an earthquake merely by banging on the walls, or kill a man instantly by merely snapping her fingers. By breaking a cup and letting the water drop out she starts a great flood which submerges the whole world and drowns everything. In the restraint, she becomes Christ, bleeding with his wounds, and out of the general destruction she arises newborn, an infant. The sociogram indicates, furthermore, numerous relationships which the patient has in these new roles towards half actual and half imagined beings—the "personae."

A persona, illustrated in sociogram III, is emerging when the hands of a certain nurse are the hands of this nurse, but the head is the head of the patient's father. Another persona is a physician to whom she gives the symbol of the devil, her husband's family name and the title of a doctor. Numerous other personae develop, but they are not portrayed in this sociogram. One of them is the man whom she calls by his right name but whom she sees having a peculiarly curved swollen shape. Another persona is a man, who is about six feet tall but has for her the size of a two-year-old baby. Instead of his manly
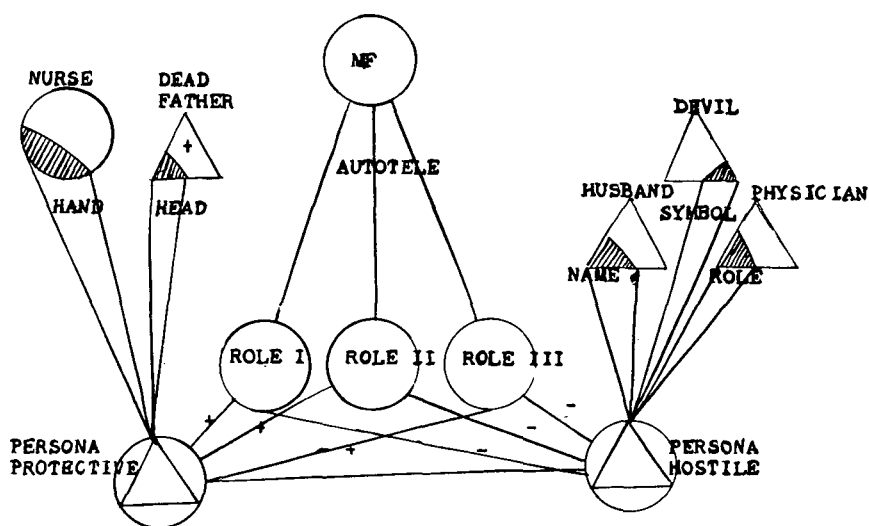
Sociogram III

voice she hears a voice which is weak and pleading. Another persona is a physician whom she sees twice his actual size and who impresses her as dark and sinister.

As she develops a new role and with every new role correspondingly new personae, she also develops towards them certain tele relations. Towards the baby-shaped man, for instance, the tele is positive; towards the oversized sinister man the tele is negative.

As we have indicated, in the normal social atom an individual has, besides the tele relationships to other persons, a tele relationship towards himself. Since, in the psychotic sociogram, the individual is replaced by numerous roles, the relationship of the individual to himself is replaced by a relationship of every *role* to itself. The original "auto"-tele is thus broken up into several units. Consequently, the relationship between the individual and his social atom is replaced by a relationship between his roles and the personae.

M. F. had more than fifty sessions, each session lasting from half an hour to an hour. The sessions were sometimes one day apart, sometimes a week or more. The proper timing was carefully considered, since we tried to avoid any risk harmful to the patient. Certain symptoms continued to affect the patient's mind long after the violent period was over. The most dominant symptom was a fear of recurrence. The patient felt that it had come unexpectedly; it might come unexpectedly again. But she understood that the psychodramatic shock treatment was applied to prevent the recurrence of an attack. The patient recovered; her insight is complete. She is back in business, effective and successful. She has resumed all her old friendships and social functions. She is fully reinstated in her social atom.

CASE 2

N. W., a Canadian woman of 47, suffered from mild depressions during her pregnancy about 20 years ago. A continuous conflict with her husband and mother-in-law produced an unhappy married life. The family problem and her change of life have been contributory factors in the precipitation of her present psychosis.

When the patient arrived, her whole disease was reduced to a single symptom—the wish to die. This symptom can be interpreted as the role a person plays who feels dead in his social atom and who therefore is in search for means of self-destruction. N. W., in accordance with this role, liked to stay in bed, the bed being as close as possible to a coffin. She refused food, using starvation as the most inaggressive way of working towards the goal of death. Her position in bed was that of an ego in complete dejection and deflation. It was definitely the attitude of a body which is unable to move, of a person who is unable to act. Her bed technique, her technique of self-denying and self-destruction had one thing in common—the effort to warm up to an act.

Her ego was bent toward an act of self-destruction, but that ego was at the same time determined to forbid herself any action—all in all, an impossible and desperate situation. The patient was therefore wavering between two extremes which can never meet—the desire to die immediately and the inability to do anything toward that end. Therefore the main expression reflected in her conduct was despair. The patient herself was aware of the absurdity of her situation. When a person is unable to act, unable to warm up towards a single purpose in life, prayer is a probable reaction. N. W. persistently repeated: "Please let me die." A prayer is characterized by its form of perpetual reiteration. The same words are repeated in the same rhythm with the intensity of the whole person. The person believes that if something is said again and again, it will finally happen. The prayer is spoken in the belief that the weak ego will find an ally in another great person, an auxiliary ego, a god.

The most outstanding symptom of N. W.'s mental disease was a general weakening of her spontaneity as it expressed itself in regard to every physical and mental function, the spontaneous ability to warm up. By spontaneity we mean here the emergence of a feeling or thought related to a momentary situation and experienced by the individual as something novel and not as a repetition of previous moments. An ordinary person, for instance, when drinking his orange juice for breakfast, has during the act, at least subjectively, the experience of uniqueness, although it is an act which he repeats every morning. For the observer there may be nothing new in the act; for the subject, however, the total experience may be spontaneous and unique. Our patient, having lost the ability to reach out in the present, finds that she has to live without living in the present moment. One momentary situation after another marches by. But she can not bind herself to the moments. The binder is missing. One person after another comes into her orbit. But she also cannot bind herself to persons. Apparently, the same binder which links her to an act links her also to a person. The process of warming up is reduced to a minimum. The reduction of the warming-up process to a minimum has numerous manifestations—loss of interest in mother and father, husband and child, sister and brother, and finally, all people and things. It may be summarily expressed as a loss of tele. At the same time the warming-up process is retarded or negated in regard to functions like eating or drinking, waking up or falling asleep, walking, sexual interest, speaking and even thinking. All momentary reality is apparently erased, the whole mind being focused on one point in the past. This process may be summarily expressed as a loss of spontaneity (spons). For the patient, at least, the loss of tele and the loss of spons are parallel.

FIRST PHASE

One of the patient's disappointments had been an inability to impress her

will upon others and to be aggressive towards them. But when she tried to turn her will against herself she was equally unsuccessful. A procedure which would give her the feeling that she could make an end to her life might give her renewed self-reliance, although in a negative way. A psychodrama of death might reinforce her hold upon life. Just as her wish to die was inarticulate so also her scheme of what she might do to commit suicide was weak and inconsistent. Since her husband was a druggist she thought of drugs, some injection which would terminate her life rapidly. Although she herself never made but a futile attempt, a shock situation was constructed which would suddenly place her before adequate means for committing suicide and before the alternative of life and death. The patient was taken into an examination room. She was instructed that immediately her wish would be gratified. After a discussion of the various drugs which could be used and their possible effect, a syringe was made ready for an injection. All was done in such a manner that the seriousness of the procedure could not be doubted. Then her arm was prepared. The patient, who up to this point had been extremely attentive and cooperative, suddenly became excited. "I am afraid to die suddenly. If I could die more slowly, just as it is with a natural disease, in a week or so." We agreed to give her the lethal drug in small doses every day. From then on the patient was taken every day to the examination room and the procedure repeated in such a way as to appear to comply with her wish.

Consequently, the patient concentrated her attention upon the psycho-dramatic operations which were daily performed and which would bring her slowly and painlessly to the point of death. All her dreams, phantasies, and discussions centered around the daily act. She began to eat better, thinking it might be her last meal. She began to dress and clean herself. Her appetite increased. Gradually her desire to die faded away and instead of her prayer, "how may I die?" a new prayer was on her lips: "If I could only be as I was two years ago!" Although her mind was still turned away from the present and towards a remote situation, it indicated an interest in living and not in dying.

SECOND PHASE

The desire of the patient to return to the condition she was in two years ago can be explained. She was once a beautiful woman, much admired and proud of her looks. During the last two years, age had begun definitely to turn her hair gray, wrinkles began to appear, her teeth began to decay; admirers became rare. This analysis led us to consider a new psychodramatic situation for the patient. If she could really live through the inner situation of two years ago, such a warming up process should operate like a shock. Two years ago she was still beautiful and well, but on the brink of slipping into the psychosis. She was unable to warm up "backward" and to reactivate that

situation through her own effort. She needed an auxiliary ego to stir her up to that mood. A number of situations were constructed in which an auxiliary ego acted as one of her admirers. Another situation was created in which she and her daughter introduced themselves as sisters, and another situation in which she dressed up to go with her husband to a party. The effort to warm her up was difficult. She had to be coaxed again and again. Several persons were tried as her partners until one succeeded.

It appears fruitful to see the process of symptom formation as a gradual disintegration of momentary processes, instead of through the psychoanalytic concept of a trauma in early childhood which continues to live throughout decades in the mind of the patient and reaches into his momentary context of living. Here the warming-up backward is an active reaching out into the past. It is an active warming up towards a past moment and not, as the psychoanalyst visualizes it, the warming up of a past moment into the present.

THIRD PHASE

After several sessions N. W.'s backward time complex began to fade out. Her reiteration of "two years ago" now alternated more often with a new prayer, "If I could be at least as I was *one year ago*. Then I began to neglect myself." Now she used to approach doctors, nurses and even strangers with the repetition, "What have I done to myself?" This remark seemed mysterious and puzzling. We had to find the key to it. However, all questions to explain the meaning of these words she evaded or refused to answer. One day she confessed to a nurse that during the last year she had acquired a peculiar habit in connection with her constipation. The anxiety connected with this habit caused her to delay eating in an attempt to solve her problem. Every meal became a torture to her. An analytic treatment on the interview level, however much analysis might have reached pertinent emotional complexes, would have given a symbolical and sketchy catharsis. Fortunately, N. W. had shown an excellent emotional contact with one of the nurses who became her auxiliary ego in overcoming her difficulty.

Sociograms 1 and 2 portray the configuration of the social atom of the patient N. W., before and during her psychosis. They indicate the characteristic structural changes which have taken place. Before the outbreak during her normal life her affinities are either extremely positive or negative towards the crucial persons of her social atom. This produces on the one hand a cleavage between her parents and her sister, to whom she is violently attracted, and her husband and his relatives, on the other hand, whom she violently fears and dislikes. The characteristics of her "auto"-tele are of clear-cut shape, of positive valence, of weak intensity and unbroken.

During her psychosis, the social atom pattern remains unchanged in emotional distribution and in its proportions. The cleavage persists; she loves
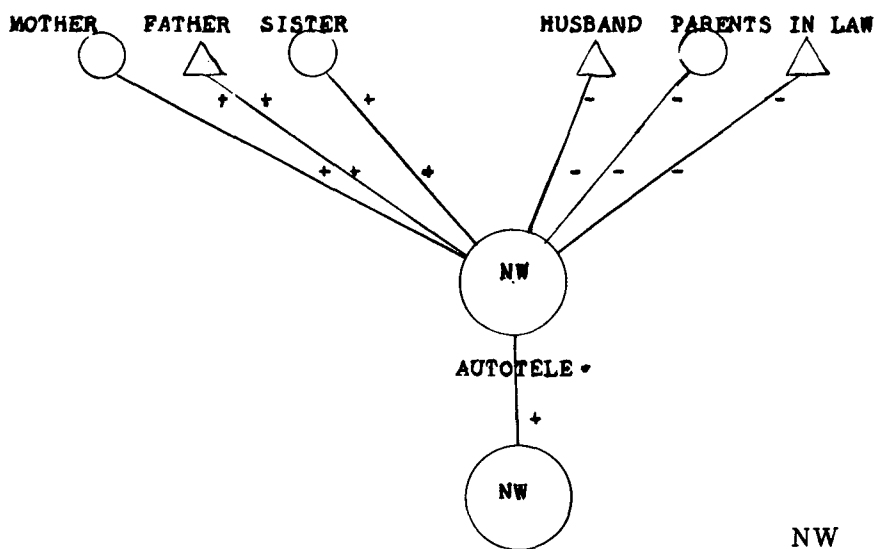
Sociogram 1
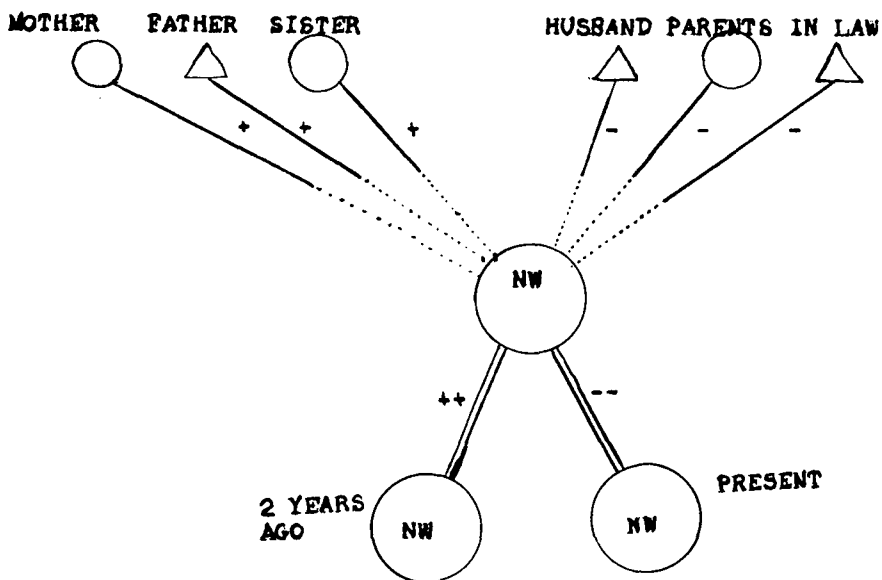
Sociogram 2

and fears the same people as before. But the intensity of her emotions have totally changed. The hate and disgust directed towards herself dominate the picture; that is, a negative "auto"-tele absorbs most of her emotional energy. In consequence all her tele relations to other persons, although changed in quality, have become extremely weak. One can speak of a shadowing of the tele pattern. Her auto-tele shows a peculiar break. It is positive towards her body as it was two years ago; it is negative towards her present shape of body. Her response to the shock demonstrates that if she could have committed suicide she would have destroyed her body in its present shape, but would have preserved the shape of her former self of which she was so proud. Since this was impossible she was in a dilemma.

N. W. underwent about ten sessions, each about two to three weeks apart. Since it was difficult to warm the patient up for any action, the preparatory phase consumed three quarters of every session. Each session lasted about one hour. The effect was striking. The patient who until then rarely left her bed began to lead a more normal life. She got up in the morning, dressed herself, came into the dining room for her meals, stopped with her suicidal prayers, calmed down generally, began to read and to occupy herself with handwork. The patient is now in a process of rehabilitation. The treatment is continuing.

CASE 3

H. B., a Jewish woman of 50, is a victim of political changes in Berlin. She was leader of a large business, a widow who lived alone, a master of her own life. She had two children, a son and a daughter, living in America to whom she had become rather indifferent. When the new regime came it swept her off her feet. It took everything she had, her prestige, her money, her business, and finally she was put in jail. She emigrated to the U.S. As soon as she was safely on land, her present psychosis began.

In the two cases previously mentioned the social atom and tele structure are illustrated as they develop in the course of a psychosis. Case H. B. shows how the social atom and networks break from the normal to the pathological level, their changes in psychological organization in the critical moment, how they are uprooted within a few days and how a sensitive person, the patient, is uprooted with them. The initial phase, the early evolution of the psychosis, becomes visible.

This is the impression the patient made at the first examination: She could not sit. She could not stand still. She paced in her room in motor restlessness "like a tiger in her cage" as she described it. She grew warmer as she proceeded, perspiring from every pore, gesticulating violently and begging for something with which to end her life. When this was refused, she became violent to the point of hitting the nurse and breaking things. The attack usually lasted a few hours and was followed by a pause in which she was

calmer but fearful of the next attack. Chemical means could not prevent them or diminish their intensity. The pauses between attacks became shorter and shorter and finally she was submerged in a frenzy in which she became abusive and destructive, childish and confused. In her lucid moments she repeatedly said: "Do not ask me questions about what happened to me in the old country. The Nazis and the jail have nothing to do with my present condition. I do not care that I lost my money, my business, my independence." She became indignant when the subject was mentioned. A few weeks later, after a remarkable recovery, this point was discussed again. She began to admit "That the situation in Germany may have had something to do with my illness but I do not know in what way."

In the preliminary interviews, it was difficult to determine which of the events was more or less crucial for the development of her illness. Therefore we suggested to her that she might reconstruct on the stage all situations she could remember in sequence beginning with the moment when the fear became general. She should not leave out any situation however insignificant it might seem to her. She should describe all the persons who took part in these situations and select members of our staff to portray the different people with whom she had come into contact. Her performance on the stage was a form of psychiatric revue, short compact scenes, each lasting about two to three minutes. Some of the situations re-enacted were: A Nazi commissar takes away the keys to her store. Police make a search in her home. She calls up her son in America. She asks the American consul to help her. A state revisor controls her books and finds some irregularities. She is taken to a prison cell. She is released from prison. She leaves by train. She takes the boat to New York. For the purpose of this paper two situations are described. They give us the crucial clues.

It is the patient's apartment. The patient enters through the door. She has just given over her store. She paces up and down. She calls up her lawyer. The maid answers. "Mr. S. is ......" "What happened to him?" no answer. "I understand, may I speak with Mrs. S.?" The maid answers, crying "She took her life with him." "When, how, what....?" No answer. "Terrible, within three days my physician took poison, my bookkeeper took gas, my banker shot himself. One friend after another is leaving this way. What shall I do?"

The patient reconstructs a situation in prison.

It is night. She paces restlessly up and down in her cell. She talks to another inmate who is resting.

"Why don't they come? A week ago they said tomorrow. Yesterday they said tomorrow. There is no end. I was a coward. So many have done it. I should have done it too."

She perspires. Throws her arms around a prison matron.

"This waiting. This waiting. There is no end."

Bangs her head against the wall. Shouts.

"Is nobody here who can help me? There is nobody. My son, my daughter, nobody calls. Have they all forgotten me?"

Sniffs.

"The air is so sticky. It smells here."

As she shouts other inmates who try to sleep and are awakened protest: "Silence, be quiet." The patient:

"I cannot help myself."

ANALYSIS

The patient warms up easily. She acts so rapidly; her ideas prompt her so quickly that her partner finds it difficult to follow. At the end she is exhausted and cries. The crucial problem of the patient is the role of death in her social atom and its relationship to her personal death. Death becomes a more frequent guest in the social atom of an older person. It calls away more and more of the intimate members of his social atom—parents, a brother, a close friend, etc. As life unfolds, the arrival of death has an accelerated but natural rhythm. The effect upon a person concerned is a cumulative shock. A man dies a bit with every death within his social atom before he dies himself.

The psychological organization of the social atom is a determining factor in producing this effect. Its structure is more rigid in older persons. If a loss of important members occurs in advanced age, replacements are hard to make. Gradually the social atom shrinks. The situation up to this point is normal but something extraordinary has taken place in the life of our patient. Due to a regime of violence in the community in which she lives death moves in such a swift pace into her social atom that it crumbles before her own eyes. It may be soon exterminated. Its extermination is something near death. Death of the social atom resembles organic death. It is hard to start a new social atom at old age. The patient has become estranged from such members of her social atom to which a woman and mother clings when she becomes old. After her husband's death she had decided to lead her own life and to end it a lone wolf. It is hard to turn the clock back. Her situation is colored by the fact that it is not natural death from which her friends die. It is voluntary, self-made death—suicide. Suicide has become a normal reaction, a standard, the proper thing to do. It has become abnormal to go on living when the intimate associates of one's social atom have one common answer to life—suicide. She paces up and down on the stage in a gesture of despair. All her friends were able to make this decision. She cannot. In the prison cell the sudden break of her social atom is symbolized by her imprisonment and isolation. The social atom has been her identity, the carrier of her honor and

self-respect, of her achievement, of her loves and hates. She cannot return to it. In the prison cell she is thrown at her naked self. But the self is not fully alone. That nucleus of feelings which every individual develops from early infancy on in regard to himself and which produces a mirroring reflection of her position in the community, was with her. This shadow of herself, the product of the auto-tele, has definite shape. It changes as a person grows older and probably reaches its climax of clarity and intensity in the years after adolescence. Its intensity diminishes with the advance of age, but may gain in clarity and precision. Its shape may become confused and blurred if the social atom becomes disorganized and is in distress. The strongest image which recurred was the image of her dead body. That meant final rest. To be the executioner of her own death appealed to her as much as to have been the director of her own life. The frequency of associations which brought her nearer to the act of suicide was immensely increased. With every pace in her cell she demonstrated that she could do it. With every protest and shouting she rebelled against a life which was lost.

When she arrived in the United States, her fear that she could not start anew as a business woman, mother, or mother-in-law, became rapidly justified. She hated and she was hated. She wished she could go back to the jail to fight it out to the end. Through the performance of insanity she could return to herself and become the center of events. The frustrated psychodrama in jail, and frustrated suicide plan at her home could be worked out. Her psychosis was an exaggerated replica of her psychodrama of suicide. She tried to swallow drugs and buttons and as a result projected pain into every part of her body. She feels that every one in the hospital wants to do her harm and, just as she wanted to escape from the Nazis in death, she wants to escape from us by doing harm to herself. The desire to get out of jail and the waiting from day to day had a perfect counterpart in her desire to get out of the hospital.

Sociogram I indicates a cleavage between her relatives in distant countries towards whom she has become indifferent and herself, her business, and her business associates who form a positive nucleus of emotions around her—the boss. She has a large number of acquaintances among whom she has the prestige of being a remarkable business woman. The only person to whom she is strongly attached are her family physician and her maid.

Sociogram II portrays her social atom during her stay in the hospital. It indicates that her auto-tele has increased in intensity. The indifference towards her relatives who brought her over to America has turned from indifference to a negative tele. She can not accept her in-laws and not even her son and daughter who have outgrown her as an adequate replacement of her intimate friends in the old country. She can not accept the physician and nurse as replacement of her good old doctor and maid who took care of her. Nothing is acceptable to her. Foreign land, foreign language, foreign people, her

DAUGHTER AND   SON AND   DEAD   BROTHER AND
SON IN LAW   DAUGHTER IN LAW   HUSBANDBROTHER   SISTER IN LAW

INDIFFERENCE

SOCIAL   +++   BUSINESS
NETWORKS   NETWORKS

HB

AUTOTELE

HB

FAMILY   MAID
PHYSICIAN

HB
1

Sociogram   I

DAUGHTER AND SON   SON AND DAUGHTER   BROTHER BROTHER AND SISTER
IN LAW   IN LAW   IN LAW

DEAD
HUSBAND

UPROOTED   UPROOTED
NETWORKS   NETWORKS

HB

AUTO TELE
+++   ---

HB

NEW   NURSE
PHYSICIAN
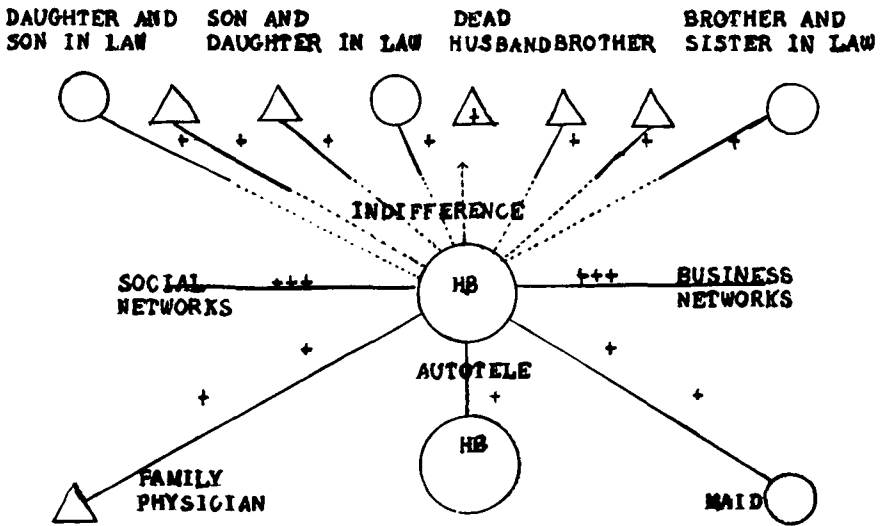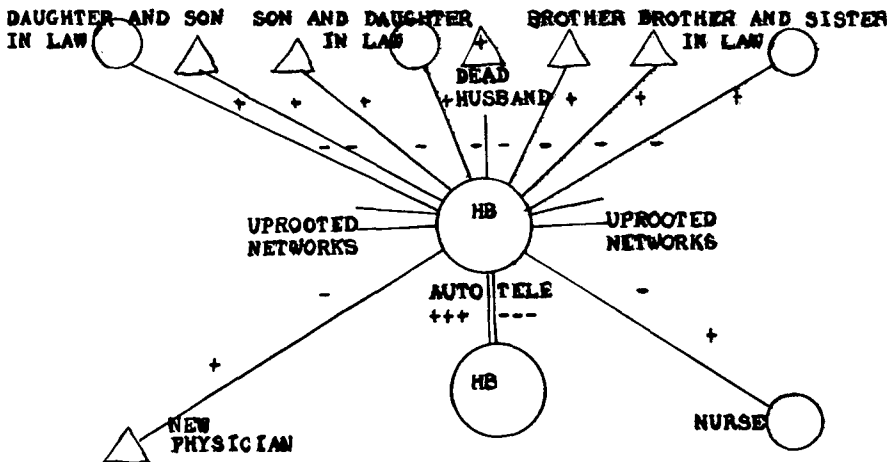
HB
2

Sociogram II

business and social networks are uprooted, she can never be at home. Her social atom is reduced to her auto-tele. The movement of feeling between her ego and her counter-ego is at times extremely positive, at other times, extremely negative. It is always of a maximum intensity and makes her psychodrama a struggle between two roles—life and death.

M. Z. had only a few sessions. But they were more helpful for the understanding and reconstruction of the case than the daily interview and observation during a period of four months.

Sociogram III portrays the relationship between the three patients M. F., N. W. and H. B. during the active phases of their psychoses. M. F. is supplanted by three new identities. In the roles of magician and Christ no tele was directed towards H. B. or N. W. In the role of the infant positive tele goes to both. In this role H. B. appears to her as an important personality, the owner of the hospital and N. W. appears to her as a beautiful distinguished lady. H. B. has a negative tele towards M. F. in all her three roles and towards N. W. in that role in which she is visible.

Sociogram IV indicates the situation after the treatment. A positive relationship developed rapidly between M. F. and N. W. and between M. F. and H. B. but a mutually negative tele between N. W. and H. B.
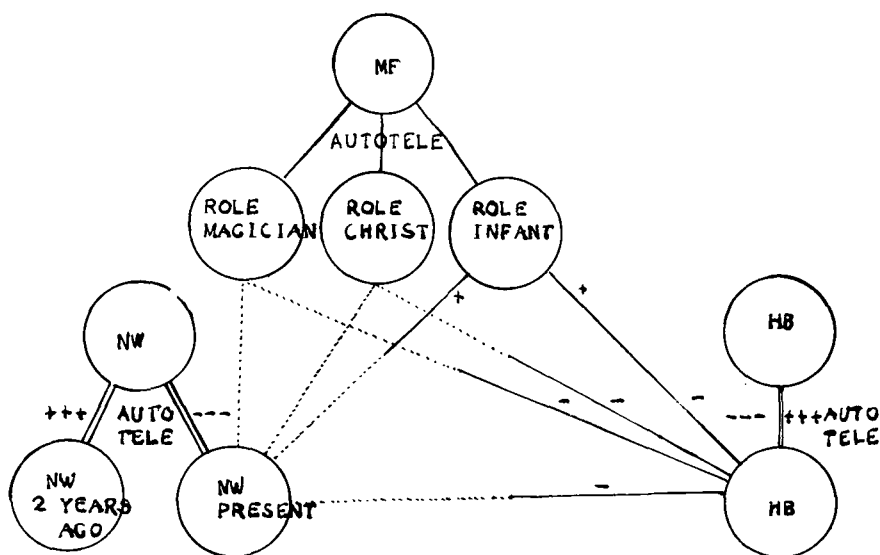
Sociogram III
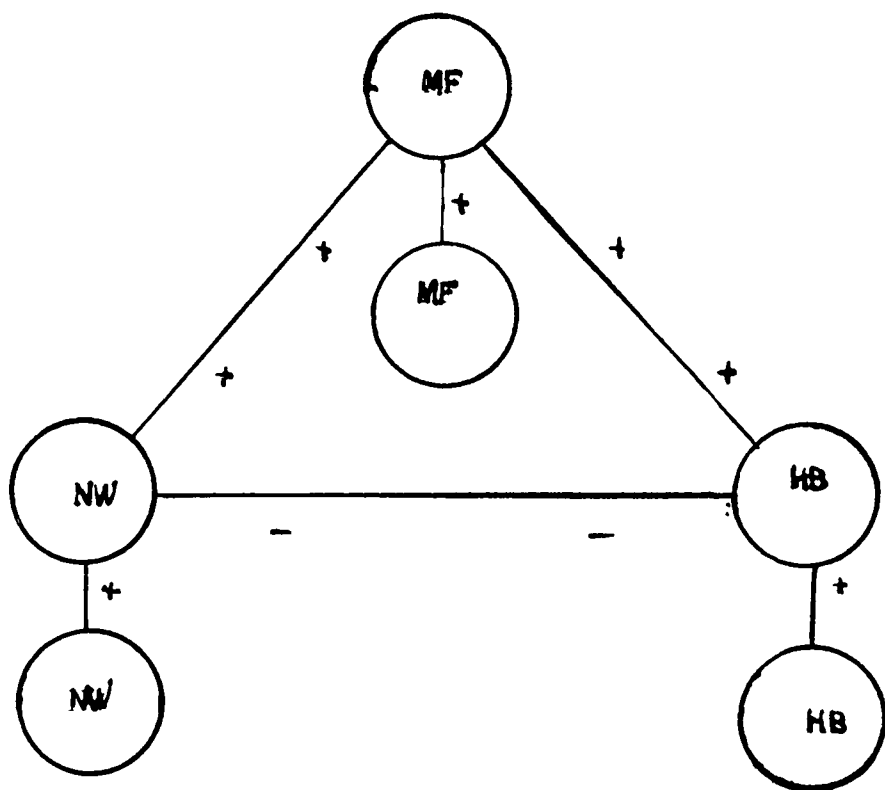
Sociogram IV

SUMMARY

The chief difference between the psychodramatic shocks in the three cases is that in the first and in the third, however surprising and upsetting the procedure may be, the patients are at all times fully aware that they are partners in a therapeutic procedure. The shocks in the second case are applied in true life situations and in such a fashion that the patient has all reasons to believe that the effects of the procedure are real. Only when the patients were induced to assume roles of a past time, then at least a partial awareness of the fictitious character of the situation was present. It appears that the degree of the cathartic effect produced by a shock depends upon the degree of active spontaneity to which the patient can warm up. The process of warming up produces during the shock a higher frequency and a wider range of

associations than during the course of the disease. It enables the patient to put himself into action and activate bodily and mentally his crucial conflicts so that he feels more clearly all the possibilities of a solution and eventually will turn his will towards a new path, away from his impotent and perverse efforts.

NEW FRAMES OF REFERENCE

The social atom appears as a fundamental pattern which reflects the essential situation of the individual in society. Each individual has his own pattern of social atom which like his handwriting can be distinguished from that of other individuals and which maintains its individuality. The social atom patterns of normal persons of different ages have been studied and found to portray typical variation with development of age. Thus a frame of reference is given with which we can compare the changes within the social atom of individuals afflicted with mental disorders. A person with an abnormal social atom development may go through life without clinical manifestation of a mental disturbance but these can be rapidly activated as soon as a precipitating cause appears. The precipitating cause may be at one time a physical condition, for instance, arteriosclerosis of the brain; at other times, a psychological condition, for instance, a feeling of inferiority; at other times, a social condition, for instance, death of a parent; at other times, an economic condition, for instance, loss of a job.

The three patients, M. F., N. W., and H. B., appeared sociometrically abnormal long before they appeared clinically abnormal. The actual life within a social atom however is far more complex and richer in texture than sociometric tests alone are able to reveal. A procedure had to be devised to bring into the view of the investigator the social atom in its living reality and the persons participating in their visible and invisible roles. The psychodrama comes closer to giving a totalistic picture of human relations than any other form of expression, better than handwriting, dreams or free association. In the arts the drama has been considered superior to all forms of expression because it contains them all and is a synthesis of them all. Just as it embraces the lyric and the epic element and brings them to a new synthesis, the psychodrama embraces the mind and body of many individuals united in action and brings them also to a new synthesis. Thus it portrays the dynamics of a miniature society and provides an experimental situation for the study of the simplest and most complex patterns of interpersonal relations.

NOTES

1. The author is greatly indebted to Ernst Fantl, M.D., resident physician, Beacon Hill, Beacon, N.Y., for reading and assisting in the editing of this paper.
2. Some terms used in this paper are defined as following:

Tele

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. It grows out of person-to-person and person-to-object contacts from the birth level on and gradually develops the sense for inter-personal relationships. The tele process is the chief factor in determining the position of an individual in the group.

Auxiliary ego

A person whose function is to live through the subjectivity of the patient and identify himself with all the patient's expressions as far as organic limitations allow.

Networks

An inter-personal structure in which individuals comprising certain links are unacquainted with those in more distant links but can exert an influence by indirection.

Social atom

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.

Warming-up process

A technical term derived from spontaneity work. The spontaneity state is brought into existence by various starters. The subject puts body and mind into motion, using body attitudes and mental images which lead to the attainment of the state.

Psychodrama

A therapeutic situation similar to the social situation of a patient. The patient is asked to relive a former experience by expression through gestures, words, and movements, and if necessary, to act with a group of auxiliary egos who represent to the patient certain roles played by members of his social atom.

3. Dr. Ernst Fantl suggested the term "auto-tele" as expressing the broad implications of the problem.

BIBLIOGRAPHY

Sakel, Manfred: *Neue Behandlungsart Schizophrenikur u. verwirrter Erregter.* Proceedings of the Gesellschaft der Aerzte in Wien. Wien. klin. Wochensch., 1933.

Moreno, J. L.: *Inter-Personal Therapy and the Psychopathology of Inter-Personal Relations.* Sociometry: A Journal of Inter-Personal Relations, Volume I, Nos. 1 & 2, Beacon, N.Y.

Who Shall Survive? A New Approach to the Problem of Human Interrelations. (1934) Nervous and Mental Disease Publishing Co., Washington, D.C.

Murphy, Gardner: *The Mind Is a Stage*, Forum Magazine, May, 1937.

PSYCHODRAMATIC ROLE TRAINING WITH STUTTERERS

ROCHELLE J. HASKELL, M.A. AND ALFRED L. LARR, PH.D.

Long Beach, California

One of the most frequently observed speech pathologies in the world is stuttering, and considerable efforts have been made to determine its etiology or etiologies, as well as to develop treatment programs effective with stutterers.

Stuttering has been defined by Johnson as an anticipatory, apprehensive, hypertonic, avoidance reaction, "... stuttering is what a speaker does when he (1) expects stuttering to occur, (2) dreads it, and (3) becomes tense in anticipation of it, and in (4) trying to avoid it. What he does in trying to avoid stuttering amounts to a complete or partial stopping of speech." (Johnson, 1955:217).

Sheehan viewed stuttering as a form of behavior that is learned. He attributed the "holding back" or wish not to speak, either to learned avoidance, or to unconscious motives, and concluded that basically stuttering is not a speech disorder, but a conflict revolving around self and role, an identity problem (Sheehan, 1953:27-49). He later noted the primary symptoms of stuttering to be the result of competitive and opposing urges to speak. When these tendencies are approximately equal, oscillations and fixations in speech behavior occur. These findings became the basis of his conflict-reinforcement theory of stuttering (Sheehan, 1958:123-164). In 1970, he modified his position and introduced a Role-Conflict Theory of Stuttering with learning theory. He stated it as follows; "Stuttering is a disorder of the social presentation of the self. In formal role-theory terms, stuttering is most clearly seen as a special instance of *self-role conflict*. As a disorder, stuttering appears to be role-specific, calling for a role-specific theory, a role taking psychotherapy." Sheehan (1970:4) recommends what he calls a Role-Taking Psychotherapy.

According to VanRiper, (1963) the techniques most used by therapists, who hold to the view that stuttering is essentially a learned form of behavior, have the following objectives (VanRiper, 1963:327).

1. To weaken the forces which tend to maintain and strengthen stuttering.

2. To modify and decrease the severity of the stuttering block by eliminating the secondary symptoms of stuttering.

3. To help the stutterer to speak, even though he stutters, in a relatively easy and effortless fashion rather than to avoid fears and blocks.

4. To help the stutterer in an over-all adjustment to his environment.

There are two action methods, both derived from the work of Dr. J. L. Moreno, which show promise and have been used with observable effectiveness to achieve the behavioral objectives outlined by Sheehan and VanRiper.

The effect of a Psychodrama Program on sturrerers was reported by Honig (1946). The subjects of the study were a group of forty-one people, aged sixteen to thirty-five, who were treated at the Evening Session Speech Clinic of Brooklyn College, New York, for two hours a week, in classes of four or five. Three types of stutterers were treated psychodramatically; the situational (in which disfluencies occur in one specific situation), the cyclical (in which disfluencies occur periodically), and the perpetual stutterer (disfluencies are demonstrated with almost every attempt to speak). The students were treated for sixteen weeks, psychodrama sessions lasting two hours each, once a week. The major results reported were:

1. Once the proper rapport was established, the students demonstrated that in the psychodramatic situations they were able to speak with a minimum of stuttering, even when facing a stress situation.

2. At the termination of treatment, there was a marked personality adjustment, and an increased skill in handling speech situations in the clinic.

3. Students indicated by their own testimony, that they had a feeling of security, to speech situations outside the clinic. Honig concluded that psychodrama was a valuable method of treating all three types of stutters (Honig, 1946:175-176).

Despite its reported effectiveness, Psychodrama is infrequently employed in the treatment of stuttering. Perhaps this is because so few people interested in dealing with speech pathology have the necessary skills. Researching into the effectiveness of Psychodrama in this area would be further complicated by the great variation of psychodramatic techniques, and directorial styles. Role Training, on the other hand, is more highly standardized. The necessary skills may be imparted in an academic setting, and may be useful to those who seek to attain the four objectives referred to by VanRiper.

Role Training is a form of role playing in which participants reenact past experiences with the assistance of a skilled director. Role training sessions are directed at differentiating *in action* those patterns of behavior which may have been inadequate, bringing inadequacies to the attention of the *director*, the *individual*, and the *group*. The director, by encouraging the presentation of alternative patterns of behavior, helps the members of the group to explore alternatives, and each member to expand his own role repertoire. Each member of the group can afford to be objective in evaluating the inadequate behavior patterns of others, and presenting alternative courses of action. Each learns to become critical of inadequacies, his own, as well as others. Each member of the group, as he learns (a) alternative patterns of behavior, and (b),

to become critical of inadequate patterns, also learns to distinguish between rejection of a *pattern of behavior*, and rejection of *himself* as a person. He can attribute the failure to inadequate performance in a role. All of the above involves the acquisition of social skill. Role tests have been employed to measure the ability to perform in roles. With greater social skill the individual can be expected to experience increased success in occupational, family, and community roles.

Changes in behavior attributed to Role Playing, and Role Training have been reported in a great many studies. Several of these studies have demonstrated that improvement in general role ability, that is, social skill, results from participation in Role Training Programs. (Argyris, 1951), (Barron, 1947), (Bowman, 1949), (Haskell, 1957), (Heimbach, 1959), Kay, 1951). While these studies indicated that Role Training Programs have resulted in increasing the social skills of participants, none dealt with stuttering, or any other speech dysfluency. However, a careful reading of the reports of these studies leads to the conclusion that the Role Training experience in itself may contribute to a weakening of the forces which tend to maintain and strengthen stuttering (objective 1), by providing the stutterers with a warm, permissive atmosphere, which is conducive to experimentation in speech. In the roles of other people, the participant is involved in a great deal of non-propositional speech, a form of speech for which he has less individual responsibility. Stutterers tend to be far more fluent in this type of speech, and the gradual elimination of the secondary symptoms of stuttering may be expected to result. A modification and decrease in the severity of the stuttering block may be expected to follow (objective 2). As he is encouraged in roles other than his own, to speak in a relatively easy, and effortless fashion, a participant would have less of a need to avoid fears and blocks (objective 3) (Berry & Eisenson: 1956:269).

With increased ability to perform in important roles, one might reasonably expect the stutterer to achieve a more satisfactory adjustment to his environment. In this way, Role Training may be expected to contribute, not only to the attainment of objective 4 referred to above, but to a significant reduction in stuttering.

An exploratory study designed to examine the potential of a Role Training Program on stutterers was administered to male adult stutterers at the Federal Correctional Institution, Terminal Island, California. This paper is a partial report of that study.[1] The problem that was the focus of this study may be stated as follows: "Will a Role Training Program Administered to Stutterers Achieve a Reduction in the Severity of Disfluencies?"

This study was conducted at the Federal Correctional Institution, Terminal Island, California. The facility is a maximum security prison with strict security precautions taken to limit ingress or egress to authorized persons. The

subjects of the study were all inmates assigned to the NARA program, an acronym for a program administered under the provisions of the Narcotic Rehabilitation Act. All of the subjects were selected for the study by Dr. James T. Freeman, the chief psychologist of the NARA Program of the institution. All seven men in the prison who considered themselves "stutterers," were accepted for the Role Training Group. Dr. Freeman considered three of the subjects severe stutterers, and the other four, mild to moderate. In addition to the seven stutterers, he included six other persons whom he believed might benefit by the role training. Non-stutterers were included because to limit the group to one category of persons would have created a false homogeneity. According to others experienced in Role Training, to place subjects in a group based on one characteristic they have in common, encourages a concentration on the common problem. In this case, sessions might focus on speech problems, rather than the development of generalized social skill. One of the stutterers left the group after two sessions because of ill health. The other six remained until the end of the study. They ranged in age from 25 to 37. One was Black, the other six, White. All but one were married at the time of the study, or had been married. All were in prison for offenses involving the use of drugs, five were heroin users, and one was addicted to amphetamines. All six considered themselves stutterers, and could not remember when they did not stutter.

The principal method for measuring change used in this study was a comparison of ratings of severity of stuttering on an oral reading prior to the Role Training Program, with ratings of severity of stuttering on the same oral reading immediately after the completion of the program. The oral reading selected was a five hundred word essay entitled; "You Can Stop Being a Procrastinator." Before the first Role Training Session each subject was asked to read the selection onto tape two times. After the tenth session, subjects were asked to read the same selection onto tape. Ratings of severity of stuttering were made of the pre-Role Training Program recordings, and of the post-Role Training Program recordings, in accordance with suggestions made by Johnson, Darley, and Spriestersbach (1963:246-261). A comparison of the pre and post Role Training Program severity ratings provided the measure of change. The assumption is that in the course of a Role Training Program the anxiety level of the stutterer would be considerably reduced, and his spontaneity increased. Therefore, changes in the severity of stuttering could be reasonably attributed to participation in the Role Training Program.

Before the Role Training Program began each subject was also asked to complete a form entitled; "Stutterer's Self-Ratings of Reactions to Speech Situations." It was administered in accordance with instructions given in Johnson, Darley, and Spriestersbach (1963:265-266). The information obtained was valuable to the director, as it provided many clues to trouble

spots, and furnished the sort of data that made it possible to predict in advance the type of Role Training that would be most useful and effective. Instructions for completion of the Self-Rating form were read to each subject, and he was given time to ask questions.

THE ROLE TRAINING PROGRAM

The Role Training Program consisted of ten role training sessions, each approximately one hour and forty minutes in length. The director in a warm-up at the first session explained stuttering as a form of speech hesitancy in which the speaker was experiencing difficulty in choosing between alternative ways of expressing himself. Role Training was being offered to increase spontaneity, particularly the ability to choose between alternatives. Neither the terms stuttering nor speech hesitancy were again referred to in the course of the Role Training program. The area to be explored in a Role Training session is greatly influenced by the warm-up talk of the director at the beginning of each session. The director selected for the warm-up areas of interest indicated by members of the group in the discussion portion of the previous session. The ten Role Training sessions revolved around the following roles:

1. Meeting Strangers.
2. Focus on Strengths of Group Members.
3. Long Range Goals.
4. Appearing before a Parole Commissioner.
5. The Job Applicant.
6. Relationship with Fellow Workers.
7. Relationship with Employers.
8. Need for More Schooling.
9. Family Roles.
10. Family Roles.

Each of the six subjects were protagonists two or more times during the course of the ten sessions, and participated as auxiliary ego in at least one other. The same can be said for the non-stutterers who were members of the group. In the first two sessions, the non-stutterers were more active in the verbal portion of the sessions. By the third session, there was no noticeable difference in participation. No record was kept of the extent of participation of the non-stutterers nor were they given any tests.

RESULTS

The rating of severity of stuttering was made by four judges, two of whom are male counselors working with alcoholics, a third, a female nurse, working with an alcoholic rehabilitation program. The fourth is a lay person, the wife of one of the counselors. The individuals chosen to judge the severity of

stuttering were not speech clinicians. They were people with a background in rehabilitation counseling, and in Role Training. Since neither the Role Training Program, nor the tests were administered in a speech clinic, it was considered desirable to use the four judges selected.

The pre-Role Training Program tapes were rated by the judges immediately after the program started, and the post tapes some eleven weeks later, immediately following the completion of the program. We surveyed the ratings of the four judges of severity of stuttering, on oral readings taped before and after the Role Training Program. According to these ratings all of the subjects improved considerably in their ability to read an essay onto tape. While it is true that they were more familiar with the contents after the Role Training Program, having read the essay three months prior to the post-test, this experience would not appear to make them sufficiently familiar with the contents to account for the difference in fluency.

Mr. George A. Johnston, a graduate student, who was present at virtually all of the sessions, including the first, and the tenth, expressed the view that every one of the six subjects showed considerable improvement in speech communication, and stuttered far less at the end of the program than at the beginning. Dr. Freeman, who was in frequent contact with all of the subjects came to the same conclusion. Even though these men did not employ rating scales or other measuring instruments on which to base their evaluations, their conclusions were objective to the extent that they reached them based on personal observations of the subjects.

CONCLUSION

The subjects of this study were certainly not representative of the universe of stutterers. They were all male adult inmates of a prison, drug users, and all stutterers. The Role Training Program employed was adapted to their needs, and may not necessarily be effective with others. The experimenter would hypothesize, however, that it could readily be adapted to the needs of any adult group.

Critical questions may always be raised when any treatment program such as this is evaluated:

1. Is the technique employed one that can be administered by ordinary individuals after suitable training, or is it a non-specific influence that depends for success on a particular personality?

2. Does the technique show lasting effects in careful comparison with a non-treated "control group" carefully matched for accurate comparisons?

3. Will the techniques produce results with more typical groups of stutterers who have never been drug users?

4. Will a study utilizing more refined clinical speech diagnostic procedures, a larger sample, jointly conducted by a speech pathologist, and a Role Training specialist confirm the results of this exploratory program?

These questions, or ones like them are often directed at Role Training Programs, because it is assumed that success is dependent on the insights or genius of the therapist. The Role Training Program used in this study can be administered by any professional who has successfully completed training at Moreno Institute, New York, or any of its affiliates.

NOTES

1. The study was conducted by Rochelle J. Haskell, one of the authors of this paper, whose M.A. degree was completed under the direction of Dr. Alfred L. Larr, who collaborated in this research.

BIBLIOGRAPHY

Argyris, Chris. "Role Playing in Action," New York State School of Industrial and Labor Relations, *Bulletin No. 16*, (January, 1951).

Barron, Margaret E. "Role Practice in Interview Training," *Sociatry*, (June, 1947), 183-191.

Berry, Mildred F. and Jon Eisenson. *Speech Disorders*, (New York: Appleton-Century-Crofts, 1956).

Bowman, G. G. "Role Playing and the Development of Insight," *Social Forces*, (February, 1949), 195-199.

Haskell, Martin R. "Psychodramatic Role Training as Preparation for Release on Parole," *Group Psychotherapy*, X (March, 1957), 51-59.

Haskell, and H. Ashley Weeks. "Role Training Applied to Inmates of a Correctional Institution," *Journal of Criminology, Criminal Law, and Police Science*, V, (January-February, 1960), 441-447.

Heimbach, Sylvia. "Role Playing as an Aid in Improving Reading Ability and Empathy," *Group Psychotherapy*, XII, (March, 1959) pp. 42-51.

Honig, P. "Psychodrama and the Stutterer," *Sociometry* IX (September, 1946), 175-176.

Johnson, Wendell H. and J. R. Knott. "A Systematic Approach to the Psychology of Stuttering," pp 25-33 in W. Johnson (ed.) with the assistance of R. Leutenegger, *Stuttering in Children and Adults: Thirty Years of Research at the University of Iowa.* Minneapolis: University of Minnesota Press., 1955.

Johnson, Frederic L. Darley, and D. C. Spriestersbach. *Diagnostic Methods in Speech Pathology*. New York: Harper and Row., 1963.

Kay, Lillian W. "Role Playing as an Educational Method." *Work with Youth*, National Council of the YMCA I (January, 1951), 19-25.

Moreno, J. L. *Psychodrama: Volume I*, (New York: Beacon House,) 1946.

Moreno, J. L. Psychodramatic Production Techniques, *Group Psychotherapy*, 1952. 4, 243-273.

Moreno, J. L. *Who Shall Survive?* (New York: Beacon House) 1953.

Moreno, Zerka. A Survey of Psychodramatic Techniques, *Group Psychotherapy*, 1959. 12, 5-14.

Moreno, Zerka. Psychodramatic Roles, Techniques, and Adjunctive Methods, *Group Psychotherapy*, 1965, 12, 5-14.

Sheehan, Joseph G. "Conflict Theory of Stuttering," pp. 123-164 in Jon Eisenson (ed.), flict," *Journal of Psychology*, XXXVI (January, 1953), 952-953.

Sheehan, Joseph G. *Stuttering: Research and Therapy*. New York: Harper and Row, *Stuttering: A Symposium*. New York: Harper, 1958.

Sheehan, Joseph G., *Stuttering: Research and Therapy*. New York: Harper and Row, 1970.

VanRiper, Charles. *Speech Correction*. Englewood Cliffs, New Jersey: Prentice-Hall, 1963.

PSYCHODRAMATICS—THE GENEALOGY
OF A CLINICAL MODALITY

ANDREW W. MEZURECKY, M.S.

United States International University, San Diego, California

The central purpose of this paper will be to trace in a genealogical manner certain archaic forms of the psychodramatic modality preceding the discovery of the contemporary psychodramatic method by J. L. Moreno. The resultant focus of this research will be a consideration of several phenomenological constructs which are integral to our general clinical understanding of the human neurosis and specifically relative as pillars supporting at least the intuitive theoretical base of archaic forms of psychodramatic treatment. We will observe the genealogy of psychodramatics proper, beginning with the ancient Greeks through the psychiatric tradition of Western Europe of the 1700s and finally ethnological work which has been done in this century related to certain Indian tribes located in the continental United States. We are approaching certain methods which are distant cousins of the clinical method which was created by Jacob Moreno, analogous to the fact that although the Australopithecine was in some sense of the word 'man' (Tobias 1973), we could not equate this creature in the completely dimensional sense to the modern day homo sapiens. We must consider man as a trans-phenomenal creature who in antiquity and throughout the ages has understood in some part of his being the dictum which it took the genius of Moreno to express—"act yourself as you never were so that you may begin to be what you might become. Make it happen. Be your own inspiration, your own playwright, your own actor, your own therapist and finally your own creator" (Moreno 1971).

The realm of phenomenology has immense heuristic value especially in the clinical setting. When we talk about man being free and the creator of his destiny we are not only following the essence of psychodrama, but are also in direct harmony with the science of phenomenology. It is of specific interest to be noted here that the "ek-static" and intentional dimensions of the human personality are always in full operation, as has been known at least peripherally from the Greeks onwards. Following from this as clinicians, we must pay heed to the discovery of phenomenology in that "our body is both subject and object. Because of this paradoxical nature, it can serve as a bridge between consciousness and the world. It puts consciousness into the world" (Mann, Kreyche 1966). So we see here a dynamic which serves as an important antecedent to Heidegger's concept of "ek-stase." The focal point

here being that in terms of dimension the ek-static way man enmeshes himself in the world is the basis of his freedom within the world. Speaking phenomenologically, it is also under the motivation of the human feeling which impels man to act as himself in the world, which is the healthy expression of being, in its intentional character. The genius of Brentano and Husserl has greatly enhanced our understanding of intentionality especially as to the dynamic way which consciousness interacts with objects (Gurwitsch 1966). I have included this section on phenomenology insofar as it is integral in terms of putting my research as to the genealogy of the psychodramatic method into a cohesive and contemporarily relevant investigation—the emphasis being that in all forms of psychodramatics to be explored, the ek-static and intentional dimensions are present.

Let us now turn our attention to one of the earliest forms of theatre which may be called therapeutic, namely the theatre as created by the Greeks.

Greek theatre was highly public and as such therapeutic in its nature. The most elemental reason for this is simply that a great many of the dramatic actors were chosen from the general populace—

the nature of the chorus, for a long time the most important element in the drama, was drawn from the public at large. The average citizen might have been a spectator one year and a participant the next. (Arnott 1971)

In so much as the Greek actor was a man of the everyday world with its gratuities and agonies so also was this reflected in his dramatic work. The audience's reaction was anything but passive; it was continually emotionally involved. Because of the impact of the actors and its geographic location the audience could observe the actors and itself. As the audience was aware of itself in a dimensional context it became a living breathing whole. In many senses it was an active partner in the Greek drama, commenting, supporting and interjecting its presence into the drama's microcosmic representation of man's dilemma of existence in the world. From this we can plainly see that the Greeks were a lively audience and their general catharsis came from the *active* expression of their feelings during any particular performance. I would venture to say that there was an expressed aspect of social learning to be obtained from attendance at these theatrical performances:

In Lucian's dialogue Solon tells Anacharsis that the Athenians educate their sons by taking them to tragedies and comedies and showing them examples of virtue and vice, so as to teach them what to imitate and what to avoid. (Haigh 1889)

In congruence with what we have seen so far as observers of the Greeks, we must turn for a brief moment to an account of intra-psychic nature from a

contemporary of ancient Greek theatre, namely, Aristotle, elucidating the
basic purpose of tragedy:

> It is to arouse the emotions of pity and fear in the audience; and to arouse
> this pity and fear in such a way as to effect that special purging off and
> relief (catharsis) of these two emotions which is the characteristic of
> tragedy. (Cooper 1913)

So that we can see a specific understanding of the relationship of catharsis
to human action, we must turn to this final statement which gives us a direct
understanding of this concept in the Greek theatre as stated by Aristotle:

> For tragedy is an imitation, not of men, but of an *action* and of life, and
> life consists in action, and its end is a mode of action not a quality.
> Dramatic action, therefore is not with a view to the representation of
> character: character comes in as subsidiary to the actions. Hence the
> incidents and the plot are the end of a tragedy; and the end is the chief
> thing of all; again without action there cannot be a tragedy. (Butcher
> 1911)

The next rung which must be considered in terms of this genealogy of the
psychodramatic method is still within the parameter of western European
civilization but at a much later date, namely the work of the eighteenth
century German psychiatrist, Johannes Christian Reil (1759-1813), who is
credited with originating the term 'psychiatrist' (Eaton, Peterson 1969). The
relevance of phenomenology in the work of Reil is not inferred but directly
expressed—"Reil was a psychological phenomenologist for whom the modern
concepts of Ganzheit, totality, unity, concentricity were basic elements of
scientific interpretation" (Harms 1960). That Reil was an early phenomenolo-
gist and forerunner of the psychodramatic method is clearly expressed in
Reil's major work—*Rhapsodien ueber die Anwendung der psychischen Cur-
Methoden auf Geisteszerruettungen*—

> each mental institution ought to have a specially arranged *theatre* with the
> necessary machinery to present various settings. The employees of the
> institutions should be trained to play various *roles*—that of judge, an
> executor, physician or an angel who comes from heaven or the dead who
> has risen from his grave—all concepts which might play a serious role in the
> mental status of this or that patient and what might impress his
> *imagination* therapeutically. Such a theatre should be able to present scenes
> from a prison, the lion's den, a place of execution, and an operating room.
> There would be Don Quixote knighted, imaginary pregnant women freed
> from their load, foals skinned, repenting sinners absolved in a ceremonial
> play. In short, such a *therapeutic theatre* could aid individual cases in a
> variety of diseases, awaken the fantasy and the speculation, call for the

most contradictory emotions such as fear, fright, astonishment, anxiety or mental calm, according to what may help the patient to eliminate his fixed ideas or his misdirected emotions. (Reil 1803)

Within this same framework Reil reckons: Why could there not be written real plays for the purpose of the work with mental patients, to be performed by the patients themselves. Some may be acting and some watching. The *roles* would be distributed according to the individual *therapeutic* needs. The fool, for instance, could be given a role making him aware of the foolishness of his way of behaving and so on. (Reil 1803)

Now that we have seen Reil's contribution to the evolution of the psycho-dramatic method, let us now move from the field of psychiatry to ethnology in our study of this particular genealogy.

The Pomo Indians of California have within this century in their particular medical societies shown us, specific techniques which in a crude form represent the dimensions of a therapeutic modality which is something similar to psychodramatics as has been previously discussed in relationship to the Greek theatre and the theoretical work of Johannes Reil.

The Pomos have a concept of disease which is very interesting in view of the fact that its genesis is not imprinted from anything of western medicine or psychiatry. The Pomo concept of mental illness is based on two basic principles—"it becomes apparent that the Pomo classifies his disorders as those 'from the outside' and those 'from the inside.' Those of the first sort are in the main the frightening cases; those rooted in the fear which sight of a ghost or monster raises in the beholder, and they are treated by reproducing as nearly as possible the terrifying vision. This process of the doctor is explained as a device to identify the spirit, which may then be implored by prayers to desist from haunting the sick man. At the same time it is regarded as a cure in itself founded on quite conscious Pomo psychological theories—seeing a thing again takes it off your mind, it is said, and one Indian doctor asserted that he could cure all the people in the State insane hospital if he were allowed to treat them on this principle." (Freeland 1923)

It must be mentioned in passing that the Zuni Indian also utilized an adaptive form of psychodrama in the practice of their tribal medicine, which involved the patient as an active participant and an integral part of the healing process (Stevenson 1901). So also in the medical practices of the Navajo, an element of psychodrama was utilized in the cure of hallucinations and syndromes involving fear and anxiety (Matthews 1902). The psychodramatic method was specifically expressed by the Navajo in their emphasis of group treatment and recreating through the use of props and role-playing the patients particular mental malady.

In summation it has been my expressed purpose to give a genealogical account of the psychodramatic method as recorded in modern and ancient

history drawing from the fields of drama, psychiatry, ethnology, and phenomenology showing that man left to his own design can and will create those clinical modalities which activate his phenomenological insight and potential, which has reached its culmination in the genius of Jacob Moreno and his creation of the formal theory and method of psychodrama.

REFERENCES

Arnott, P. *The ancient Greek and Roman theatre*. New York: Random House, 1971.

Butcher, S. *The poetics of Aristotle*. London: Macmillan and Co., Limited, 1911.

Cooper, L. *Aristotle on the art of poetry*. New York: Harcourt, Brace and Company, 1913.

Eaton, M. and Peterson, M. *Psychiatry*. New York: Medical Examination Publishing Company, Inc., 1969.

Freeland, L. *Pomo doctors and poisoners*. University of California Publications in American Archaeology and Ethnology XX, 1923.

Gurwitsch, A. *Studies in phenomenology and psychology*. Evanston: Northwestern University Press, 1966.

Haigh, A. *The Attic theatre*. Oxford: The Clarendon Press, 1889.

Harms, E. "Johann Christian Reil," *American Journal of Psychiatry*, CXVI—1960, 1037-1039.

Mann, J. and Kreyche, G. (Eds). *Reflections on man. Readings in Philosophical Psychology from classical philosophy to existentialism*. New York: Harcourt, Brace & World, Inc., 1966.

Matthews, W. The Night Chant, a Navajo Ceremony. Memoirs of the American Museum of Natural History. VI., 1902.

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

Moreno, Jonathan D., "Philodrama and Psychophilosophy," *Group Psychotherapy and Psychodrama*, Vol. XXIV, No. 1-2, 1971, pg. 24-30.

Moreno, Zerka T., "Beyond Aristotle, Breuer and Freud: Moreno's Contribution to the Concept of Catharsis," *Group Psychotherapy and Psychodrama*, Vol. XXIV, No. 1-2, 1971, pp. 34-43.

Reil, J. C. *Rhapsodien uber die Anwendung der psychischen Cur-Methoden auf Geisteszerruettungen*. Dem Herrn Predigen Wagnitz Zuggeeignet. Halle: Curt, 1803.

Stevenson, M. *The Zuni indians their mythology, esoteric fraternities and ceremonials*. Twenty-third annual report of the Bureau of American Ethnology to the Secretary of the Smithsonian Institution. J. W. Barrett, Director. Washington: Government printing office, 1904.

Tobias, P. "New developments in Hominid Paleontology in south and east Africa." *Annual Review of Anthropology*, Vol. 2. Palo Alto: Annual Reviews, Inc., 1973.

FURTHER IMPROVEMENT FOLLOWiNG THERAPY

JOHN PALAU

SUNY, Buffalo, N.Y.

LEWIS LEITNER

Pomona, N.J.

FRITZ DRASGOW

Albany, N.Y.

JAMES DRASGOW

Buffalo, N.Y.

The main purpose of this study is to introduce a new *specific outcome criterion* to measure our success with training and treatment groups. Anthony et al. (1) have already encouraged both researchers and practitioners to report their results using more specific criteria and the present paper is a very concrete step in that direction. The lack of these criteria has led to either initially misleading conclusions (12) even though positive results were eventually extracted (4) or to the necessary reexamination of global concepts in a field, e.g. spontaneous remission (18). The presence of specific criteria not only helps to compare and evaluate different studies, but also to direct and organize our work toward helpful goals. The concept of specific outcome criteria has extensive utility and using it more fully in our research work can increase our progress.

For several years prior to and during the present study different empathy training and treatment groups were conducted either as part of Ph.D. dissertations or as independent research studies (6, 9, 10, 13, 15, 16, 17). Progress was assessed not only from measures made before and after treatment but more importantly at several follow-up times that included up to five years post. *We regard it' as even more important that therapeutic gains be either maintained or preferably increased after therapy than during therapy.*

Primarily measurements were made in terms of an individual's Level of Functioning and included either the standard measurement items (7, Vol. I, Ch. 8) or variations of them (e.g. 15) with the responses being either written open-endedly or checked from multiple choices or spontaneously verbal e.g. via telephone contact. Altogether 13 follow-ups were done on 6 different groups with the follow-ups ranging from one to four per group. The most

repeated and overall general follow-up finding was that the groups' post-treatment average levels of functioning were not statistically significantly different from their treatment termination levels (p > .05). This indicates that the groups as a whole stayed better after treatment for as many as 4 follow-ups conducted over 5 year periods.

Even though the follow-up post-treatment group averages were significantly higher than pre-treatment levels, the outcome *group averages* covered up the most interesting finding of all: *some of the individuals in each of the groups continued to improve after treatment*, others maintained their treatment gains and some returned to their pre-treatment levels. The percent of each group that continued to increase their measured level of functioning varied from 8 to 30. This continuing-to-gain percent (CGP) is proposed as a new specific outcome criterion measure of treatment effectiveness. It is the confirmation and verification of the prognosis generated with treatment. It can be used to compare and evaluate studies having the same or different treatments and to organize or mobilize research efforts. Furthermore the relatedness of the level of functioning as an outcome measuring instrument has been corroboratively established (8, 11) using success and failure in a variety of external reality indices, e.g. vocational, economic and marital.

HELPER ROLE

The levels of functioning of the therapists who were associated with the different 8 to 30 GCPs were not statistically significantly different (p > .05). Therefore the therapists' levels could not be used to explain the differential CGP outcomes. Furthermore some of the highest functioning therapists did not have groups with the highest CGP. Since the groups' pre-treatment levels were not significantly different the possibility exists for other operant factors than the helpers' levels of functioning to account for the gains. These possible factors could be localized in either or both the therapist and the therapee. Even though the therapist has been the usual target to account for therapeutic gains, there has been enough unaccounted for outcome variance to rationally hold the helpee responsible for some of his own progress.

Extensive previous research (7, 8, 19) has indicated that the therapists' levels of functioning can be used to account for the gross difference between success and failure in treatment, but the current studies (6, 9, 10, 13, 15, 16, 17) indicate that the levels of functioning of *successful therapists* cannot be used to account for their differential CGP success. In effect, previous research data indicate that we can predict from a therapists's level of functioning whether or not he will be therapeutically successful, but the current research data on levels will not let us predict more accurately exactly how successful he may be when compared with other successful therapists. Consequently we

considered a variety of possibilities other than level of functioning to account for the differential CGPs, e.g. years of experience in both individual and group work, compositions of groups, socioeconomics, etc., and eventually success- fully narrowed down our hypotheses to a lone survivor: the Bierman Hypo- thesis (5). Bierman proposed an "active" and "passive" positiveness in success- ful therapists. When we ranked our successful therapists from passive to active in comparison to each other and correlated these ranks with the rank order of their groups' CGP, the resulting correlation was +.60. We interpret this as rather strongly indicating that among successful therapists the ones who are more actively positive are usually more successful.

Not only the relevant applicability but also the interpretative consequences of the Bierman Hypothesis in the contextual garden of differential CGPs is corroborated if not confirmed by Berenson's research work with confrontation (2, 3). He found that active positive, constructive confrontations by successful therapists were related to increased therapeutic gains in individual therapy. Our present results can now be seen as a group reflection of Berenson's individual encounters and may be conceptually if not empirically related to the same active positive constructive confrontational ingredients.

HELPEE ROLE

Even though the fairly high correlation of the helpers' positive-active contribution to the CGP is an encouraging and promising discovery, it does not account for the majority of the CGP helper-helpee-helped interactional variance. This statistical consideration alone is enough to drive a researcher to look for the sources of differential CGP in the gainees. But the earlier finding that even the *same helpers* had different CGPs across groups was enough to suspect the helpee as a heavy contributor to his own progress. Regardless of these differences, it is worth noting that the two findings even though made years apart point in the same direction: *those who improve the most after treatment can be held heavily responsible for their own continued improvement.*

Over the years we found no statistically significant relationships that could be cross-validated between CGPs and the helpee variables contained in their case or family histories, physical and psychological measures, demographic or environmental sources.

The lack of any initially significant relationships between the different treatment outcomes and any of the originally collected helpee data was one of the strongest sources of our motivation for continuing the follow-ups in an effort to discover a plausible explanation. Since none of the initially collected data could account for the differential outcomes we developed a host of contextual hypotheses which were tested on both old and new groups. Examples of the hypotheses included relating CGP outcome to (a) percentage

of helpee gain achieved during treatment as measured by increase in level of functioning, (b) maximum helpee gain per unit time in treatment, (c) extent of helpee verbal participation and (d) several indices of similarity between helpee and helper, e.g. socioeconomic backgrounds, family size, sibling position, areas of interest, personality similarities or differences. None of these contextual hypotheses approached even the most liberal levels of significance.

Despite the facts that all of the initially gathered helpee data and none of the hypotheses were helpful, it was still empirically evident that the CG's levels of functioning scores continued to increase during follow-ups. All of the interviewed CGs reported knowing that they were feeling better, being better and still improving. They experienced psychological growth and were aware of it, but they did not provide a cognitive, rational, causative accounting for it. Each CG grew in his own individual way and no one reported it the same way as anyone else. It was a uniquely psychological experience in the sense of being totally feeling oriented rather than a logical cognitively mental experience.

During the follow-up interviews the CGs flowed freely and sparkled with a clean freedom from hesitancies, indecisions or hang-ups. Their statements were clear, concise, and direct. They spoke openly, positively, confidently and encouragingly. They continuously confronted with genuineness, honesty and inner strength. During successive follow-ups they not only communicated increasingly more but also reported feeling increasingly better. In effect, working independently they had taken over as their own therapists: self-improving, self-reinforcing and self-fulfilling. They had become responsible for themselves and their own betterment. They were active-positive products in the process of becoming even more active-positive.

HELPER-HELPEE RELATIONSHIPS

During the conduct of the various treatment groups it was frequently observed that the helpee's measured levels of functioning approached the helpers' levels. The follow-up CGP data indicate that many of the CG helpees even surpassed their helper's level. Since the level of functioning measuring instrument has been frequently validated as an accurate discriminator of psychologically "healthy" and "sick" (7, 11, 19), it is conceptually if not empirically possible that patients do not get as well during therapy as their therapists are, but *after* therapy some of them do get better. Future research may find more valuable information for discoveries about therapy when the researchers select subjects who have become more successful after therapy rather than during it.

Previous research with successful therapists (14) found no statistically significant differences among the therapists' high levels scores on the core conditions of empathy, regard, concreteness and genuineness. We have found

the same results for these variables with the CGP groups. The increase of helper-helpee similarities in both the core conditions and other measures of success beyond therapy has also been reported in previous research with other groups (11). The inference we propose from this conglomerate context is that during treatment the core conditions of the levels of functioning are planted as the seeds of health and success since among the CGs the seedlings grow and flourish in fertile, self-nourishing soil as the CGs provide themselves with their own high level core conditions to facilitate their own growth and development. This implies that therapy as we have known it is at best only a precursor to success and that the real measures of therapeutic effectiveness are only made years later. From this point of view it may also be proposed that therapeutic *effectiveness* is only really measurable among CGPs since with non-CGPs we only measure *ineffectiveness* among those who simply maintain their treatment termination levels and *defectiveness* among those who return to their pre-treatment level.

Earlier we pointed out the rather robust relationship between Bierman's active-positiveness and the differential CGPs when they were associated with their respective responsible therapists. One of the most noticeable characteristics of the CGs was their active positiveness irrespective of who their therapist was. The CGs may have taken the best that their helpers had to offer and made it work for them. Their success may have begun both where and when their therapists left off. Contrasted to the group who only maintained their treatment termination levels, the CGs had the ability not only to emulate the best their helper had to offer but also to internalize the learning process to make themselves their own eventual emulative model.

If we admit that continuing to improve after treatment is a desirable goal, then we should concern ourselves with more follow-up research that studies groups where the primary aim is continuing improvement and the immediate improvements during treatment or training are used merely as contextual examples of ways and means to achieve that goal.

SUMMARY AND CONCLUSIONS

A total of 13 follow-ups were done on six different treatment groups with four of the follow-ups extending over a five year period. While it was found that on the average the groups maintained their treatment termination levels of functioning, it was also found that 8 to 30% of the group members continued to improve after treatment. A positive correlation of .60 was found between the active-positiveness of the successful group therapists and their group's continued gainers' percents (CGP). Those who continued to improve seemed to do so by their own efforts and became their own active-positive therapists. The CGP was offered as a new outcome criterion to assist in the comparison and evaluation of different studies and also to put the emphasis in

group treatment research where it belongs on what happens to the individuals after treatment termination.

REFERENCES

1. Anthony, W. A., Buell, G. J., Sharatt, S. and Althoff, M. E. Efficacy of psychiatric rehabilitation. *Psychol. Bull.*, 1972, *78*, 447-457.
2. Berenson, B., Mitchell, K. and Laney, R., Level of therapist functioning, types of confrontation and type of patient. *J. Clin. Psychol.*, 1968, *24*, 111-113.
3. Berenson, B., Mitchell, K., and Moravec, J., Level of therapist functioning, patient depth of self-exploration and type of confrontation, *J. Counsel. Psychol.*, 1968, *15*, 136-139.
4. Bergin, A. E. Negative results revisited. *J. Counsel. Psychol.*, 1963, 10, 244-255.
5. Bierman, R., Dimensions of interpersonal facilitation in psychotherapy and child development. *Psychol. Bull.*, 1969, *72*, 338-352.
6. Butler, E., Effects of facilitative training. Doctoral Dissertation, State Univ. of N.Y. at Buffalo, 1971.
7. Carkhuff, R., *Helping and Human Relations*, Holt Rinehart & Winston, 1969.
8. Carkhuff, R., *Development of Human Resources.*, Holt, Rinehart & Winston, 1971.
9. Collingwood, T., Differential effects of large and small group training and retraining on the long term retention of facilitative communication. Doctoral Dissertation, State Univ. of N.Y. at Buffalo, 1970.
10. Collingwood, T., Retention and retraining of interpersonal communication skills, *J. Clin. Psychol.* 1971, *27*, 294-296.
11. Drasgow, F., Palau, J., Taibi, R. and Drasgow, J., Levels of Functioning and Locus of Control., *J. Clin. Psychol.*, in press.
12. Eysenck, H., The effects of psychotherapy: An evaluation, *J. Consult. Psychol.*, 1952, *16*, 319-324.
13. Holder, T., Post-training retention effects as a function of training exposure. Doctoral Dissertation, State Univ. of N.Y. at Buffalo, 1970.
14. Muehlberg, N., Pierce, R., and Drasgow, J., A factor analysis of therapeutically facilitative conditions, *J. Clin. Psychol.*, 1969, *25*, 93-95.
15. Pierce, R. and Drasgow, J., Teaching facilitative interpersonal functioning to psychiatric patients. *J. Counsel. Psychol.*, 1969, *16*, 295-298.
16. Pierce, R. and Schauble, P., Follow-up study on the effects of individual supervision in graduate school training. *J. Counsel. Psychol.*, 1971, *18*, 186-187.
17. Renz, L., Pretraining and within training discriminative indices of retention of facilitative conditions. Doctoral Dissertation, State Univ. of N.Y. at Buffalo, 1970.
18. Subotnik, L. Spontaneous remission. *Psychol. Bull.*, 1972, *77*, 32-48.
19. Truax, C. B. and Carkhuff, R. *Toward Effective Counseling and Psychotherapy*. Aldine, 1967.

A THEOLOGY FOR PSYCHODRAMA[1]

In Memory of Jacob L. Moreno, M.D., Founder of Group Psychotherapy and Psychodrama

REV. JOHN B. OMAN, D.D.

Minneapolis, Minnesota

In the imaginative spirit of psychodrama let us attend on Sunday afternoon a session in the Theatre of Reconciliation, of the Wesley United Methodist Church in downtown Minneapolis.

A group of people are sitting in the theatre facing a stage that is built on three levels: the lower level runs entirely around the action level and above and in back of these two levels is a third section reached by three steps. All this is lighted by colored lights controlled by a rheostat to set the mood of a particular scene.

The director begins the session by talking with the audience to get them "warmed up" to a subject or theme of common interest to them. When they are sufficiently involved to produce a protagonist, the drama is ready to begin.

The protagonist or star is invited on stage to talk with the director about whatever in his life he feels he would like to deal with. To further warm him up to this situation he is asked to choose a scene that will illustrate his problem and then arrange some simple props—chairs and a table—to represent the actual setting in which the action takes place. All action is in the here and now. If the scene to be enacted took place when the protagonist was five years old—he is now five. The drama begins.

When the director senses that it is time to end the action, the third part of the psychodrama—sharing—enables everyone present to share any feelings the psychodrama has aroused in them. When they are able to tell the protagonist how they felt in a situation similar to the one he has just enacted, it is a catharsis for them and support for the protagonist. It is encouraging to know he is not alone in his feelings. The session closes on this note of warmth and supportiveness.

Why call it a Theatre of Reconciliation?

The "Theology for Psychodrama" is based on the Doctrine of Reconciliation. It is a Theology of Relationship.[2]

The director's basic theological views, whether consciously or unconsciously held, are inseparably bound up with the way he structures the development of the psychodrama. Our concept of God, even if it is one which says there is no God, has a bearing on everything we do or say.

Our psychodramatic work with people invariably gains flavor and quality

48

from our concept of man. This concept, along with our belief in the purpose of this world and individuals in it, cannot be separated from the idea of a creator or prime mover. What we mean by "salvation" (whether used psychologically or religiously) determines how we work to bring the resources of our being into the lives of people in helping them overcome their sense of frustration and failure.

A "Theology of Relationship" assumes the dynamic quality of life as a process of achieving identity that sustains and moves life toward its fulfillment, that is, not a static state of mind or fixed and final states of being. It is intended to aid man with his daily living and the process he chooses to attain his goal.

A Theology of Relationship is built on the premise that what man does is important to himself, to his fellow men, and to his God. It involves an endowment, which is the potential, as well as an achievement, which is the actual. There is an element of being and, at the same time, becoming. It is a challenge to a man's nature to accept the inheritance and fulfill the true dimensions of his nature.

We have all been computerized. There are certain givens over which we had no jurisdiction. We did not choose our parents, the time and place of our birth, nor our sex, etc. But we do have the freedom to do with these givens pretty much as we choose in finding our place in life. Therefore, the Theology of Relationship is not remote. It is engaged in the day to day struggle to find meaning and purpose. It is, as Viktor Frankl has pointed out, *our* meaning, not someone's else. This meaning gives us "power to become."

The Doctrine of Reconciliation is concerned with right relationship with the self, since the attitude a man has toward himself becomes a source of his action. We confuse issues if we consider action apart from attitude.

Most of the turmoil and confusion of life occur when the multiple emotions of life develop without any hierarchy of values. When one feeling is considered to be as good as another, the inner conflicts of feelings pull us apart. When the emotions of life are organized around a purpose large enough to demand that each emotion take its proper relationship to the others, a well ordered, healthful integration of being develops.

Psychodrama is intended to help troubled and confused persons to re-order the emotions of life, so that the potential for love can become the actual of love. It is hoped that each psychodrama will help the protagonist deal with his frustrations and futility in such a way that he will gain insight that will lead his life in a more positive direction.

This Theology for Psychodrama holds that one has to achieve an inner mastery that will give a person power over the things of life rather than letting them have power over him. When one resolves the "conflicts of values," which is the basis of neurosis, it brings the inner self into healthy

cooperation with what the protagonist considers to be the best for *him*. Right relationship within the self is the essential for all other relationships. The ability of a person to value himself, even to love himself, is basic to self-fulfill-ment. This kind of high self-regard increasingly makes one a responsible person.

What is true for the individual is also true for the structure of relationship we call group life, that is, spouse, children, family, work (employment), neighborhood, community, state, nation, and the world. No one can live apart from others, but no one can enjoy the relationships with others unless he has a healthy attitude toward himself and them. So, the Doctrine of Recon-ciliation must eventuate in forgiving and forgetting (acceptance) which is necessary for this second phase. Meaning disappears and life is threatened when the structures of meaningful relationships are broken. It makes no difference whether the relationships are broken by chance, carelessness, or design, the end result is the same.

Accidental separation from the social structure which gives meaning to life may be the result of unemployment, illness, physical accident, death— whatever it may be that has broken the human relations. When this happens, the community (in the case of a psychodrama, the group or the audience attending the psychodrama) works to overcome the alienation.

The sustaining relationships may be broken by carelessness. The person did not intend that it happen. He simply became preoccupied and lost sight of the interpersonal relationship factors that are so important for health and a sense of belonging. When it was too late, he realized that he was "lost." *Lost* is a theological word, meaning to be displaced or to have taken the wrong turn. Such a person can, through psychodrama, be restored to the community. Only then, will he be safe from those dangers that may destroy life without such reconciliation. The concerned community (and this is what the ideal church should be) does not really care whether it is by accident or by carelessness, that separation takes place. It is only interested in restoring the essential relationship so that life can function as it was intended.

Here, the Doctrine of Freedom of the Will is manifested. Man has the capacity for free choice. We may choose the creative or the destructive life. We may follow the way of resentment, anger, revenge and self-pity. We may do as many do, run away from responsibility, squander our God-given capacities, violate the law, and bring suffering to ourselves and those who love us. We have the choice of being faithful or unfaithful, temperate or intem-perate, responsible or irresponsible. We only can be responsible for ourselves— what we say and do.

The person who merely wants to be let alone so that he can "do his own thing" of course, is not amenable to the therapeutic values of psychodrama.

If one gets separated from meaningful relationships he must "come to himself" if there is to be reconciliation. This is not a religious experience, it is

a very human common sense desire to re-establish himself to the framework of persons and values that he had turned his back on.

In psychodrama the emphasis is on restoration to the relatedness that gives meaning to life. This leads to the third level of relationship—the bond of communication between creature and creator.

R. R. Neibuhr explains man's predicament as "anxiety." Harry Stack Sullivan, the eminent psychiatrist, said the same thing. Soren Kirkegaard was the first "Psychological Theologian." To him, mankind has a feeling of alienation—despair. Humanistically we call it loneliness. This basic feeling of "sickness unto death"—lostness, he thought, is a universal. The same thing holds true for the feelings of guilt that is the predicament of the human race.

For the past two generations our verbally sophisticated culture has found increasing numbers of journalists, scholars, and philosophers translating our previously used religious, biblical, and theological terminology into a secular vocabulary.

There is nothing wrong with this! In fact, it may have a very salutary effect upon the thinking of the public. Through this kind of up-dating of our vocabulary, we no longer speak about "prevenient grace," but about the experience of being forgiven and accepted. More and more persons are coming to believe that we humans are a unity—holistic; that man's predicament, which in the past was always referred to as "sin," means alienation: that is, we are not in touch with ourselves and our feelings. Psychodrama is an effective tool to interrupt this behavior so the protagonist can no longer unconsciously engage in this particular "sin."

We are moving from a mechanistic psychology to a belief that we are not pushed from the rear but we are lured forward. We are not the victims of our emotions, but rather we use our emotions to get what we want. As we become increasingly aware of a holistic view of man, we think in terms of wholeness, which, theologically, has its roots in holiness. Sins are no longer considered "acts" but "attitudes."

What has been happening on the academic frontiers since the turn of the century is incalculable. For instance, we are realizing that when one becomes aware of his feelings of isolation it is at that point he recognizes his human-ness. This means we can accept our feelings of alienation, despair and loneli-ness as being basic to all men. We are, therefore, not peculiar.

Psychodrama offers a very practical way to help persons with their feelings of separation and confusion. In becoming aware of self and learning to relate with others and with their creator a new equilibrium comes into their lives.

We are finding through the use of the psychodramatic method that when a person really becomes accepting of "what" they are—then the despair and depression diminish because they know "who" they are. I am convinced that the only way we can be healed (made whole—holy) is acceptance!

We are intensely individualistic and so each of us has his own kind of anxiety and despair. The third force psychologists call it the existential vacuum.

One Systematic Theology professor has said that people today feel like orphans because the "greats" in their lives are dead. Psychodrama is equipped to cope with this by making it possible for a person to complete unfinished childhood business with these "greats"—significant others, as mother, father, etc. This gives the protagonist a new sense of his own power to be self-determining.

Someone has pointed out that the normal human attitude is one of anticipation. This can be positive unless it becomes a "passive waiting for Santa Claus." A most devastating condition of our humanity is a feeling that we are underpowered! Another is the insult that our ego has to sustain in recognizing that we are finite and therefore, someday, must die.

For a religious person the main purpose of life is to know and do the will of God.

The strength of his life grows from his undivided loyalty to that will. "Acceptance" is man's ultimate religious experience.

Life brings its frustrations and suffering. One Viennese psychiatrist has said that our main concerns are with pain, guilt, and death. This may explain why we engage in destructive acts knowing full well that we must suffer the consequences. Men sometimes do what they know is wrong, injuring and destroying themselves as well as others. This behavior could be the result of their feeling of low self-worth.

Being and becoming can never be separated. We can, through psychodrama, develop the courage to be imperfect and to freely ask and receive without the neurotic fear that these will put us under obligation.

Privileges place restraints on life. We are aware of the impulses that are not easily tamed and at the same time we are most anxious to set our natures free to achieve life's richest meaning. Again, our existential situation makes us constantly aware that we are creatures of space, time, habits, impulses and *death*. If we are to succeed at all in our struggle for values, we must relate ourselves to something beyond ourselves that strengthens our spirits and becomes a perpetual source of guidance and strength. Only then can we begin to be the persons it is possible for us to be. That is a part of the Theology for Psychodrama.

This is where the director achieves his function as guide, teacher & counselor—a model. He is engaged in a way of life that communicates a way of life.

A Theology of Relationship is never remote and abstract. It is inevitably relevant. The necessity for making psychodrama relevant depends upon recognizing the relevance of theology for all of life.

In a psychodrama we are challenged by the claim of freedom and the obligation of mutual trust and respect.

Let us now deal with a subject that, until recently, has been taboo in our culture. Paul Tillich's theology puts an emphasis on ethics and morality, making it a "cultural theology" with Jesus as the teacher, in a moral sense, with a curriculum for doing the right things. Organized religion has done an excellent job in teaching a catechism of "do's and don'ts." But, a theology that makes sex sinful is ignoring the most powerful form of human communication. The problems and privileges of sex are rooted in relationships that can warp and destroy, or strengthen and fulfill.

One does not begin to understand the meaning of psychodrama until he sees it, not as an end, but as a means to an end. Within its frame of reference an individual can develop his own beatitudes (beautiful attitudes). Within it the group life can be cultivated so that in mutual concern people may practice the virtues of acceptance, understanding, and good will.

Here in the safety of an empathetic audience the injured person may be able to express the feelings he dare not express anywhere else. The Theatre of Reconciliation may become a microcosm of group living within which the processes of experimental living can be moved forward, and the discipline of practical brotherhood be realized. A psychodrama becomes a reconciling factor when it is the means of helping men and women understand and accept themselves and others as they grow in their awareness of their creator.

Time and time again I have heard people say in the warmup or on the actual psychodrama stage, "What can give my life meaning?" or "What is the matter with me?" or, "Why can't I find inner peace?" Here the theology of relationship has a special relevance. A skillful and dedicated psychodrama director can inevitably help the protagonist to see that his failures need not be conceived of primarily as a signal for cosmic retribution, but rather as an invitation to accept God's forgiving love which is the first step towards self-forgiveness.

Inevitably there are theological aspects of psychology just as there are psychological implications in any theological insights. But life can never get started, let alone, arrive, unless it achieves a meaning and a purpose for the processes in which it is participating. The supreme relationship is found at the point where life discovers its most abundant meaning. Theology in that light is not so much a study as it is a resource for self-actualization.

Then the traditional elements for the theological structure take on new meaning and relevance for the work of psychodrama. The place of man in his own sight, in the sight of his fellows, and in the plan of God, becomes the starting point in the adventure to finding life's fullest meaning.

NOTES

1. This theology applies also to individual and group psychotherapy.
2. I am indebted to Edgar N. Jackson for the theological terminology which I have applied to Psychodrama.

TERMINATION

RAY NAAR

Pittsburgh, Pa.

Partir, c'est mourir un peu. (Anonymous French author).

To leave is to die a little. Sadness and joy, peaceful and stormy days, tearing pains of growth, heady feelings of success, loved one perhaps not to be seen again, havens which have provided safety and from which one must now venture forth—we leave so much behind and take with us only memories, sometimes a newly acquired strength. The shores of the new world are still indistinct, a promise of hope, a felt excitement, but also an unknown threat, a possibility of failure. Yet, forth we go.

To terminate therapy may, sometimes, be even more difficult for the client knows that the gap he has left behind will soon be filled; he or she also knows that this process is inevitable and part of reality. It is difficult to maintain one's belief in the uniqueness of the relationship when a similar relationship will, no doubt, be established with another person. The leaving, then, becomes not only sad and exciting but tinged with self-doubts and anger, as anger that more painful that it has no realistic target.

Lest it may sound as if I am describing a one-sided phenomenon, let me quickly add that it is not so. When a client terminates therapy, my sadness at losing a friend, my joy and pride in witnessing a happiness to which I contributed, are often mixed with a fleeting bitterness and envy at the thought that others will, from now on, acquire the importance which I had in that fellow human's life.

The transferential nature of these feelings is, of course, evident. I often wondered, however, whether insight into the transference and counter-transference at termination is always essential, sometimes even necessary. Could it, perhaps, be sufficient for both client and therapist to simply experience and accept these feelings as a meaningful part of life? What follows is the transcript of a session with Anne (the session before last) and the manner in which we dealt with termination.

The goal was simply to help Anne get in touch with the totality of what she was experiencing, the fear of remoteness blocking the anger, the anger hiding the love, and finally the love and the acceptance of termination as a part of life and a part of growth. The technique used combined the "letter-writing" attributed to Sacks (1974) and the "hot seat" which has come to be associated with Perls and which is derived from Moreno's "empty chair."

Anne's social history and dynamics are not important. Suffice it to say that she came for therapy as a college junior because of academic difficulties and problems of an interpersonal nature. We met weekly for approximately two years with the exception of Christmas, Easter and summer holidays. Two weeks after the session transcribed below, Anne graduated with honors and returned to her home state.

Anne	I don't know . . . I . . . don't feel towards you as I did last week. I am scared. I feel closed . . . like hard to communicate. I really don't know what's the matter with me.
Therapist	Okay, Anne. Write me a letter and, in the letter, try to tell me what it is you are experiencing now. Just ramble on, as you have done before.
Anne	Dear Dr. Naar, I was sitting here and, all of a sudden, I felt really scared (pause) and I feel like I am not ready to . . . you know . . . to leave yet. I feel so afraid. I feel like a little, little kid. You know . . . I want to run to you and hold on to you (sigh).
Therapist	(Very softly) What do you feel now?
Anne	(Very deep sigh) I guess I feel . . . I guess I feel . . . lonely (cries) and afraid. I don't know.
Therapist	I want to ask you to do one more thing. Imagine that you have a dialogue with me and that I just received your letter. I want you to be me and answer.
Anne (as herself)	Okay. I know what you mean (pause). I just feel that I want to know . . . Well, I do know that you are always there (cries softly).
Anne (as therapist)	Well, I am and if you need to come back you can.
Therapist	What are you experiencing just now? You heard what I just said.
Anne	Well, I, I feel relieved.
Therapist	What else?
Anne	Well, I think that . . . I don't know. Because I know that you always are going to be here . . . I close up or something . . . I don't know.
Therapist	All right. Listen again. (Therapist plays on the tape recording 3 or 4 consecutive times, Anne's last statement while role-playing the therapist "Well, I am and if you need to come back, you can.") Tell me now what you are feeling.
Anne	As soon as you say that . . . As soon as I know that . . . I don't know, I push it away. I don't believe it or something. (long pause) It's like I avoid . . . I don't want to think about it anymore. I have to know that you are there but I won't, like, face it or something.

Therapist	Now, switch chairs and be me.
Anne (as therapist)	(In a much more assertive tone of voice) Anne, come on! Stop turning away from me! You know you can do it if you would just try. You know, stop fighting it.
Anne (as herself)	I want to but I can't. It's like what happened in here the other day. There is a part of me that really wants to open up. There, there is another part that pulls me back and just does not want to open up.
Therapist	(softly) Can you add something to that or change it a little bit? Like, there is a part of me that wants to trust you and a part of me that finds it very difficult.
Anne	Yeah, that is right . . . (sigh)
Therapist	And when I am sitting there and say that you can come back at any time . . .
Anne	Part of me is really glad to hear that, you know . . .
Therapist	And part of you says . . .
Anne	Yeah, I know, I know . . .
Therapist	And what else?
Anne	It's just what you say to everybody and all that . . .
Therapist	Yeah, yeah, tell me that.
Anne	(In her imaginary dialogue with the therapist) I don't believe you, because (pause) you say that to everybody. That's your job. And when I go, you know, somebody else will be coming here, and when they go, somebody else after that (pause). You know, you must have said that to so many people and you will.
Therapist	Now switch chairs and be me.
Anne	You know, I almost can be two you's. You know. I can say (playing the therapist) "No, you know it's really you. I really like you and . . . (cries softly) and when you leave, I, I'll feel like I'll really lose something."
Therapist	Now, be the other me.
Anne	You would say the same thing. Only, you just wouldn't mean it.
Therapist	All right. What would I say if I meant what I said?
Anne	You would say . . . I just can't imagine you saying it.
Therapist	Say it anyway.
Anne	Okay. You would say "Well, yes, of course, you know I'll forget you. Everybody forgets everything . . . you know . . . life goes on."
Therapist	(softly) Now can you put the two together? The two of me that you played, together. Blend them into one.
Anne (as therapist)	(sigh) I really care about you and I'll really miss you but (long pause——very softly) life goes on.

Therapist   Yes, Anne, you are right. I do like you very much. And I will miss you so very much . . . But life goes on . . .

For those who care, Anne's new shores kept their promise of hope. Five months after her departure, I received a letter from her, excerpts of which are cited below. Her letter moved me very much and showed me that, if she is so very alive in my memory, I have not been forgotten either.

". . . It is so hard to express in words what I, somehow, am experiencing. I guess, I am just finally growing up. I want to tell you that, sometimes, I feel as if very gradually I'm relaxing. I'm starting to loosen up and enjoy myself— it's like I'm coming *into* myself if you know what I mean. I'm still watching things too much, thinking too much and not just experiencing, but I feel as though things are getting better all the time. It just seems to take so long. It's as if I can't push myself, I just have to let myself feel whatever I feel and go on that. This is all so abstract but I know you understand what I am saying—I'm never really sure if there really *is* any direction to all this—whether I am really growing—or whether that is just another passing thing. I *feel* life and growth and strength, sometimes, but other times, I feel all caught up and hopelessly trapped in the same old problems, compulsive games, etc., etc. What I *am* learning is how to just ride the wave and take what comes. Is there a core, an essence somewhere deep inside of me that *is* me, and that is strong and alive? I *think* so, or rather, I *feel* so. I think about our Saturdays together and things I discovered about myself with you, and it is real, it is not an invention. I guess what I'm leading up to, Dr. Naar, is that I want to thank you for helping me start to relax my grip on things and open up to life. It was so important, (is so important) to me that you care about me and accept me and listen to me no matter what . . ."

REFERENCE

Sacks, J. *The letter*, see p. 184-190 in this issue.

PSYCHODRAMA
AND THE FUTURE OF THE SOCIAL SCIENCES*

JONATHAN MORENO

Moreno Institute, Beacon, New York

The new scientific environment within which psychodramatists must work demands an analysis of both the present status of the social sciences and an understanding of psychodrama's role in their progress. This matter cannot be answered in its totality here—indeed more questions may be raised by this discussion than answered—but it is long past the appropriate time for the initiation of such an inquiry. Our emphasis would be on placing psychodrama within the framework of contemporary events in the social sciences.

Many would argue that the current scientific era (the "paradigm," to borrow T. S. Kuhn's term) of a technological approach to science, saw its first theoretical statement in the work of the French philosopher and mathematician, René Descartes. Especially in his "Meditations on First Philosophy," Descartes established a clear position opposed to the Aristotelian tradition dominant and sanctioned by the Church up to that time. Briefly Descartes accomplished his objective with the following steps:

1. He pointed out the dubitability of information provided by the senses, and that they therefore could not provide the scientist with knowledge which is certain;

2. he asserts that all he can be certain of is that he is thinking, and so at rock-bottom he knows this with certainty: that he is a thinking thing, and a thing which thinks; and

3. he argues that this Mind, thinking-substance must clearly be different from the body-substance whose determination is unreliable.[1]

In this ingenious manner, outlined all too inadequately above, Descartes creates the theory of the mind-body dichotomy which science ever since has used as its ontology, and most philosophical inquiry has taken as its method. According to Karl Popper this Cartesian "rationalism," as it has been labeled, might be summed up in Hegel's formulation "that which is reasonable must be real." It was from this point that science went to Kant and the revolution of German "idealism," which tried to synthesize empiricism (the notion that science must be ruled by observation and experimentation) with rationalism.[2]

Efforts to achieve a supposedly rigorous empirico-deductive approach probably reach their most extreme form in the social sciences through Skinnerian methodological behaviorism. It was the American psychologist and prophet of modern behaviorism, John B. Watson, who said:

"Behaviorism's challenge to introspective psychology was: you say there is such a thing as consciousness, that consciousness goes on in you—then prove it. You say that you have sensations, perceptions and images—then demonstrate them as the sciences demonstrate their facts."[3]

This extreme positivistic-objective approach which today dominates the social sciences is applied not only to the micro-social realm through behavioral and experimental psychology, but is reflected in the current emphasis on statistical measurement and analysis as well. Further, this movement is doubtless making major inroads into the macro-social disciplines, such as Sociology and Anthropology. As early as 1949, Leslie A. White argued that the nature of individuals in human society is irrelevant to a study of human culture. She says "the most realistic and scientifically adequate interpretation of culture is one that proceeds *as if* human beings did not exist."[4] Ignoring qualitative differences is characteristic of this positivistic approach.

Reactions to this view of science, which as we mentioned earlier has been evolving for at least three hundred years, have been varied. Early twentieth century existentialism was certainly in part an attack on extreme rationalism. Recently, Thomas Kumn's historical analysis of the 'real' way science progresses has given lie to the inadequacies of contemporary 'naive rationalism' (like that of Karl Popper). But perhaps most noteworthy of these alternative views consists in the transcendental phenomenology of Edmund Husserl.

In *The Crisis of the European Sciences*, a series of lectures given in 1935, Husserl develops his claim that modern scientific rationalism has moved so far afield of the day-to-day life world, the 'Lebenswelt,' that it has lost touch with the real 'gut' issues of human life.

"It ('rational' science) excludes in principle precisely the questions which man, given over in our unhappy time to the most portentious upheavals, finds the most burning: questions of the meaning or meaninglessness of the whole of this human existence. Do not these questions, universal and necessary for all men, demand universal reflections and answers based on rational import?"[5]

It is these two opposing streams in the contemporary philosophy of knowledge with which we shall next concern ourselves, especially as psychodrama pertains to them in its application. We will be particularly interested in the way psychodramatic theory and technique have been or could be associated with each approach in the social sciences.

The feeling among 'traditional' researchers and practitioners in psychology, or among those who are merely informed, is that psychodrama rests wholly within a radically humanistic framework, and so it is inapplicable to therapeutic or research modes with a behavioral theory as a foundation. While the former statement is correct, the latter certainly does not and has not followed in fact.

Behavioral psychologists, when moving from the laboratory to the therapeutic environment, find that elementary techniques of positive reinforcement lose efficiency when applied to increasingly complex patterns of behavior in an individual, and when applied to intra-group relationships this is even more the case. This results in a tendency to employ techniques called 'behavior modification' or 'role training,' but the description and objectives of these methods belie their debt to psychodrama. A couple of examples will serve to illustrate this assertion.

In an article entitled "Reciprocal inhibition as the main basis of psychotherapeutic effect," Dr. Joseph Wolpe discusses 'assertion responses' in psychotherapy, which he defines as being "mainly employed in situations that occur spontaneously (strange word for a behaviorist!—auth.) in the normal course of the patient's life."[6] Dr. Wolpe takes the example of treating a young man who feels hurt when criticized by members of his family, but is unable to express his pain and resentment due to socially induced, anxiety producing, guilt feelings. Reasoning that the problem is to get the patient to feel justified in expressing his resentment, the therapist proceeds to verbally clarify to the patient the fact that his parents have tied him up in his anxiety, and "informing him that, though expression of resentment may be difficult at first, it becomes progressively easier with practice." Dr. Wolpe also says that some patients "need much initial exhortation and repeated promptings."[7] Now this advice does not seem to give the therapist much with which to work: the key paragraph includes this passage:

> "Occasionally, when there is unusual difficulty in the expression of agression in the life situation, it is helpful to initiate the patient by means of a kind of 'psycho-drama' in the consulting room in which the therapist takes the role of some person who in life evokes anxiety in the patient."[8]

Of course, *in role theoretic terms*, Dr. Wolpe had been doing psychodrama with this particular patient before he even actually mentioned the term, for in the act of encouraging him to display this resentment, the therapist had taken the role of an accepting, more permissive parent-authority figure. Admitting and proceeding along the lines of psychodramatic role playing from the beginning would seem to be a more fruitful way of obtaining the desired end.

In another article, "Reinforcement and Punishment in the Control of Human Behavior by Social Agencies," Dr. C. B. Ferster discusses the behavioral notion of 'shaping' behavior. In an example, a male patient in

college is incapable of even elementary social contact. Dr. Ferster instructs him first to say simply 'good morning' to those he passes on the campus. The environment will certainly provide positive reinforcement to the young man's initial step, and allow the therapist to proceed to more complex verbal commands such as 'Could you please tell me the time?' also a behavior likely to be reinforced. Dr. Fester continues:

> "Group therapy of psychodrama could also be adapted to the task of generating new performances as an intermediate step to be used between 'office therapy' and exercises using outside environments accessible to the patient. Patients could use each other, under the direction of the therapist, to develop skills necessary in normal social practice. The therapist would set tasks for each patient carefully graded so as to be within the range of existing behavioral repertoire."[9]

Although Dr. Ferster is describing nothing which has not been done in psychodramatic sessions for forty years at places like Beacon and St. Elizabeths Hospital in Washington, D.C., (and despite the fact that many psychodramatists would question the rigidity of proceeding according to a behavioral repertoire), both he and Dr. Wolpe are to be commended for their knowledge of and reference to psychodramatic techniques. A survey of the literature of role training reveals that it is incredibly devoid of acknowledgment of clinical behaviorism's debt to psychodrama.

Pausing to consider the significance of this discussion, it is now most important to realize that psychodramatic technique, in spite of its unquestionably *humanistic-subjective* theoretical origins, can be so readily applied to a system of therapy which adheres to an opposing view of the nature of human psychology. This may be an indication of the spontaneity of psychodrama itself.

But a discussion of the application of psychodrama to positivistic ideals in social science would be incomplete without mention of sociometry, which has been embraced by social scientists for its ability to provide quantitative analysis of small group relations. Mary L. Northway's *A Primer of Sociometry* is an elegant introduction to the use of sociometric testing. Her table of contents indicates that sociometry obeys the standards of precision which behavioral social scientists are constantly exhorting each to obtain: "How to Design a Sociometric Test; How to Administer the Test; How to Organize the Results; What to Do with the Scores; The Reliability and Validity of a Sociometric Test; How to Organize the Results Graphically; and, How to Interpret the Results," illustrates this point.[10] In recent years such groups as the College Entrance Examination Board have come to utilize psychodrama's quantitative counterpart, as in their monograph entitled "Organizational measurement and its bearing on the study of college environments." Other researchers of a traditional bent have done the same, as in the book *Social*

Pressures and Informal Groups by Leon Festinger, Stanley Schacter and Kurt Back, wherein sociograms are used to analyze increasingly complex inter-relationships: "By the use of some of the standard and relatively simple manipulations of matrix algebra we are able to analyze such things as sub-group formations, cliques, and inherent chains of influence from one person to another." This analysis technique is then applied to the sociometric data from the community under study.[11]

There is no doubt but that the above cited projects (i.e., behavioral clinical psychology and quantitative analysis of group relations), represent approaches sanctioned by a *positivist perspective* in social science. Yet, they utilize a technique grounded in an essentially humanistic (that is, not demanding the 'Cartesian' split between observer and that which is observed) philosophy of social science—psychodrama.[12] If this much may be granted, we are entitled to state the thesis that *psychodramatic theory and application represents a significant bridge between humanism and positivism in social science.* Indeed we might go so far as to argue that it is the only bridge of this type extant in human science today.

But we have not yet finished, for it remains for us to investigate the manner in which psychodramatic theory satisfies techniques in the social sciences not rooted in the rationalistic tradition. We have already referred to Husserl's exposition of the shortcomings of that tradition.

Much recent work in sociological theory has concerned itself both with alternatives to a simple statistical survey of subject communities and improve-ments upon such techniques as the participant-observer method. One such effort was conducted by Robert Redfield through his book *The Little Community*, in which he observed that it is especially difficult in the social sciences to separate the observer from the object of his study, and that even the most well-meaning scientist begins a project with certain preconceptions. Accordingly, it behooves the scientist to enter a community conscious that it may well have 'more than one face,' more than those qualities which appear to him to predominate. He advises his readers to enter such situations with a sort of polar set of mental constructions, ready to interpret his experience in more than a single way. For example, a visitor to a South American tribe should prepare himself to view it through the eyes of one who feels com-fortable in and approves of this (let us imagine) highly competitive life-style, as well as someone who feels quite differently about the way the social contract should be written.[13]

The psychodramatic theorist would have several observations to make regarding Redfield's analysis. He would agree that the competent participant-observer must role reverse (prior to entering the community) with a colleague or colleagues who hold a different outlook than he on this particular group, so that he might better understand differing points of view.

But the psychodramatist would argue that it is important to be more than

simply bi-polar in view. The key word is *spontaneity*; the spontaneous researcher is ready to adapt new approaches to old or expected observations, and adequate approaches to events in the community which he might not have expected. Now Redfield's recommendation becomes multi-dimensional, for the researcher must be able to play not only several roles within himself, but also have enough spontaneity to role reverse with his subjects. This, after all, is a major point in participant-observation—to let the observer become so warmed-up to the situation under study that he actually views events through the eyes of a member of the community, while at the same time able to apply appropriate interpretations based on his previously acquired training.

Also as a reaction to behavioral or statistical reduction, Paul Diesing in *Patterns of Discovery in the Social Sciences* espouses what he calls the Holistic standpoint:

"... (It) includes the belief that human systems tend to develop a characteristic wholenes or integrity. They are not simply a loose collection of traits or wants or reflexes or variables of any sort; they have a unity that manifests itself in nearly every part."[14]

Diesing in this volume examines a variety of instruments which meet the requisites of a Holist, because "mechanical recording devices are sensitive only to specific, isolated facts for which they have been programmed ..."[15] Of special interest to us is his examination of the Case Study Method as a holistic device, and psychotherapy as an example of its practical use. It is worth repeating the following passage in its entirety.

"The therapist's role varies on the inter-active dimension in different theories and cases. In older Freudian and in nondirective therapy, the therapist is a passive, even invisible listener, whose only task is to interpret the patient to himself. More usually the therapist helps by asking questions and thus joining in the search. Still more active therapists take a role that the patient offers out of this unconscious, thereby dramatically revealing the patient's inner life to himself. The patient's conception of the role and his reaction to it are revealed simultaneously, and he has an opportunity to reconstruct his conception and to practice new reactions. Role-playing is important in group therapy, and reaches an extreme in psychodrama, where the patient, the therapist, and assistants all play out the drama of the patient's unconscious life."[16]

The psychodramatist would point out that it is only on the psychodrama stage that the case under study reaches its real multi-dimensionality and vitality, but even with this proviso psychodrama's role in Diesing's paradigm is clear.

Though the above cited efforts are not motivated by a phenomenological theory, they nevertheless share with Husserl and his followers the criticism of

the positivistic stream that we have previously discussed. That psychodramatic techniques have been appropriated by both sides we have already demonstrated, but it is surely with the non-positivistic, holistic, phenomenological group that psychodramatists ultimately identify themselves.

A˘ provocative neo-phenomenological statement serves to emphasize the unique position psychodramatic theory and practice holds in the social sciences, and indicates wherein it will have increasing prominence. Dr. Roger Poole's essay, *Towards Deep Subjectivity*, articulates the inadequacies of scientific 'objectivity' vis-a-vis the contemporary scene in science and society. But Poole complains that an adequate technique for applying 'deep subjectivity' as an answer to traditional positivism has yet to surface. In what sounds like a call-to-arms for psychodramatists, he says:

> "Nevertheless, Husserl's indication about what is the vital *problem* of our time is still valid: it is the evolution of a subjective method which would take account of the perspectival world and of inter-subjectivity in the cultural and moral communities in which we live. This remains the major problem."[17]

Having indicated in the above brief survey of several areas in which psychodramatic method is borrowed both by behavioral social scientists as well as humanistically oriented researchers, we reached a tentative conclusion that psychodramatic practice may indeed bridge the opposition between humanistic and behavioristic strategies in social science. In order to make this theory convincing, we are compelled to answer the following questions:

How is this quality in psychodrama to be understood; what theoretical features of psychodrama, if any, make it amenable to varied application; particularly, what theoretical *justification* do we have to make the claim that psychodrama deals successfully with the opposition between humanism and behaviorism? Until we have dealt with these issues our claim remains no more than that.

Let us now sketch the arguments we shall present to deal with these questions.

ARGUMENT I: The science of consciousness developed by Edmund Husserl and his followers, 'phenomenology,' trivializes the epistemological issues at the root of the humanistic-behavioristic debate;

ARGUMENT II: Psychodramatic therapy (Group psychotherapy and psychodrama) and psychodramatic sociology (sociometry), are understandable as phenomenological enterprises. Moreover, psychodramatic epistemology is implicitly phenomenological. Parenthetically, it is also claimed the reverse holds, that psychodrama is the action phenomenology of the 'life-world', that phenomenology is implicitly psychodramatic.

Therefore, given the proofs of the above arguments, the varied usage of psychodramatic practice is indeed comprehensible; and, properly applied,

psychodrama eliminates the opposition between humanistic and behavioral psychology. Time does not permit a full-scale explanation which this topic deserves and requires, but we can begin to outline the discussion in support of these claims.

Briefly, Husserlian epistemology was in part a reaction to the difficulty raised by Descartes with regard to the two sources of knowledge: interiority, introspection and involvement of the subject and subjective experience, to which the humanist refers; and, exteriority, empirical data collected through the senses, to which the behaviorist refers. But the phenomenologist points out that our perceptions are constantly colored by our day-to-day immersion in the 'life world,' and so no truly rigorous science can be accomplished until we strive to strip away the sedimentary layers of consciousness and analyze the pure phenomenal data themselves, as revealed to our senses free of any reference to pre-supposition. In this way phenomenology strives to be non-assumptive philosophy, a rigorous science which examines the intentional objects of consciousness by way of an eidetic reduction. Further, the post-Cartesian debate between realists, who hold that the essential reality of the external world, and idealists, who claim that 'ideas' or 'perceptions' or 'representations' in the mind are the essential reality, is trivialized by this analysis. In like manner, the subjective-objective, the internal-external question can also be resolved.

There are a growing number of contemporary philosophers who find the above convincing with regard to epistemological grounds for science, but Husserl was also very interested in phenomenology's potential contribution to psychology, and it is here that the phenomenological project has had slower progress. Psychology has seemed unable to embrace phenomenology as it did not appear that a practical psychology could be phenomenological. In Husserl's *Ideen* (1913), he first expresses the desire that phenomenological philosophy and empirical psychology should be joined in a phenomenological psychology. Now phenomenological psychology was in Husserl's view to remain within the natural attitude, which is our normal reaction to things as they appear from day-to-day in the life-world. In other words, unlike trans-cendental phenomenology, phenomenological psychology is not to be rigorously pre-suppositionless. The existence of a world and objects in it must be assumed in psychology. We are still, however, compelled to reduce psychical experiences to their phenomenal level. In the words of a con-temporary phenomenologist:

> "Phenomenological psychology, as the eidetic and aprioric study of the psychical, is distinguished from the traditional empirical psychology in that phenomenological psychology is interested only in the essence of the psychical phenomena and not in facts purely as such . . ."[18]

Yet it has not been clear how phenomenology might operate within the

framework of an applied psychology. The discovery that psychodrama and sociometry can easily be understood as therapeutic phenomenology could open up an entirely new dialogue between philosophers and psychologists.

Firstly, what is the essential characteristic of the psychodramatic production? Is it not the reproduction, by the protagonist, of his or her day-to-day life world in a therapeutic environment? The psychodrama director seeks to clarify for the protagonist the essential nature of those everyday ways of being which have become mundane because they have lost their spontaneity. Like the phenomenologist, the psychodramatist is not interested in facts as such, but rather seeks to strip away the layers of everydayness to focus upon the *essence* of the perception. The phenomenologist Paul Piccone refers to this everydayness as "mundane experience" which is "parasitic on the original constitutive experience that generated the conceptual repertory."[19] In this light the careful and exacting exploration, in action, of the particular relationship in question can be seen as a phenomenological reduction taken to the therapeutic mode.

On the level of theory, both psychodrama and phenomenology understand the individual to be at the center of his perceptual experience, and so the creator of the world in which he acts. Indeed the person stands at the locus of the Wesenschau, at the center of his intuited essences, for the phenomenologist; in psychodrama, he is the nucleus of his perceived world, about which revolves his social atom and psychodramatic life-world. Even the notion of spontaneity has been hinted at by the phenomenologist. Goldstein's notion of centered and non-centered behavior depicts overly automatic behavior on one extreme and over ephemeral behavior on the other, making explicit the inadequacy of behavior which ignores the situational context. Merleau-Ponty observed that this notion "is very close to Husserl's Wesenschau"[20] as we may observe its proximity to the theory of spontaneity.*

Further, the psychodramatic concept of the cultural conserve as the reservoir into which a culture pours its created meanings, and which must be transcended in order for a people to be truly spontaneous, stands compellingly near to Husserl's observations in his *Origin of Geometry*. It was here that he noted that 'ideas' are transmitted in to the existent world through their instruments of expression, through 'conserves' (the psychodramatic term) like writing, musical scores and museums. How did Husserl consider it possible to leave the language circle? Through the 'spontaneity of the body,' which actually allows us to be conscious of other animated bodies.[21] Little effort is required to move from here to the theory of the significance of the act itself.

It should be emphasized that transcendental phenomenology can never be psychodrama, because the former is an epistemology with implications for

---

*The psychodramatic definition of *spontaneity* is novelty and adequacy of behavior.

metaphysics, ontology and science, while psychodrama is a metaphysic and a theory of social science with implications for epistemology. As historically presented by their proponents they come from these different directions, but an exploration of either field is beneficial to an understanding of the other.

Finally, we come to the measurement technique sociometry, also a fundamental aspect of psychodramatic theory. How is sociometry to be understood phenomenologically? Again, if it can be shown that sociometry is a phenomenological enterprise, we may see more clearly why it is embraced by positivists as well as humanists, remembering that phenomenology strives to eliminate the problem at the heart of this dichotomy. The introductory remarks J. L. Moreno makes in *Sociometry, Experimental Method and the Science of Society* indicate a thought process in the formulation of sociometry remarkably similar to Husserl's phenomenological reduction:

> "My premise before starting to build the theoretical framework of sociometry was to doubt the value of and discard all existing social concepts, not to accept any sociological hypothesis as certain, to start from scratch, to start as if nothing would be known about human and social relations. It was a radical pushing out, from my consciousness at least, all knowledge gained from books and even my own observations."[22]

Herbert Spiegelberg, in an article entitled "The Relevance of Phenomenological Philosophy for Psychology,"[23] refers to psychological field theory as an example of "how philosophical phenomenology could become relevant in an area of recent growth in psychology . . ." Spiegelberg goes on to make a fine comparison between the work of Husserl and such theorists as Kurt Lewin, Donald Snygg, Arthur W. Combs, Carl Rogers and Saul Rosenzweig. The measurement of the relation of the individual to his environment, his 'phenomenal field' is a common feature of all these systems. Spiegelberg finds these efforts highly laudatory as the beginnings of phenomenological social science, but complains that "thus far there is no further development of the idea, and no concrete idiocosms of specific individuals are described." This, of course, is enough to make the practicing sociometrist turn brilliant colors, for sociometrics not only pre-dates the theories mentioned, but goes on to *meet* the challenge of charting specific inter-subjective phenomenal fields. Significantly, however, the fact that there is already speculation of this kind on these matters leads us to become more confident that sociometry is implicitly a phenomenological sociology.

We have made the following inter-related claims:

1. Psychodramatic praxis and at least some aspect of psychodramatic theory, are understandable as a phenomenological psychology; and,

2. therefore psychodrama's utilization by humanists and behaviorists is explicable to the degree that phenomenology overcomes the basic theoretical differences of the two schools.

This outline is inordinately brief considering the enormity of the above theses. But the mutual implication of phenomenology and psychodrama become particularly evident through a survey of the philosophical objectives of the phenomenological program and the contemporary applications of psychodramatic techniques in the social sciences.

It was, after all, the phenomenologist Maurice Merleau-Ponty who made the following remarkably psychodramatic statement:

"All humans act and all human creations constitute a single drama, and in this sense we are all saved or lost together. Our lives are essentially universal."[26]

NOTES

1. *The Philosophy of Descartes*, Haldane and Ross, trans., London, Cambridge University Press, 1970, pp. 144-157.
2. *Conjectures and Refutations: The Growth of Scientific Knowledge*, Karl L. Popper, New York: Harper & Row, 1968, pp. 324-325.
3. *The Ways of Behaviorism*, John B. Watson, New York: W. W. Norton, 1928, p. 7.
4. *The Science of Culture*, Leslie A. White, London: Farrar, Straus & Giroux, 1949, p. 648.
5. *Die Krise der Europäischen Wissenschaften*, Edmund Husserl, The Hague: Martinus Nijhoff, 1954.
6. "Reciprocal inhibition as the main basis of psychotherapeutic effects," *Behavior Therapy and the Neurosis*, H. J. Eysenck, ed. London: Pergamon Press, 1960, p. 91.
7. *Ibid.*, p. 92.
8. *Ibid.*, p. 92.
9. "Reinforcement and Punishment in the Control of Human Behavior by Social Agencies," C. B. Ferster, *Experiments in Behavior Therapy*, H. J. Eysenck, ed., London, Pergamon Press, 1964, p. 196.
10. *A Primer of Sociometry*, Mary L. Northway, Toronto: University of Toronto Press, 1952.
11. *Social Pressures in Informal Groups*, Leon Festinger, et al., Stanford, Calif.: Stanford University Press, 1950, p. 133.
12. The irony of this development is further indicated by Moreno's statement in *Who Shall Survive?* (Beacon House, 1934), that "Comte's Hierarchy of the Sciences ... has become obsolete." Comte, of course, is regarded as the father of positivism.
13. *The Little Community*, Robert Redfield, Chicago: University of Chicago Press, 1967.
14. *Patterns of Discovery in the Social Sciences*, Paul Diesing, New York, Aldine Press, 1971, p. 137.
15. *Ibid.*, p. 141.
16. *Ibid.*, pp. 266-267.
17. *Towards Deep Subjectivity*, Roger Poole, New York: Harper & Row, 1972, p. 132.
18. *Phenomenology*, Joseph J. Kockelmans, ed. New York: Doubleday, 1967, p. 448.
19. *Towards a New Marxism*, "Phenomenological Marxism," Paul Piccone, St. Louis, Missouri: Telos Press, 1973, p. 152.
20. *The Primacy of Perception*, James M. Edie, ed., "An Unpublished Text by Maurice Merleau-Ponty," Arleen B. Dallery, trans., Chicago: Northwestern University Press, 1964, p. 72.
21. *Ibid.*, p. 83-84.
22. *Sociometry, Experimental Method and the Science of Society*, J. L. Moreno, Beacon, N.Y.: Beacon House, 1951, p. 5.

23. "The Relevance of Phenomenological Philosophy for Psychology," Herbert Spiegelberg, in, *Phenomenology and Existentialism*, Lee & Mandelbaum, ed., Baltimore, Md., The Johns Hopkins Press, 1967, p. 219-241.
26. *The Primacy of Perception*, James M. Edie, ed., p. 10.

BIBLIOGRAPHY

Aristotle. *The Basics of Aristotle*, New York, Random House, 1941.

Berne, E., *The American Journal of Psychiatry*, 126: 10, April, 1970.

Dallery, Arleen B., trans., "An Unpublished Text by Maurice Merleau-Ponty," in, *The Primacy of Perception*, James M. Edie, ed., Evanston, Ill., Northwestern University Press, 1964.

Diesing, P., *Patterns of Discovery in the Social Sciences*, New York, Aldine Press, 1971.

Ferster, C. B., "Reinforcement and Punishment in the Control of Human Behavior by Social Agencies," in, *Experiments in Behavior Therapy*, H. J. Eysenck, ed., London, Pergamon Press, 1964.

Festinger, L., Schacter, S., and Back, K., *Social Pressures in Informal Groups*, Stanford, Calif., Stanford University Press, 1950.

Haldane and Ross, trans., *The Philosophy of Descartes*, London, Cambridge University Press, 1970.

Husserl, E., The Crisis of the European Sciences.

Kockelmans, Joseph J., ed., *Phenomenology*, New York, Doubleday, 1969.

Moreno, J. L., *Der Neue Daimon*, Vienna, January, 1919.

Moreno, J. L., "Psychological Organization of Groups in the Community," *Yearbook of Mental Deficiency*, Boston, 1933.

Moreno, J. L., *Who Shall Survive?* First Edition, Beacon, N.Y., Beacon House, 1934.

Moreno, J. L., *The Words of the Father*, Beacon, N.Y., Beacon House, 1941.

Moreno, J. L., *Sociometry, Experimental Method and the Science of Society*, Beacon, N.Y., Beacon House, 1951.

Moreno, J. L. "Preludes to My Autobiography," *Who Shall Survive?* Second Edition Beacon, N.Y., Beacon House, 1953.

Moreno, J. L. *Psychodrama, Volume I*, Beacon, N.Y., Beacon House, 1964.

Northway, Mary L., *A Primer of Sociometry*, Toronto, University of Toronto Press, 1952.

Piccone, Paul, "Phenomenological Marxism," in *Towards a New Marxism*, St. Louis, Missouri, Telos Press, 1973.

Poole, R. *Towards Deep Subjectivity*, New York, Harper & Row, 1971.

Popper, K. R., *Conjectures and Refutations: The Growth of Scientific Knowledge*, New York, Harper & Row, 1968.

Redfield, R., *The Little Community*, Chicago, University of Chicago Press, 1967.

Schutz, W. *Here Comes Everybody*, New York, Harper & Row, 1971.

Spiegelberg, Herbert, "The Relevance of Phenomenological Philosophy for Psychology," in, Lee & Mandelbaum, *Phenomenology and Existentialism*, Baltimore, Md., Johns Hopkins University Press, 1967.

Watson, J. B., *The Ways of Behaviorism*, New York, W. W. Norton, 1928.

White, L. A., *The Science of Culture*, London, Farrar, Straus & Miroux, 1949.

Wolpe, J., "Reciprocal Inhibition as the Main Basis of Psychotherapeutic Effects," in, *Behavior Therapy and the Neurosis*, E. H. Eysenck, ed., London, Pergamon Press, 1960.

THE ORIGIN AND DEVELOPMENT OF PSYCHODRAMA
AND ITS RELATIONSHIP TO RADICAL THEATRE

DAVID KENT AND CATHY CARTER

Tallahassee, Florida

INTRODUCTION

Some contemporary theatre groups, particularly those identified with the radical theatre movement, bear a striking resemblance to a group therapeutic process called psychodrama. Although psychodrama is currently a modality in group therapy, many psychodramatic techniques and exercises are used by radical theatre groups, either as their presentational form or for the purpose of actor training. Because of my interest in radical theatre, I will investigate the history of psychodrama and compare the methods and goals of psychodramatists with the activities and purposes of certain radical theatre groups.

The history of psychodrama is essentially equivalent to the biography of its founder, Jacob Levy Moreno. Since a comprehensive description of Moreno's life would fill volumes, I will present only highlights of his career. I will further limit my discussion of psychodrama to a report of its development and current use rather than attempt a critical analysis of its use in therapy or theatre.

Radical theatre will refer to those non-commercial contemporary theatre groups which adhere to collective creation and purport to effect cultural change as well as entertain their audiences. These groups are called by such names as radical theatre, guerilla theatre, street theatre and people's theatre.

For their special contributions to this study, my appreciation is extended to Jim Enneis, Director of Psychodrama at St. Elizabeths Hospital; Dr. Robert Siroka, Director, Institute for Sociotherapy; and Dr. Leon Fine, University of Oregon.

INCEPTION

Psychodrama had its inception in the Theatre of Spontaneity originated by Moreno.[1] It had two distinct phases; (1) the spontaneity theatre for children which was begun in 1911, and (2) the Stegreiftheater, a spontaneity theatre for adults which was begun in 1922. Moreno, a student of philosophy at the University of Vienna (1910-1912), began staging written plays with children and adolescents in the Vienna Meadow Gardens in 1909.[2] His interest in creativity led him to encourage the children to act out spontaneously their

own problems. This developed into a children's theatre for spontaneity where the first recorded psychodramatic sessions were produced. Moreno reports being greatly influenced by the children from whom he learned to see life with a freshness free from fixed cultural notions. This ability to see life in a "primordial" manner remained a basic approach in all his work.

In the early 1920s, Moreno developed the Theater of Spontaneity (das stegreiftheater) for adults. He was motivated to begin a theatre because he felt theatre generally had moved away from its primordial form and had become highly distorted and rigid. He wanted to return theatre to its most basic form and provide man with a kind of dramatic religion.

The stage was designed to symbolize the spontaneously creative self, free to move in any given direction, so central staging with multi-levels was used. This permitted the actors freedom to move in and out or up and down without any barriers between the performers and the audience. The director played an important role in helping the actor remove the blocks which prevented his creativity. He prompted ideas, warmed up his actors to the ideas, and shared his enthusiasm with them. He sometimes arranged scenes but he never attempted to hide his activity from the audience. Masks were cut and painted, costumes were improvised from simple materials, and simple settings were prepared—all before the audience. The actors were chosen and the sequence of actions was discussed before the drama began. The production was created collectively; however, the skill of the director played an important part in the success of the production.

MORENO'S PHILOSOPHY

In order to appreciate fully Moreno's theatre, it is necessary to understand his concept of "self." The core of the self, according to Moreno, is spontaneity and its release can be compared to nuclear energy on the physical plane. Moreno's purpose is to reach the self in order to release all its creative energy. Moreno believes that on a social plane the self expands by "retrojection," which is a process of receiving ideas and feelings from other persons and identifying them with one's own, thereby adding strength to the self. He believes that when this process is highly developed the person becomes a genius. A man of genius understands the needs of the times because his highly developed social self sees what is happening. He is able to read between the lines, see behind the personal masks, and perceive the realities behind social illusions. Moreno's self-expansion theory led him to develop the role reversal techniques which allow one person to see from another's point of view.

Moreno believes that there is a relationship between the idea of the human self and the idea of the universal self or God. The self, described as a cluster of roles, reaches out beyond the skin of the organism to the interpersonal realm. Man must be helped to expand his self and develop his spontaneity so

that he can effectively use his intelligence and enlightened emotions to gain mastery of the universe. "But the expansion of the self from the plane of the individual organism to the cosmic plane of ruler of the universe cannot be imagined to be a process of cold engineering. It will be a realization process of, by and through the self, a movement from the lower plane to a superior plane, the time for each movement equaling that of a historical epoch."[3]

Moreno saw the creative spark in man which he wanted to fan into a light for man's life. He began by fanning his own creativity. He discovered that his spontaneity grew stale when he could not see its development. Secondly, he discovered that spontaneity can be learned. These principles formed a basis for later work in theatre and therapy. The need to become aware of one's own spontaneity resulted in mirroring techniques in which a person sees himself played by others. Other techniques were developed by Moreno to teach people how to become more spontaneous. The theatre became his laboratory and offered unlimited possibilities for spontaneity research on the experimental level.

CULTURAL INFLUENCES

Moreno fancied himself as a revolutionary, bringing salvation to the human robots of a materialistic age:

My vision of the theatre was modelled after the idea of the spontaneously creative self. But the idea of a spontaneous and creative self was deeply discredited and thrown into oblivion at the time when the idee fixe urged me to fight its adversaries and bring the self back to the consciousness of mankind, using every ounce of persuasion and drama which I could evoke. The Vienna of 1910 was one of the display grounds of the three forms of materialism which has become since the undisputed world master of our age; the economic materialism of Marx, the psychological materialism of Freud, and the technological materialism, however contrary to each other, had tacitly one common denominator, a deep fear and disrespect, almost a hatred against the spontaneous, creative self (which should not be mixed up with individual genius, one of its many representations).[4]

Moreno's Theatre of Spontaneity faced enormous problems. Individuals in the audiences were unable to appreciate true spontaneity. They were conditioned to rely upon cultural patterns rather than trust their own spontaneity. "Therefore, when true spontaneity was presented to them in the Stregreiftheater either they suspected it to be well rehearsed and an attempt to fool them, or, if a scene was poorly played they considered that as a sign that spontaneity does not work."[5] Moreno felt that the survival of his theatre would require a cultural revolution.

Moreno was further discouraged when he saw his best actors falling into established patterns:

The climax of the difficulty I encountered however, was when I saw my best pupils flirting with the cliché even when acting extemporaneously and finally turning away from the theatre of spontaneity and going to the legitimate stage or becoming movie actors. Faced with this dilemma I turned 'temporarily' to the therapeutic theatre, a strategic decision which probably saved the psychodramatic movement from oblivion. Hundred-percent spontaneity in a therapeutic theatre was easier to advocate; the esthetic imperfections and incongruities a mental patient might show on the stage were not only more easily tolerated but expected and often warmly welcomed. The actors were now turned into auxiliary egos and they too, in their therapeutic function, were accepted in the nudity of the natural talent without the borrowed perfectionism of the theatre.[6]

DEVELOPMENT OF GROUP PSYCHOTHERAPY
AND SOCIOMETRY

Psychodrama grew out of the Theatre of Spontaneity which originally had nothing to do with therapy. Concurrent with the development of psychodrama, Moreno was laying the groundwork for group psychotherapy. He formulated a plan to help an alienated class of prostitutes in Vienna run self-help groups.[7] He did not try to reform them but focused on the dynamic factors within their groups as a means of helping them realize their personal goals. In 1916, Moreno began work in Mitterndorf with Italian peasants who had been forced to relocate. He proposed a form of group therapy to help the refugees adapt to their new environment. These two projects provided an opportunity for the development of sociometric group analysis techniques.

Moreno came to the United States in 1925, seeking a more fertile ground for his exploration. He began the Impromptu Theatre and further developed the application of sociometric analysis in his work with prisoners at Sing Sing Prison in New York and with disturbed children at the New York State Training School for Girls.

The value of work with groups was emphasized by Moreno, and in 1932 he coined the term group psychotherapy. His influence on American Psychiatry was phenomenal. Pierre Renouvier summarizes the situation as follows:

In the years 1931 and 1932, Moreno coined the terms group therapy and group psychotherapy in connection with a specific set of operations which he described in a monograph, *Application of the Group Method to Classification*. It was published by the National Committee on Prisons and Prison Labor and distributed by them throughout the country, putting it into the hands of psychiatrists, psychologists, sociologists and social workers; this culminated in the famous Conference on Group Methods in Philadelphia. It was the first organized effort to bring group psychotherapy to the attention of the members of the American Psychiatric Association.[8]

In 1934 Moreno wrote *Who Shall Survive*, which created the scientific foundation of group psychotherapy. According to reviews of the first edition, it was without precedent at the time of its publication. "In 1936, the Moreno Sanitarium was established in Beacon, New York and became a school, a hospital, and the first real theater of psychodrama, as well as his home."[9] In 1937, he published the journal, *Sociometry*, and established the Sociometric Institute in New York. He organized the American Society of Group Psychotherapy and Psychodrama in the same year. In 1947 he edited the journal *Sociatry* which was later renamed *Group Psychotherapy*.

Over the next several years he continued his work in many interdisciplinary fields: social psychology, psychotherapy, sociology and philosophy, among others. Many of those who would later become prominent in various fields were associated with Dr. Moreno in this early period—Kurt Lewin, Gardner Murphy, Ronald Lippitt, Leland Bradford, Kenneth Benne, Jack Gibb. (The last three were later to become founders of the 'T-Group'—The National Training Laboratories (N.T.L.)—which, in turn, was to become a cornerstone of the human potential movement.)[10]

As a consultant to the military services during the second world war, Moreno was influential in the growth of group psychotherapy as a treatment modality in military and veterans hospitals. He established a theater of psychodrama at St. Elizabeths Hospital in Washington, D.C. in 1941. The following year he established the Institute of Psychodrama in New York for the purpose of training and certifying psychodramatists. There are, at the present time, two Moreno institutes in operation which have produced a total of eighty fully certified psychodramatists.

TECHNIQUES OF PSYCHODRAMA

Psychodrama is an action modality in group therapy which involves the enactment of a person's conflict for the purpose of emotional problem solving.[11] The drama usually is concerned with deep emotional issues. Sociodrama is a form of psychodramatic enactment which aims at clarifying group concerns rather than focusing on the individual's problems. Sociodrama is helpful in exploring the problems inherent in relationships between parents and children, employers and employees, students and teachers, police and citizens and different races. Role-playing, which is a derivative of psychodrama, is aimed at working out alternative and more effective approaches to a general problem. It is considered to be more superficial than psychodrama or sociodrama in that expression of deep feelings is not involved. Role-playing is used by industry, schools, and professional training groups for human relationship training. Many other psychodramatic techniques, originated by Moreno and other psychodramatists, are used in a variety of

contexts. Action methods, encounter techniques, growth games and non-verbal exercises have become primary tools in the human potential movement. Guided fantasy, sensory awareness exercises, theatre games and improvisatory dramatics are frequently used for actor training or for theatrical presentation.

Through the use of psychodrama and psychodramatic techniques, the director helps the protagonist enact his experiences;—his everyday problems as well as his dreams, delusions, fears, and fantasies. In order to clarify feelings, the double, multiple selves, monodrama, and soliloquy are used. Amplification, asides and exaggerations of non-verbal communication are used to facilitate the expression of emotion. The director may help the protagonist become aware of his own behavior through the use of videotape playback, role reversal, behind-your-back, audience feedback, chorus and non-verbal interaction techniques. Support may be given to the protagonist by ego-building techniques, sharing, and physical contact experiences. For further explanation and discussion of these terms, see Blatner's book.

The typical psychodrama session begins with a warm-up, in which the director engages the group in discussion and directs exercises aimed at developing group cohesion and spontaneity. Reactions to the exercises usually lead to the emergence of an individual or group problem. One of the group members is then selected to be the protagonist who will act out his own or the group's problem. The conflict is then redefined in terms of an example which can be acted out. The protagonist then plays the scene with the help of auxiliary egos. A variety of psychodramatic techniques is used by the director to help the protagonist explore his feelings and develop new attitudinal and behavioral responses to his situation. The session usually is closed by having group members offer supportive feedback to the protagonist. The director may use a variety of supportive psychodramatic techniques and closing exercises during final stages of the session.

PSYCHODRAMA AND THE RADICAL THEATRE

Theatre, laboring at the task of identifying itself with man's search for a more meaningful existence, has spawned a number of experimental theatre groups. "Such groups are attempting to see theatre not as a sophisticated entertainment or an intellectual pursuit, but as an experience of life itself."[1][2] Certain of these avant-garde groups have identified themselves as radical theatre and are characterized by their attempt to effect cultural change through their attention to the spiritual needs of the actors and spectators. Like Moreno, the radical theatre hopes to help man become more creative so that he can understand his own condition more clearly and thereby control his own destiny. Some of the elements found in both psychodrama and radical theatre are (1) collective creation of dramas, (2) audience participation in the productions, (3) spontaneous self-disclosure of the actors, (4) concern

with removal of blocks to release creativity, and (5) facilitation of individual and cultural change.

COLLECTIVE CREATION

The most distinguishing characteristic of the radical theatre is the collective creation of theatre pieces. "Instead of the two-process method of the traditional theatre—a playwright writing a script in isolation and other artists staging it—the new theatre practices a one-process method, wherein the group itself develops the piece from initial conception to finished performance."[13]

Most radical theatre groups use improvisation as the principal technique for developing productions. However, groups differ in their means of discovering an inceptive idea for a piece. Sources include (1) exercises; (2) social, political or aesthetic problems; (3) a text or a painting; (4) an object or materials; or (5) a script written by someone within the group. Groups may emphasize discussion, research, or improvisation as a means of developing the piece. "And they are also distinguished by the circumstances of performance, which may be completely determined in rehearsal and set before performance, may be improvised within a scenario, and may involve spectators."[14]

AUDIENCE PARTICIPATION

"The strict separation between stage and audience is the marked characteristic of the legitimate theatre."[15] Some experimental theatre groups have virtually eliminated the distance between actors and audiences by participatory theatre experiences. Ann Halprin, with her Dancers' Workshop Company in San Francisco, has been experimenting with spontaneous unrehearsed sessions of up to fifty people.[16] Certain general conditions are initially suggested, thereafter, anyone is free to participate or observe. Halprin is interested in a theatre in which everything is experienced for the first time—where there is participation in events of supreme authenticity.

The Chrisitanshavnsgruppen in Copenhagen have developed innovative ways to involve audiences in their productions. "At the beginning of *Mudder-manden* (*The Mud Man*), the audience is admitted to a room where there are many objects with which they can entertain themselves—finger paints, costumes to put on, food and wine. Only after the spectators have begun to use these objects do the performers enter the room and using only nonsense sounds, engage the spectators in a series of games, including blind-man's bluff, a group dance, and trust exercises."[17]

Audience participation is also essential to the psychodrama session. Auxiliary egos (actors) are selected from the group to assist the protagonist (one person only) in dramatizing his life situation. All audience members participate in providing feedback and support.

SELF DISCLOSURE

The Theatre for Spontaneity had as its mission: the immediate contact with the people:

That which would never and nowhere have been spoken enters into community life. The new poet-dramatist is not left to his own self-isolated method of old, to choose ideas and dialogues which he alone composes, condenses, and finishes, but he synthesizes his inspirations in front of the people and the desire to reach them and to be in accord with them will push him, at least at times, to the production and presentation of ideas which he may have rejected if he would have carried on his work in the splendid isolation of his cell.[18]

One of the most dramatic illustrations of this kind of self-disclosure in radical theatre is the It's All Right to be Woman Theatre. This company has developed in the last five years as a means of helping women explore and express their potentialities and the nature of oppression. By dramatizing their problems, women in these groups are able to make other women feel good about being female and experience anger and outrage at the injustices in the relationship between the sexes. "The powerful effect the group has on its audience is due in part to the willingness of individual members to use their own lives as the basis for the material they perform. Each theatre piece is derived directly from the life of one of the members of the group."[19]

In psychodrama, "the fictitious character of the traditional theatre is replaced by the actual structure of the patient's world, real or imaginary. The spirit of the role is not in a book, as it is with the actor. It is not outside of him in space as with the painter or the sculptor, but a part of himself."[20] The actor in radical theatre is not unlike the actor in therapeutic theatre. Jerzy Grotowski, a prominent figure in the radical theatre movement, believes "the actor is a human being who has dis/covered and un/covered himself so much that he re/veals something of man."[21]

CREATIVITY AND INDIVIDUAL BLOCKS

Moreno attempted to remove blocks or resistances of the body to help individuals become more creative. He believed that removing personal and interpersonal blocks was equivalent to releasing an individual's creative energy. According to Halprin, "we are still in need of exorcising those individual blocks that interfere with the celebration and spirituality of the life force."[22] She has attempted to do this by using a number of "break-through movements" to help individuals get past self-imposed limits in order to break through preconceived modes of body behavior.

We used the techniques of pounding the mattress until we manufactured rage; we kicked our legs frantically and energetically, evoking hysteria and

tantrums. We hollered and screamed our long buried frightened hurts and hates. We put our bodies into positions of stress so we shook and trembled and released tension blocks. Then we went on from there and made up our own exercises to link movement with feelings that broke through our controls."[23]

The exaggerations of non-verbal communications are frequently used in psychodrama sessions to heighten and facilitate the expression of emotion. Such devices are designed to help a person get past self-imposed limits and get in touch with his source of creativity. Moreno devoted his life to exploring and releasing man's creative potential. Halprin's description of her personal search is not unlike Moreno's.

In the long run, I found that what I had really been working toward, what I really wanted to explore, was nothing less than the creative process—what energizes it—how it functions—and how its universal aspects can have implications for all our fields.[24]

THE IMPOSSIBLE DREAM

Although radical theatre groups vary somewhat in emphasis or methodology, they all have a common dream—the realization of a humanistic society. Performances are aimed at moving people away from destructive patterns and toward creative living. The process frequently involves confrontation, self-analysis, liberation from cultural lies and illusions, and increased spontaneity. The theatre created by Moreno more than fifty years ago also was committed to the same goal. "The theatre for spontaneity was the unchaining of illusion. But this illusion acted out by the people who have lived through it in reality, is the unchaining of life."[25] Moreno's quest for a more spiritual and humanistic society is continued by such groups as the Laboratory Theatre in Poland, Stage Two in England, the Dancer's Workshop, the Bread and Puppet Theatre, the Open Theatre and the Living Theatre in the United States.

Theatre pieces ranging from psychodrama sessions to contemporary commedia del'arte presentations are delivered in the spirit of Don Quixote de La Mancha. In pursuit of the impossible dream, actors of the radical theatre disclose themselves to remind us of our own humanity and make us aware that "we have become over-intellectualized, divorced from our bodies, from real feeling."[26] The words of Judith Malina express the hope of radical theatre groups throughout the world—"If we could once again become feeling-ful people and not shut ourselves off from one another, then we would not tolerate the injustices in the world."[27]

Both psychodrama and radical theatre are deeply committed to providing an experience which will change the lives of people—and ultimately, the world. The way this is accomplished is beautifully described by Peter Brook.

A true image of necessary theatre-going I know is a psychodrama session. . . . There is an event, something unusual, something to look forward to, a session of drama. . . . In the circle, soon, everyone will have his role—but this does not mean that everyone will be performing. Some will naturally step forward as protagonists, while others will prefer to sit and watch, either identifying with the protagonist, or following his actions, detached and critical.

A conflict will develop: This is true drama because the people on their feet will be speaking about true issues shared by all present in the only manner that can make these issues really come to life. They may laugh. They may cry. They may not react at all. But behind all that goes on . . . lurks a very simple, very sane basis. They all share a wish to be helped to emerge from their anguish, even if they don't know what this help may be, or what form it could take. . . . Two hours after any session begins all the relations between the people present are slightly modified, because of the experience in which they have been plunged together. As a result, something is more animated, something flows more freely, some embryonic contacts are being made between previously sealed-off souls. When they leave the room, they are not quite the same as when they entered. If what has happened has been shatteringly uncomfortable, they are invigorated to the same degree as if there have been great outbursts of laughter. Neither pessimism nor optimism apply: simple, some participants are temporarily, slightly, more alive. If, as they go out of the door, this all evaporates, it does not matter either. Having had this taste, they will wish to come back for more. The drama session will seem an oasis in their lives.[28]

CONCLUSION

Drama was used by the ancient Greeks as a vehicle to express the dilemmas of the human condition. The drama evoked a group catharsis and enabled man to understand better the facets of his personality. Moreno hoped to return theatre to a form similar to the dramatic rituals of the ancient Greeks. He was thwarted in his efforts by a culture unable to understand and really appreciate his ideas. Consequently, he focused on the use of drama as a therapeutic tool. He developed psychodrama, sociometry, and group psychotherapy, and published many books, articles, and monographs related to his innovations. The extent of Moreno's influence is staggering. The literature abounds with evidence of his impact on psychiatry, sociology, philosophy, education, and psychology. Conspicuously absent are references to his influence on theatre.

Although Moreno's name is not linked with contemporary theatre, many of the radical theatre groups seem to be replicating the theatre he created many years ago in Vienna. It is as though the seed of his dream lay dormant for fifty years, then emerged in response to a people struggling in their revolution

against a complex and dehumanizing world. There was a trend away from technology and a new concern with human need which was reflected in theatre by a decline of the establishment theatre and an increase in the number of experimental groups. Theatre was brought to the people—in streets, parks, church halls, schools, and crowded rooms—to facilitate their search for a more meaningful existence.

Undoubtedly, contemporary theatre has been influenced greatly by Moreno. His innovations, as well as the techniques and exercises produced by the human potential movement (to which he gave impetus), have found their way into training sessions and performances of many theatre groups. But his most significant contribution to theatre was his concept of the self—and the collective creation of dramas based on the spontaneous expression of the self. This concept seems to be at the core of the radical theatre movement. Participants in the radical theatre continuously experiment with new ways to unleash creativity and move us closer to a more humanistic world.

NOTES

1. Jacob L. Moreno, *The Theatre of Spontaneity* (New York: Beacon House, Inc., 1947), p. 99. All subsequent material referring to history, methods and philosophy of the Theatre of Spontaneity are taken from this source.
2. Jacob L. Moreno, *Group Psychotherapy: Symposium* (New York: Beacon House, Inc., 1945), p. 503.
3. Moreno, *The Theatre of Spontaneity*, p. 10.
4. *Ibid.*, p. 5.
5. *Ibid.*, p. 7.
6. *Ibid.*
7. Howard A. Blatner, *Acting-In* (New York: Spinger Publishing Company, Inc., 1973), p. 141. All subsequent material related to the development and techniques of psychodrama were taken from this source.
8. As quoted in Jacob L. Moreno, *Who Shall Survive?* (New York: Beacon House, Inc., 1953), p. ivi.
9. Blatner, *Acting-In*, p. 141.
10. *Ibid.*
11. *Ibid.*, p. 9.
12. James Roose-Evans, *Experimental Theatre* (New York: Avon Books, 1970), p. 17.
13. Theodore Shank, "Collective Creation," *The Drama Review*, 16 (No. 2 [T-54], 1972), p. 3-32. All subsequent material relating to collective creation was taken from this source.
14. *Ibid.*
15. Moreno, *The Theatre of Spontaneity*, p. 31.
16. Roose-Evans, *Experimental Theatre*, p. 139.
17. Shank, "Collective Creation," *The Drama Review*, 16 (No. 2 [T-54], 1972), p. 5.
18. Moreno, *The Theatre of Spontaneity*, p. 80.
19. Charlotte Rea, "Women's Theatre Groups," *The Drama Review*, 16, (No. 2 [T-54], 1972), p. 79-89.
20. Moreno, *The Theatre of Spontaneity*, p. 38.
21. As quoted in Richard Schechner, "Aspects of Training at the Performance Group," in *Actor Training*, 1, ed. by Richard Brown (New York: Drama Book Specialists, 1972), p. 8.
22. Ann Halprin, "Community Art as Life Process," *The Drama Review*, 17, (No. 3

[T-59], 1973), p. 64-80. All subsequent information referring to Ann Halprin was taken from this source.

23. *Ibid.*
24. *Ibid.*
25. Moreno, *The Theatre of Spontaneity*, p. 92.
26. Roose-Evans, p. 141.
27. *Ibid.*
28. Peter Brook, *The Empty Space* (New York: Avon Books, 1968), p. 121.

PSYCHODRAMA: AN EXPERIENTIAL STUDY
OF ITS EFFECTIVENESS WITHIN
THE HOMOSEXUAL SOCIETY*

CAROLYN B. WALKER

Denver, Colorado

PREFACE

In the Spring of 1973, I first learned of the oppression of the homosexual society in Denver. In this incident a bus known as the "Johnny Cash Special" was being used by the vice squad to lure gays** into the bus; the driver would then sexually proposition the homosexual. When acquiescence occurred the vice officers, hiding in the rear of the bus would emerge, identify themselves, and make an arrest. In the duration of these incidents using the bus, scores of homosexuals were harassed and jailed; some being held for an unreasonable length of time.

Listening to an account of this situation told by an American Civil Liberties attorney, I became enraged and sought an opportunity to offer professional assistance in the way of counselling. A pastor of a gay church was my contact to work within the homosexual community. As we talked, he emphasized two important points: first, that the homosexual world is an isolated culture unlike other minority cultures because of a specific vocabulary and the law which forbids sexual activity with a person of the same sex, even between consenting adults; and, secondly, he was concerned that any mention of psychiatry would immediately create distrust and misunderstanding about my presence there. Therefore, I was introduced as "Carolyn" and assisted the church members by helping them to fold their weekly newspaper. I remained in this activity for several weeks until I felt comfortable, accepted, and accepting.

It is to be emphasized that one does not rush into the homosexual society as a "soul-saver" or a "do-gooder." Time and timing are essential to the establishment of mutual trust. Were it not for the cooperation of the pastor who supplied a vocabulary list, suggested readings, and most importantly, referrals and the subsequent acceptance of myself as a person by the members of the church, this paper would not have been possible.

    **"Gay" is synonymous with "homosexual" and is preferred by those who would eliminate the sexual connotation implied in the term "homosexual." The terms will be used interchangeably in this paper.

My life has been sincerely enriched through working with and knowing members of the homosexual society. It is my hope that others may experience the positive feelings which are richly rewarding and experience comfort in relating meaningfully with members of the homosexual culture.

The design of this paper is divided into the following three parts in relation to the homosexual culture.

I.   An introductory discussion of homosexuality.
II.   Psychodrama is a method by which interpersonal and intrapersonal issues and emotions can be dealt with effectively within the homosexual culture.
III. Sociodrama—a proposal for the future.

I

The known homosexual society comprises about ten percent of the American population. Only a very small minority fit the stereotype common to most peoples' thinking concerning obvious "fairies" and "dykes." Gay people exist in every strata of economic, religious, and professional groups, and in all sections of the country. A higher percentage will be found in cities where they can gather socially with more anonymity than in smaller communities. The greater percentage of homosexuals are not identifiable by the average layman.

The term "homosexual" is felt by many to be an oppressive label and carries a connotation of extreme differences from heterosexual. If one must have a definition, the preferable one is "those individuals who have a sexual attraction toward partners of the same sex, over at least a few years of their lives" (3: 30). This preference should not negate their human qualities; nor equate homosexuality with the adjectives such as sinful, pathological, or perverted, all of which are strong deterrents to the acceptance of a person whose needs are not unlike those of the heterosexual.

The emphasis of this paper will be concerned with the homosexual as a human being with the need to love and be loved; the need to experience and express through the action method of psychodrama feelings of loneliness, rejection, frustration, love, anger, and humility. The common fallacy which views the homosexual as perverted and preoccupied with sexual acts and incapable of interpersonal relationships needs to be dispelled. Sexual activity is but a small part of the overall homosexual population and personality.

Within the homosexual society exist two types of relationships with a significant other: transitory and stable. The transitory relationships, seemingly more prevalent, serve to decrease loneliness and the need for closeness. However, in this transitory searching, many homosexuals find themselves overwhelmed by feelings of guilt, anger, and self-disgust. The stable relation-

ship similar to the heterosexual marriage is the exception. This occurs more frequently in the female population than in the male. "Society puts much less strain on a lesbian couple than on a male couple" (3: 174).

Society tends to view with suspicion males living together. Men are not generally permitted by our cultural standards to display closeness, to embrace, or to dance with each other except in meeting places which are exclusively homosexual such as bars, coffee houses, churches, and private homes. To culminate a relationship which is stable, the gay male must be endowed with inner strengths and values in order to overcome the "social barriers toward homosexual feelings and this is an effort that is simply not possible for many homosexuals to make" (3: 178). For homosexuals, and males in particular, who choose to share a life together there is always the fear of being discovered by parents, non-gay friends, employers, police, or anyone who is in a position to place judgment.

Having viewed segments of the gay world, those who are maintaining a stable, mature relationship and those who cruise the parks and bars for a one-night partner, it is my belief that their society, with the exception of same-sex preference, does not differ to any significant degree from the heterosexual society. One has only to frequent bars and public affairs which promote heterosexual partnerships, to observe similar phenomena. The divorce rate itself indicates a lack of stable relationships in the heterosexual society. This points up the fact that the world is full of lonely people, gay and non-gay, who feel the pangs of isolation, aging, and loss of physical attractiveness.

"Many are discovering that homosexuals are real people, not rare oddities of fun and that perhaps they should be treated with human dignity" (3: 202). There is far too much emphasis on sexually descriptive adjectives. In view of this, we need to cease applying labels such as sick and/or deviant and accept the homosexual as a human being who experiences the commonality of situations and crises in his life-style as does the heterosexual. In fact, it seems valid to assume that he experiences more stress in earning a living and finding friends as well as a lover because of his homosexuality. Dennis Altman feels, "there are very few straights who seem able to fully accept us, that is, without pity or fascination, or condescension, but, and I hesitate to write something so corny-sounding—simply as people. When there is acceptance, they provide the reassurance which I fear we all need, that there is nothing so terrible or peculiar about our gayness" (1: 52).

To be an accepting, empathetic, and non-judgmental person is most helpful and beneficial to the homosexual, especially for those who feel that their sexual preference negates humaneness and warmth. As is true with any individual, the homosexual needs enlightened help, not so much with sexuality, per se, but with those emotions which are preventing fulfillment in

day-to-day living. Within the homosexual culture, resentment will build toward
the heterosexual person who may be overly inquisitive, too sympathetic, or
patronizing. The homosexual should not be treated as though he were
emotionally crippled or handicapped because of same-sex preference. The
barriers are removed when two cultures come together, talk, understand, and
accept differences and similarities.

Moreno's definition of a "meeting" supports the above thesis by the
following statement: "Meeting means more than a vague inter-personal
relation. It means that two or more persons experience each other, as actors
each in his own right, not like "professional" meeting (a case-worker or a
physician or a participant observer and their subjects), but a meeting of two
people. In a meeting, the two persons are there in space, with all their
strengths and all their weaknesses, two human actors seething with
spontaneity only partly conscious of their mutual aims. It became clear to me
then as it is now to many sociometrists, that only people who meet one
another can form a natural group and an actual society of human beings. It is
people who meet one another who are the responsible and genuine founders
of social living" (5: 251).

Thus far, the approach with limited communication existing between the
two cultures, gay and non-gay, seems to have studied the gay person as one
would a laboratory specimen. The intrapersonal areas of self-esteem, emotions,
and hopes for the future need to be explored. So little adequate and
significant research has been accomplished. West suggests one of the reasons
may be "Distaste for the whole business, and the professional man's fear of
compromising his reputation by displaying too great interest, has to do with
this neglect" (8: 187-88).

It is not my intent to belabor the reader with statistics, life-styles, or
conditions which may contribute to an individual's becoming homosexual; nor
do I choose to dwell on the sexual aspects. There is a wealth of literature
which fully documents the homosexual culture. I now wish to develop the
second premise: Psychodrama is a method by which interpersonal and
intrapersonal issues and emotions can be dealt with effectively within the
homosexual culture.

II

My experience has been that the term "psychodrama" is unfamiliar to most
laymen and some professionals. For purposes of clarification, "Psychodrama
can be defined, therefore, as the science which explores the "truth" by
dramatic methods" (5: 12) and is a form of group therapy which allows
exploration of reality in an existential manner. That which cannot or does not
happen in life can occur in a psychodramatic setting and is an effective
method of treating relationships as opposed to the traditional analytic method
which often tends to be individually oriented.

The methodology of psychodrama requires five instruments: a stage or any open space, a subject, a director, auxiliary egos, and a group.

The stage of any open space offers an extension of reality for recreating situations with unlimited freedom of expression and movement.

The subject, the protagonist, is the person around which the drama revolves. In this setting, he is allowed to portray, verbally and physically, his world as he perceives it to be.

The director functions as a therapist, an analyst, and as the producer of the drama. The well trained and experienced director is not influenced by what he feels to be the best solution for any given situation. Rather, he listens for significant cues and follows them to their conclusion. Because the method is based on a realistic appraisal of the needs of the individual, as he sees them, and the uniqueness of each person, the goal is toward helping the protagonist define and recreate the ways in which he may lead a more productive, satisfying life by his standards; and also, to live with his differences rather than to totally eliminate them. The director allows the protagonist the freedom to work out his conflicts, his life in miniature, in a psychodramatic space.

The auxiliary ego portrays the role of a significant other in relation to the protagonist. "On portraying the role it is expected that the ego will identify himself with the role to the best of his ability, not only to act and pretend but to 'be' it" (7: XVII).

The group, although it may not be actively involved at all times is nonetheless emotionally involved. The protagonist needs to feel support and acceptance; in other words, whatever situation is vital to the protagonist must be equally vital to and accepted by the group. Moreno states: "... the psychodramatic situation is not a courtroom. There is no judge and no judgment and sentence is spoken after the session is over" (5: 348). The psychodramatist, compared to the analyst, has the advantage of meeting the person in a warm, human, sharing relationship without demanding conformity. Rather, individual diversity is allowed and accepted.

Psychodrama offers more flexibility, spontaneity, and freedom to be one's self than does that of the analytically oriented setting in which there is definite role differentiation: the role of the patient and the role of the psychiatrist. Even if the analysand were to feel like dancing, singing, making love, or physically expressing anger, such behavior would be out of context. In contrast, the psychodramatic setting permits to happen that which is necessary to recreate and experience one's social matrix.

It is important to emphasize one more point before enlarging upon the effectiveness of psychodrama within the homosexual culture. The goal of the professional working within the homosexual society should not be to effect a sexual conversion unless this is very explicitly the goal of the person who is seeking help. A salient point to be emphasized is that both male and female are gay by choice, not by chance, and the partners with whom they choose to

interact are gay by choice, not by chance. There is evidence that psychiatrists tend to treat homosexuality as a mental illness. All too often, "Behavior which does not fit the common mold is labeled 'neurotic' and neuroses are defined in advance as undesirable" (4: 107). The ethics of approaching homosexuality on the basis of a sexual conversion are questionable and often at great emotional cost to the individual who may not want to alter his sexual orientation. Needless to say one should not tear apart a person's social and sexual adjustment unless he is prepared to offer a new and better readjustment.

Essentially the homosexual experiences the same states of emotion as does the heterosexual with one exception: stress is compounded by the expectations and pressures of society to conform to the norm. When a person is found to be gay, he is subject to job loss, harassment by police, and often ridicule. "Society has really made no provision to help such individuals" (3: 27).

While homosexuality is discussed and presented to the public by the mass media, the approach continues to reduce human dignity, personhood, and acceptance. A television program with a seemingly avant-garde approach to homosexuality and bisexuality gears the dialogue more to sexuality than to individuality.* It is difficult to imagine a heterosexual being as open about sexual practices. The plight of the homosexual appears to lie in an eagerness to be accepted—so much so, that he is willing to be totally open to so many viewers. It seems questionable that such exploitation serves any useful or meaningful purpose.

A concrete example of discrimination occurred in Boulder, Colorado, where there are six thousand homosexuals in a population of seventy-two thousand people. On May 7, 1974, the voters went to the polls to decide an issue which would prevent discrimination in the employment field against homosexuals. In an article published by "The Rocky Mountain News," the amendment was defeated by a vote of approximately two to one.

Psychodrama, a laboratory for living, is the vehicle of choice to help the homosexual become better adjusted to the life-style he has chosen; mainly, to assist in self-acceptance and social adjustment. To "identify himself/herself as a homosexual and recognize his/her position as a part of a stigmatized and semi-hidden minority" (1: 30) is very difficult within the dimensions of twentieth century conformity.

Psychodramatists do not specialize in segments of the population as do some psychiatrists. The psychodramatic approach is universal. When a protagonist emerges from a group, the stage and its space are his for recreating and resolving the problem areas in his life. Because psychodrama deals with people as opposed to labels and/or specialities, age, race, sex, or sexual

*"Tomorrow," NBC Television

orientation do not become the primary concern. Thus, the psychodramatist functions much like a mid-wife who assists the protagonist in giving birth to his emotions; to become his own creator who assumes responsibility for his universe—his personal and social atom.

Inasmuch as no modality of therapy can reduce the number of homosexuals, and to which goal there is no validity except perhaps to satisfy society, is it not more humane to recognize the homosexual as a person with a variety of roles which are actively present and which he has the need and the right to express?

In the early beginnings (one year ago) of working within the homosexual culture, psychodrama was introduced with ease and readily accepted. We were limited to meeting in homes which was not the ideal setting but adequate. A well organized room was often in total disarray at the end of a session. Improvisation often reached its zenith!

It has previously been stated that there is a specific vocabulary which is a part of the homosexual culture. Terms which may be useful are documented in the glossary. To be familiar with the terminology is necessary, not only for the director, the auxiliaries, and the group, but more importantly, to the protagonist. The ability to speak the vernacular is a way to build a bridge of understanding, acceptance, and trust.

One of the most critical emotional periods for the homosexual is the acknowledgment and awareness of his same-sex preference. Prior to this, he has had strong feelings for persons of the same sex, and feelings of discomfort in heterosexual relationships. Contrary to a popular myth, the term "hatred" toward those of the opposite sex is not applicable. The fact is that there is more comfort and rapport with those of the same-sex.

The finality of awareness and acknowledgment of one's same-sex preference is termed "coming out." This is a painful state of emotion for most. Some accept this with relative ease while others continue to experience guilt and estrangement for many years. Fisher feels there is an inherent emotional value in disclosure versus "hiding" and supports his thesis by the following statement. ". . . every time a homosexual denies the validity of his feelings or restrains himself from expressing, he does a small hurt to himself. He turns his energies inward and suppresses his own vitality. The effect may be scarcely noticeable: joy may be a little less keen, happiness slightly subdued, he may simply feel a little rundown, a little less tall. Over the years, these tiny denials have a cumulative effect" (2: 249).

It is the function of the psychodrama director to determine where the individual is in terms of disclosure. The approach with a neophyte should be very gentle and slow. There is less anxiety for those who have accepted the fact that they are homosexual. When the individual ceases to hide his sexuality, some of the inner conflicts are resolved. He has a sense of who he is and what he is. Although the inner war is over, the battle is far from won.

The feelings that were restrained, the anger that was suppressed, the words that were never spoken will surface with great intensity.

To support the premise that psychodrama is the medium which allows full expression of feelings, I offer the following statements by J. L. Moreno; psychodrama is ". . . a deep action method dealing with interpersonal relations and private ideologies" (5: 352) coupled with his position that ". . . the stage is not a stage in a theatrical sense, it is a social platform, the actors are not actors but actual people and they do not 'act' but present their own selves. The plots are not 'plays' but their most inner-felt problems" (5: 247).

For the homosexual, it becomes evident that psychodrama permits him to be his private, real self which is significantly important inasmuch as he must wear a mask in the everyday world and occasional activities. Therefore, the vehicle of psychodrama gives to the homosexual, and the heterosexual as well, permission "to be on stage what they are, more deeply and explicitly than they appear to be in life reality" (5: Intro., p.c.). There is the opportunity to face roles and situations to which a successful adjustment has not been made. The opportunity is present in the *here and now*, to explore feelings related to losses such as a love relationship, low self esteem, or loss of employment because of homosexuality. That which was impossible in life becomes possible on the psychodrama stage and is a healing process.

Both the personal atom and the social atom are explored. This technique is very revealing to the participants and brings forth a wealth of material for future use. Soon it becomes apparent to a group that recreating a situation is far more valuable than talking about it. In spite of limited space and less than perfect conditions, encounters with significant others in absentia are possible by using the empty chair technique.

One of the most extensively used techniques is role reversal. "Role is the functioning form the individual assumes in the specific moment he reacts to a specific situation in which other persons or objects are involved" (7: IV). In the life of the homosexual there is gross confusion of roles—interpersonal, intrapersonal, and extrapersonal. These role systems tend to create misunderstandings and misperceptions. When these states are operational, role-reversal is effective in exploring distortions inherent in intimate relationships, work situations, and unresolved situations in the family of origin.

It is apparent that anxiety is elevated by conflict in role relations, a reality "in which the unconscious states of two or several individuals are interlocked with a system of co-unconscious states" (7: VII). The familiar problem-solving devices then become unavailable to the individual. Various approaches can be used to effect a greater degree of spontaneity which Moreno defines as, "The protagonist is challenged to respond with some degree of adequacy to a new situation, or with some degree of novelty to an old situation" (7: XII).

The problem of role conflict is more prevalent in the male union than in the female union. Men, by nature, tend to be more aggressive in decision

making and as a result, more competition exists within their union. This is not to deny that women encounter such difficulties. However, it does not appear to be such a constant struggle.

One of the primary skills of the psychodramatist is the ability to deal with role conflicts. The methodology of resolution can be accomplished by role-reversal with significant others; role training which encompasses the spontaneity factor; the use of the mirror technique which enables the protagonist to stand aside and view, through an auxiliary ego who becomes the protagonist for that moment, his interaction with others. By this method he is able to perceive himself as others experience him and his ways of relating.

The beauty of psychodrama lies in the methodology applied in behalf of the protagonist—many situations and experiences can be mobilized in space and time for ultimate self-growth and self-understanding. Those situations which seem so confused and complicated in the "mind's eye" become clear and concrete on the psychodrama stage.

The two types of relationships, stable and transitory, within the homosexual culture are approached differently. Existent in the stable union are all the problems inherent in a heterosexual marriage. The common emotions of rejection, frustration, love, anger, and lack of trust must be dealt with. Tensions, depression, and lack of patience tend to make a union unstable at times. The psychodramatic approach is then that of a marriage counselor. Within the union, partners wish to improve communication and to verify and correct perceptions.

The homosexual union is also complicated by role conflict. Perhaps more so than in the heterosexual marriage because there is not the distinct delineation or role structure. One partner does not assume the limited role of the homemaker and the other that of the moneymaker as is usual in some heterosexual marriages. Both share household duties, assume financial responsibility and both seek ways in which their personal and social needs will be met. The conflict appears in trying to fulfill all the roles which meet each others needs and still retain a degree of individuality and autonomy.

Those involved in transitory relationships, or those who have been involved but are now searching for a stable relationship are more vulnerable. Their emotional past is loaded with feelings of loneliness, rejection, guilt, and anger. The need is for some resolution and relief from the emotional pain. The function of the psychodramatist is then to intensify the pain through re-enactment of a situation until the protagonist reaches a healthy catharsis.

While in training at the Moreno Institute of Psychodrama, I was witness to acute emotional pain in young men with same-sex preference. Even within this setting, where there is a built-in support system of acceptance and freedom, it is my conviction that the process of uncovering feelings, layer by layer, is a delicate and cautious process. "Just as a surgeon who knows the physical state of his patient will limit an operation to the extent which the patient's

condition can withstand, the psychodramatic director may leave many territories of his subjects' personalities unexpressed and unexplored if their energies are not, at that time, equal to the strain" (6: 5). To leave anyone raw and bleeding is against the oath of a psychodramatist. To some, this caution may be deemed "overly protective." Perhaps so, but emotional first aid is required when a person relinquishes even a small part of his defense system. Time is necessary for healing and for the integration of new and different ways of interacting.

The effects of a psychodrama have been compared to those of a long-acting tranquilizer. While there is immediate relief from the emotional pain of inner tensions, the integrative process of incorporating new insights and more appropriate ways of dealing with tensions and conflicts requires an inner re-training. The mystique of the method is difficult to describe to one who has not had the exciting experience of discovering that the learned behavior of the past which was inadequate can be replaced by a new response which brings forth more positive interpersonal and intrapersonal alternatives.

Most homosexuals, not unlike heterosexuals, are in search of a meaningful relationship. The transitory relationships eventually become empty as evidenced by a high suicidal rate along with the misuse of alcohol and drugs.

The process of becoming selective and choosing only those persons who complement rather than destroy one's personhood can be a lonely and lengthy process. The focus is then on the task of repairing the social atom. Gaps and holes left by the absence of significant others need to be filled for emotional survival. In each of us, there is an innate need to have a number of significant others to whom we can relate in a meaningful manner. The number needed varies from one individual to another. However, when the social atom becomes deficient, we direct our energies, at the expense of other values, in an effort to fill that void. Zerka Moreno, in a didactic lecture, referred to the psychodramatist as a "social atom repairman."

Only when the homosexual allows himself the pain of dealing with the losses in his social milieu, can he then begin to reconstruct a firm foundation—knowing who he is, what priorities he chooses, what types of people he needs, and the sacrifices he is willing to make. Then, through role enactment he tests out those situations and relationships which are either comfortable or uncomfortable for him. In lieu of blundering through life by the trial and error method, psychodrama offers the opportunity to test out new roles, new ways of interacting, and most importantly, to correct misjudgments that are present prior to the reality enactment.

If the victimization of homosexuals continues without empathy, understanding, and therapeutic intervention appropriate to the culture, aggressive behavior will continue as a means of compensating for feelings of insecurity as is evident in any group which has been severely oppressed. "There are

intercultural conflicts in which the individual is persecuted, not because of himself, but because of the group to which he belongs" (5: 365).

This supports my conviction that homosexuals need to gain strength, ability, and increased self-esteem, through the psychodramatic method, in order to live useful, productive lives despite social and political harassment. They should take pride in the contributions they make to society. Many members of this group have been so buried in the cultural conserve imposed by our society that they have turned their creativity and spontaneity into art forms. This is so in the present as it has been in the past. Some of the most gifted artists and musicians were homosexual. The clients with whom I have worked are creative in the fields of music, art, poetry, dance, as well as within the field of their professional choice.

Homosexuals are extremely telic. Tele is "feeling of individuals into one another" (7: 39). Warmth, friendship, and loyalty is extended to those who prove worthy of trust. Because homosexuals display unique intuition into the feelings and needs of others, they are particularly receptive to psychodrama which is not a cold, clinical approach. Rather, it is one of warmth, empathy, and genuine concern for people.

To further support the premise that psychodrama is effective in the homosexual culture, I choose to borrow a quote from Moreno which he applied in general, but which seems aptly to fit the essence of this discussion. "Psychodrama defines the drama as an extension of life rather than its imitation, but upon the opportunity of recapitulation of unsolved problems within a freer, broader, and more flexible social setting" (5: 15).

It is my belief that those who persist in labeling a person who is in and of this universe are projecting a message: "because you are different, I can't understand you." What I feel they are not saying is: "I don't want to understand you. It is easier for me not to become involved. It is too threatening. I might get in touch with my fears if I am exposed to yours."

The psychodramatist has the skills and understanding to work within the homosexual culture because of his ability to disregard myths, biases, and stereotyped ideas. When any person trusts himself to the methodology of psychodrama, he will be accepted despite his differences. A beginning must be established, slow as it may be. The goal is to help the homosexual define his personal and social identity and to allow him his diversity because in essence he is a person who loves, hurts, and has a strong need to be accepted without the mask which he must wear for the greater part of time.

There is one point which has not yet been emphasized. Those who are professional are much aware of the oath of confidentiality and are protective of situations and identities which could be damaging to any person entrusted to their care and concern. This confidentiality assumes an infinite degree of importance for those who choose to work within the homosexual culture. The

mere mention of a name associated with a position or profession could mean immediate loss of employment, impairment of future gains, and that which is of concern to anyone, homosexual or heterosexual—the loss of human dignity in the world of reality.

III

Will sociodrama be the vehicle which will promote understanding and acceptance of the homosexual by the greater majority of society? While it is important to help individuals resolve unique and personal problems, this is only a beginning to the homosexual's relief from oppression and discrimination.

Homosexuals are beginning to fight the discrimination, particularly in the field of employment, to which they have been subjected for many years. However, it has been documented in this paper that this endeavor has met with little success. Some are taking the risk of publicly announcing their same-sex preference. The enlightened press is beginning to print material which hopefully will remove some of the mystique. Yet, great numbers of homosexuals continue to live under a cloud of being discovered. Their right to individual preferences is being judged; their social activities are curtailed by the fear of harassment and/or arrest; their jobs are in jeopardy.

A way to improve understanding and facilitate acceptance among the greater population would be to promote the use of sociodrama. "Sociodrama deals with problems which, as we know, can neither be clarified nor treated in a secret chamber and by the seclusion of two. It needs all the eyes and the ears of the community, its depth and breadth, in order that it may operate adequately. It needs, therefore, a milieu which differs entirely from the psychoanalytic situation, a forum in which the group with its collective problems can be treated with the same earnestness as the individual is treated in a consultation room. The ideal form for this is the drama which all can share, the forum par excellence is the amphitheatre and the effect is community catharsis" (5: 363).

To expect the above to occur with rapidity and at this point in time is unrealistic and idealistic. Homosexuals feel they are in the time position of the Black American twenty years ago. Some members of the homosexual culture are becoming militant; others flaunt their homosexuality daring people to not accept them. The greater majority prefer to bide their time until they can be accepted as individuals.

One of the roles of the psychodramatist is that of a social analyst and the modality can be sociodrama which "... explores as well as treats in one stroke, the conflicts which have arisen between two separate cultural orders and at the same time, by the same action, undertaking to change attitudes of the members of one culture versus the members of the others" (5: 356). At

this time, I can only submit this concept as a goal for the future. Time and timing are the ingredients for any social change.

In conclusion I wish to accentuate the points which through my year's experience in working within the homosexual culture, I feel are important.

There is no need to know details of sexual activities. There is no validity in the conversion of a homosexual, by choice, to a heterosexual because society will then be more understanding.

There is a need, however, for those with same-sex preferences to have a space and an empathetic professional who will employ the skills of the psychodramatic method which permits a person to be "real" and to work through the conflicts which add an extra burden to an already oppressed life-style.

GLOSSARY

Basket—refers to the genital area

Beastie—a physically well-built homosexual male; usually very young (12-14 years of age)

Bisexual—a male or female who indulges in both homosexual and heterosexual sexual relationships

Bitch—a derogatory term used to describe a homosexual male who is petty, obnoxious; "cunt" synonymous with "bitch"

Bull-dyke—a lesbian with a heavy physical build; one who usually assumes a totally male role; also called "truck driver" and/or "diesel dyke"

Butch—a physically well-built homosexual male who portrays a strong masculine image

Call letters—a combination of letters used for informational purposes relative to sexual preferences: i.e.—
AC—a homosexual who participates in or receives oral intercourse
DC—a homosexual who participates in or receives anal intercourse
DCAC—a combination of DC and AC sexual activities
S&M—sado-masochistic sexual activity

Camp drag—a male who wears feminine attire for purposes of humorous entertainment

Chicken—a young homosexual male, usually under 18 years of age

Chicken hawk—an older male homosexual who prefers a "chicken"

Coming-out—acknowledgment of one's same-sex preference

Community member—synonymous with homosexual; also called club member; used when conversing with heterosexuals for purposes of identification without disclosure of same-sex preference

Cowboy—a homosexual who wears western garments as a guise

Dyke—a lesbian with masculine characteristics

Faggot—a derogatory term referring to a homosexual male; used by homo-
   sexuals but more commonly by heterosexuals
Fag-hag—a heterosexual female who associates with male homosexuals
Fairy—a derogatory term, synonymous with "faggot"
Hair-fairy—a homosexual who is sexually attracted by body hair
Hung—refers to length and size of the penis
Leather—a homosexual who wears leather clothing; a guise to improve the
   masculine image; usually sado-masochistic
Leather bar—an exclusive "hang-out" for the leather group
Lesbian—a female homosexual
Lover—synonymous with husband, wife; refers to those in a more stable union
Nellie—an extremely flamboyant, effeminate homosexual male; sometimes a
   derogatory term, but not always
Pick-up—one who frequents homosexual areas for the purpose of being chosen
   for a sexual experience
Pimp—one who promotes sexual relations for a fee
Princess Tiny Meat—refers to a male homosexual with an extremely small
   penis
Professional Drag—a male, not always homosexual, who dresses in female
   clothing for purposes of musical or humorous entertainment; a female
   impersonator
Pusher—one who promotes sexual relations for no fee
Queen—an affectionate term; refers to a male homosexual who is established
   in the society
Queen Mother—a long standing member of any given homosexual area who
   exerts control, especially over social activities
Royal Fruit—an extremely effeminate homosexual male
Size Queen—a male homosexual who is sexually attracted by a large penis
Stompin-Dyke—a muscular, very masculine lesbian
Stud—one who enacts a "butch" role; more frequent in the leather crowd
Sweetie—a male homosexual who assumes all the female aspects of a lady in
   dress, mannerisms, social graces, and social roles; not a derogatory term
Toe Queen—a homosexual who is sexually attracted by toes and feet
Transvestite—a male who dresses in female attire, usually in seclusion; a
   practice of both bisexual and homosexual
Trick—a homosexual who is used for sexual purposes; usually for only one
   night (one-night stand); a transitory relationship
Whore—male homosexual prostitute

Many terms in the glossary are idioms and their usage is often exclusive to
certain areas such as New York and California. Other areas may use different
terminology.

BIBLIOGRAPHY

1. Altman, Dennis. *Homosexual: Oppression and Liberation*. New York: Outerbridge & Diensfrey, 1945.
2. Fisher, Peter. *The Gay Mystique*. New York: Stein & Day, 1972.
3. Hoffman, Marvin. *The Gay World*. New York, London: Basic Books, 1968.
4. Karlen, Arno. *Sexuality and Homosexuality*. New York: W. W. Norton & Co., Inc., 1971.
5. Moreno, J. L. *Psychodrama*, Vol. I. Beacon, New York: Beacon House, 4th Edition, 1972.
6. Moreno, J. L., M.D. "Psychodramatic Treatment of Marriage Problems," *Psychodrama Monographs*, No. 7, Beacon, New York: Beacon House, 1945.
7. Moreno, J. L., M.D. "New Introduction to Psychodrama," *Psychodrama & Group Psychotherapy Monographs*, No. 39, Beacon, New York: Beacon House, 1963.
8. West, D. J. *Homosexuality*. Chicago, Illinois: Aldine Publishing Co., 1967.

CAN YOU REALLY TALK WITH YOUR CHILD?
A PARENTAL TRAINING PROGRAM IN COMMUNICATION
SKILLS TOWARD THE IMPROVEMENT OF
PARENT-CHILD INTERACTION*

DEBORAH D. DURRETT, MSSW
AND PATRICIA A. KELLY, MSSW

University of Texas at Arlington, Texas

Considerable theoretical speculation and research has focused on the relationship between poor parental communication and emotional disturbances in children. Much, if not most, of the research accomplished in this area has been concerned with the relationship between schizophrenia and the family's use of the "double-bind." Increasingly, however, there is an interest in and need for empirical knowledge concerning poor parental communication skills as related to the more general disturbances evidenced in children—children about whom the social work practitioner must process information, make a diagnosis, and formulate a plan of treatment. If, indeed, interpersonal communication within the family does play an integral part in the child's problematic behavior (Bateson, Jackson, Haley, Weakland, 1956; Bugental *et al.*, 1971), the treatment would of necessity emphasize family interaction rather than the traditional individual therapy sessions for the child. This study, then, focuses on the methods of improving the communication behaviors of parents and, more importantly, on which modes of training are most effective and efficient in transferring these learned behaviors from the 'laboratory' setting to the parent-child interaction.

The skills which the majority of parents utilize in raising their children and dealing with problems in their families are those used by their own parents, by their parents' parents, and by their grandparents' parents (Gordon, 1972). And yet, psychology, child development, and other behavioral sciences have amassed considerable knowledge about effective person-to-person communication, the effects of power in human relationships, and constructive conflict resolution (Gordon, 1972). Ginott (1973) and Gordon (1972) are among the few professionals in these fields to attempt to pass on to parents those very skills used by therapists and professional counselors in helping children with emotional problems and maladaptive behavior. Accordingly, critical research needs in this area are for a clearer operational definition of "healthy"

---

*Paper presented at the 32nd Annual Meeting of the American Society of Group Psychotherapy and Psychodrama, April 26, 1974, New York, New York.

communication behavior patterns and for effective means of teaching and transferring these valuable skills. This empirical support must be accomplished before the profession will be able to offer the requested assistance to parents of disturbed children.

While it is apparent that good communication is essential to healthy family functioning, studies of the communication styles of families containing disturbed adolescents usually reveal some breakdown in the communication process. A high frequency of stereotyped, mechanical communication has been found in these families—that is, much may be said but with little respect, acceptance or even acknowledgment of the child. The result is a stifling effect upon the child in that his opportunity to express himself is severely limited (King, 1970; Bugental et al., 1971).

One popular hypothesis of poor patterns of family communication is the double-bind. In order to investigate its credence, Bugental *et al.,* (1971) analyzed videotaped parent-child communication within families containing a 'disturbed' child and 'normal' control families. The study was concerned with the presence of evaluative conflict (friendliness or approval versus unfriendliness or disapproval) between verbal content, vocal intonation, and visual components (facial expression, gestures, etc.). A common type of conflicting message contained a critical or disapproving statement spoken in a positive voice. It was found that significantly more ($p = .05$) disturbed mothers produced messages containing evaluative conflict between channels than did normal mothers.

In *A Preliminary Analysis of the Effectiveness of Direct Home Intervention for Treatment of Predelinquent Boys Who Steal*, Reid and Hendriks (1973) analyzed those cases in which parental reinforcement intervention was ineffective. There was a clear pattern for the mothers and children in this group to exhibit fewer positive social behaviors: attention to other family members, compliance to requests from other family members, friendly laughing, playing with others or alone, talking to other family members, and useful house work. The findings suggest that these families are rather distant, having only loose social ties with one another. The implication is that the parents may not have powerful social reinforcers at their command to be systematically and effectively employed within the social-learning treatment paradigm. Thus, one necessary step may be to teach the members of these families to relate more closely and positively with each other before instituting programs to eliminate undesirable behaviors.

Toward this end, Fabun (1968) has proposed that more emphasis be placed on assessment of interaction processes in troubled relationships. Hickman and Baldwin (1971) took up this challenge through the use of programmed instruction designed to improve communication skills in marriage. Their research, however, is in many ways relevant to the topic of parent-child communication, particularly in that they began to make specific the "skills"

of good communication: understanding personal feelings; the two-way nature of communication; expression and suppression of feelings; having feelings versus acting on them; direct, indirect and accusative expression of feelings; and communication as a developmental process.

Carkhuff and Truax (1966) also have attempted to explicate the facilitating and retarding interpersonal processes; they propose the key elements to be empathy, warmth, and genuineness. It is suggested through their review of the literature that it is the low levels of these facilitative conditions in the parent-child relationship that often seem to lead to the development of problems and/or psychopathology.

Ivey (1971) has picked up on this theme of the specificity of communication skills. He has to a large degree gone further than Carkhuff in delineating and describing the component-skills of communication which facilitate increased exploration and expression of the client. Although, like Carkhuff and Truax (1966), his basic application of these skills was to the counselor-counselee relationship, it is implied that they may successfully be transferred to many different relationships, including that of parent-child. The following is an outline of these communication behaviors:

Attending Behavior
   A. Eye contact, body posture, verbal follow
   B. Open invitation to talk
   C. Minimal encourages to talk
Listening Skills: Selective Attention
   A. Reflection and summarization of feeling
   B. Paraphrasing and summative paraphrase
Skills of Self-Expression
   A. Expression of feeling
   B. Expression of content
   C. Direct, mutual communication

Ivey (1971) through his review of the literature, concludes that these very specific behavioral skills can best be taught in the framework of microtraining, a training program involving videotape, modeling, feedback, instruction manuals, and direct supervision. It has been observed that behavioral skills are taught most effectively when the supervisor adapts the basic model to suit his own preferences and needs (Ivey, 1971). However, certain advantages have been found in keeping the basic propositions of microtraining in each model.

Video equipment has increased in reliability and simplicity in recent years, while equipment costs have been reduced dramatically. In effect, all that is needed for microtraining with video equipment is the equipment, the trainees, a supervisor, and a room. The basic dimensions of focusing on a single skill, feedback, supervision and practice can be accomplished without video equipment. However, videotape and the resulting pictoral and sound feedback is an impressively powerful tool (Ivey, 1971).

The complexity of the learning process is lessened through focusing on single skills. Stoller (1965) has pointed out the importance of focused feedback in therapeutic work with videotape. Focused feedback means that the supervisor focuses training only on a single dimension of the trainee's behavior and does not try to remake the trainee all at once. When he sees a trainee committing six or seven errors in the course of a five-minute session, the supervisor must choose a specific area to stress. If all skills are stressed at once, improvement might be painfully slow. Often improvement in other areas results even when they are not pointed out (Ivey, 1971). Self-observation through use of videotape provides instantaneous feedback which serves as a guideline for future behavioral patterns. The trainee has the opportunity to view himself in action, and little dispute arises when the action appears on videotape.

Bandura and Walters (1963) have conclusively demonstrated the importance of modeling in human learning processes. Trainees learn new interviewing skills more quickly and easily when they see skills demonstrated by experts. Each specific skill is demonstrated on videotape by a skilled model. Bandura suggests the use of modeling in a hierarchic progression, taking an individual through a series of progressively more difficult behaviors. A combination of verbal and demonstrational procedures is usually most effective in transmitting new patterns of behavior.

Written manuals provide concrete written materials and instructions to further enhance the learning process. Hickman and Baldwin (1971) have shown written instruction as an effective ancillary technique in counseling. Finally, the supervisor must continuously model the skills he is teaching, thereby providing further modeling. There is usually much concern and nervousness about first sessions in front of a video camera and some special attention may have to be paid to concern over physical appearance during the first microtraining session. A positive and supportive supervisor's presence and the stressing of positive aspects (primarily of the first five-minute session) helps to decrease this concern (Ivey, 1971). Also, the human factor in supervision was shown by Hickman and Baldwin (1971) to be a most important element in resolving communication breakdowns.

Microtraining is a method which has been shown effective in teaching behavioral skills in a wide area of diverse theoretical and practical frameworks. There has been some speculation, however, as to how effectively these skills are transferred to environments outside of the training setting. This is evidenced in a study by Carkhuff and Bierman (1970) where parents of disturbed children were trained in improved communication skills, and the relationships between the parents themselves improved to a great degree. However, the relationships between the parents and the children did not.

It has been suggested that, by structuring behavior rehearsals in the social environment, the transfer of the behavioral skills to that environment is

greatly facilitated (Ivey, 1971). Especially whenever the children have problematic behaviors which would tend to diminish the probability of cooperativeness on their part, it would be preferable if a methodology were designed and utilized where the parents could be instructed in the use of the skill itself and in the method of practicing this skill in the home environment with the child.

Jay Haley (1963) also discusses this "homework assignment" technique; he states that the patient must be persuaded to participate in bringing a change about. He should be asked to follow specific directions to involve him in a cooperative endeavor to change his behavior. Behaviorists such as Patterson (1968, 1971) and Lazarus (1971) have given their clients on-task assignments in which they are instructed to practice in certain situations the skills being taught during the sessions.

For the purposes of the present study, these specific, instructive tasks are to be termed "behavior rehearsals" and the content of the task will be directly related to the content of the previous training session. Thus, as the learned skills increase in difficulty, the behavior rehearsals shall progressively require more difficult skills. In addition, the basic format of the microtraining session will be adapted to include edited versions of videotaped pre-test Structured Family Interviews, followed by focused feedback from the group concerning each family's use of each specific skill.

Thus, the most general statement of the subject of this study is: Is parental training combined with behavior rehearsal an effective means of increasing child communication within the family?

OPERATIONALIZATION OF TERMS

For the present study, the independent variable, "parental communication training program," is operationalized as six specific instructive sessions in communication skills (microtraining) which include six home assignments to practice the communication skills with the child (behavior rehearsals). The dependent variable, "increased child communication," is operationalized in terms of three measures.

The first measure, percent of available talk time used by the child, is defined as that time expired between the first and last word of each response of the child throughout the Structured Family Interview. This measure is indicative of the degree to which the parents are able to successfully utilize the communication behaviors in the interaction in order to encourage and facilitate the child's self-exploration and self-expression. Healthy communication is based on the premise that each member of the interaction share in an equal portion of the time spent—the parent should not dominate the communication. The child's total talk time, therefore, should move toward a more equitable portion of the interview.

Number of responses made by the child is the second measure, with each response being defined as the complete content of the child's speech, bounded on either side by the speech of another person. It may be a one-word utterance; it may consist of several propositions (a verbalization containing a subject and a predicate, either expressed or implied); or it may be a number of sentences which are uninterrupted. This measure represents the degree to which the child perceives freedom in expressing his opinions, thoughts and feelings. The end result of effective utilization of the communication skills by the parent, particularly attending behavior, open invitation to talk, and reflection of feeling and content, would encourage the number of the child's responses to increase. Ivey (1971) states that these skills are "designed to assist the [child] in talking and help him in expressing himself fully . . . to give the [child] the confidence to talk and to grow further."

Attitude of the child toward parent-child relationship serves as the third measure and is operationalized by the Child-Parent Relationship Scale (Appendix A). This questionnaire was devised for measuring the child's attitude toward his relationship with his parents. The reliability coefficient has been set at .928. The validity coefficient of this scale is .892 ± .021 (Swanson, 1950). As the communication and interaction between the parent and child increases, the child's attitude toward his parents and their relationship should improve.

Thus, the following hypotheses have been set forth in order to empirically examine the effectiveness of training and behavior rehearsals in transferring improved communication from the parent to the child:

H[1]   Children of the Communication Training Program Parents are more likely to increase the percent of available time talked with parents than Children of the Untrained Parents.

H[2]   Children of the Communication Training Program Parents are more likely to increase the number of responses with the parents than Children of the Untrained Parents.

H[3]   Children of the Communication Training Program Parents are more likely to demonstrate improved attitude toward parent-child relationship than Children of the Untrained Parents.

RESEARCH DESIGN

The training program was conducted in the spring of 1974 at the Child Study Center, Fort Worth, Texas. The research is a classical experimental design. It included two groups: an experimental group which received micro-training and behavior rehearsal techniques; and a time control group which received no training or behavior rehearsals. The problem-behavior child of each couple continued to receive individual counseling normally provided by the Center.

The parents of ten (10) children were randomly placed in two groups so that five children were represented in each. The experimental group was composed of seven (7) parents and the control group of six (6) parents. Subjects were referred to the Child Study Center of Fort Worth due to behavioral problems of one of their children. The parents were chosen according to the time of their appearance at the Center corresponding to the time of the training program: thus, the helpees selected were as random as helpees enrolling themselves for clinical help. The ages of the children in the experimental group range from six (6) to seventeen (17). The ages of the children in the control group range from seven (7) to sixteen (16).

The experimental group met in 2½ hour sessions twice a week over a period of three weeks for a total of 15 hours. The following was used for each session:

    I. Introduction of a specific skill (5 min.)
   II. Written Manual (20 min.)
  III. Modeling Tape (15 min.)
  IV. Edited version of Structured Family Interviews (20 min.)
   V. Videotape made of couples practicing the skill (30 min.)
  VI. Videotape reviewed by group (focused feedback) (50 min.)
 VII. Behavior rehearsal assigned (10 min.)

A contract was signed by each participating parent of the experimental group which included the release form allowing the use of videotape in the sessions and granting permission for these sessions to be used for research purposes (Ivey, 1971). It also assured attendance and cooperation in behavior rehearsals. This contract explained the fee schedule set at $60.00 for the total training program with a refund of $10.00 for each session's attendance and cooperation parents (Reid and Hendricks, 1973).

Primary analysis of pre- and post-tests by means of two research instruments was conducted: (1) a recorded Structured Family Interview was rated as to the percent of time talked by the child and the number of responses made by the child; (2) the Child-Parent Relationship Questionnaire was scored for the child's attitude improvement toward his relationship with his parents. Two independent raters were trained in the use of a stop watch and the recording equipment. They were instructed as to the method of coding and then tested for reliability, which is calculated at the .98 and .99 levels for the total talk time and the number of responses, respectively. The Child-Parent Relationship Questionnaire reliability coefficient has been set at .928 and the validity coefficient of this scale is .892 ± .021 (Swanson, 1950).

DISCUSSION

In order to examine empirically the effectiveness of training and behavior rehearsals in transferring improved communication from the parent to the

child, it is first necessary to consider each hypothesis separately since each is statistically computed on an individual basis. A test for significance of the difference between two means for small independent samples was used with each of the three measures, employing the t-distribution to determine if two independent samples are drawn from one population or two.

Hypothesis 1 (H_1), stating that Children of the Communication Training Program Parents are likely to increase the percent of available time talked than Children of the Untrained Parents, is supported at the .05 level of significance by the data. ($\overline{X} = +16.28$ for the experimental group; $\overline{X} = -9.82$ for the control group; $t = 1.86$, $df = 8$, $p < .05$). Five (5) out of five (5) of the training parents' children increased their percent of talk time, whereas only two (2) out of the five (5) children of the control parents increased their percent of talk time. The percent of available time talked is probably the best measure of the overall program effectiveness in that it requires a combination of all skills for improvement. Each skill works to encourage and facilitate the child's self-exploration and self-expression, and the misuse of one skill (for example, asking close-ended questions) can discourage the child's communication throughout. Therefore, a combination of all skills is more likely to have been used in order to support this hypothesis.

Hypothesis 2 (H_2)—Children of the Communication Training Program Parents are more likely to increase the number of responses with their parents than the Children of the Untrained Parents—is not significantly supported; however, there is a definite trend in a positive direction. ($\overline{X} = +55.00$ for the experimental group; $\overline{X} = +1.40$ for the control group; $t = -1.57$, $df = 8$, $p < .05$) Once again, five (5) out of five (5) children in the experimental group increased their number of responses, whereas only two (2) out of five (5) of the control group children increased their number of responses. There are several factors that could be involved here. Unlike the percent of talk time measure, the number of responses does not require a combination of all skills for improvement. A parent could increase the number of closed-ended questions, and this measure would show improvement as the child answered with more "yes" and "no's." This, then, could limit the child's self-expression while showing an increased number of responses. Increased utilization of attending behavior and reflection of feeling and content could account for the positive trend.

That Children of the Communication Training Program Parents are more likely to demonstrate improved attitude toward parent-child relationship than Children of the Untrained Parents, the third hypothesis (H_3), is not shown to be significant. However, the experimental group changes in a positive direction once again. ($\overline{X} = 21.6$ for the experimental group; $\overline{X} = -11.2$ for the control group; $t = -.92$, $df = 8$, $p < .05$) Here, four (4) out of five (5) children in the experimental group improved in their attitude toward the relationship with their parents. Only one (1) out of five (5) children in the control group

showed improvement. It is possible that three weeks is too short a time period to show considerable attitude change after it has taken years in forming the child's negative attitudes toward the parent-child relationship. However, the positive trend in the experimental group can possibly be accounted for by the fact that the parents assumed part of the "problem label" (that the child had previously carried alone) by coming for help without the child.

In addition to these findings, there are several other observations made by the group leaders and members. The group gave feedback as to their feelings about the 3-week group during the last session. The entire group felt that the program had been most beneficial overall. There was a definite feeling that communication had improved between husband and wife, but that more time and practice would be needed to transfer the skills to the home environment with the child. This is an indication that follow-up is needed for this group. The group thought another one-to-two weeks, with the additional time being spent on the expression and reflection of feeling, would have improved communication with the child even more. These were the most difficult skills to teach the group, and it was observed that the group tended to spend most of the time in content discussion.

Each group session was 2½ hours in length, and was composed of modeling, written manuals, focused feedback, and behavior rehearsals. This time period was found to be too short for inclusion of all these factors. Many times, everyone did not have the opportunity to practice the new skill within the group and to receive focused feedback due to the time shortage. This could be corrected by either lengthening the sessions or reducing the number of people in the group. The best means would probably be to have a group of eight (instead of thirteen) rather than lengthening the hours of each session. Also, the time shortage limited behavior rehearsal discussion to the explanation of the next assignment and a few words as to the results of the previous assignment. Generally, there seems to have been a cognitive awareness of each skill for each group member; however, the behavior change was less obvious, probably due to a shortage of practice time both in the 2½ hour session and during a three week time span. Other limitations of the study include the small sample size and the absence of a follow-up study.

In summary, this study supports the notion that it is possible to train parents in those facilitative interpersonal skills which are utilized by the fields of psychology, social work, child development and other behavioral sciences (Ginott, 1973; Gordon, 1972). Moreover, these skills can be specified, operationalized and demonstrated behaviorally to such a degree as to enable their inclusion within the framework of a didactic training program (Ivey, 1971). It was observed that the communication skills were utilized by the parents to improve the marital relationship as Carkhuff and Bierman (1970) suggest; however, the findings of the present study do substantiate the immediate transference of these skills from the parent-to-parent interaction to the parent-to-child interaction.

SUMMARY

In many areas of concern to social work the problem of poor parent-child relationships recurs with utmost consistency. Finding effective and efficient means of improving these relationships has also consistently been a problem for the professional. Therefore, a didactic and experiential program was devised in order to instruct parents in the use and practice of improved communication patterns within parent-child interaction. The communication skills, as well as the format for teaching these skills to the parents, were taken from Ivey's theory of microtraining (1971). However, because research findings in the past have shown as unlikely the parent's ability to transfer these program skills to direct interaction with their children (Ivey, 1971; Carkhuff and Bierman, 1970), the basic formula for the microcounseling program was somewhat revised. In addition to following the basic guidelines set forth by Ivey (1971), edited versions of the pre-test Structured Family Interviews were shown within the framework of each training session, followed by focused feedback from the group concerning the use of each specific skill. Behavior rehearsals were also assigned at the conclusion of each session, requiring the parents to practice a particular skill outside the framework of the laboratory situation and within the direct, specified interaction with their child. Therefore, the major research hypothesis predicted that, by the use of microtraining and behavior rehearsals, parents of behavior-problem children would be able to utilize these skills in conversations with the child toward the end of facilitating the child's self-expression and communication.

Five families completed the training program which consisted of six sessions over a period of three weeks. The sessions were conducted at the Child Study Center, Fort Worth, Texas. Each session entailed modeling, written manuals, focused feedback through videotape of previous family interaction, focused feedback through videotape of current parent-to-parent interaction, and behavior rehearsals. In evaluating those segments, parents assessed focused feedback as the most beneficial. Five families who were receiving counseling for their children from the Center but who were not enrolled in the communication training program served as a time control group.

The expectations of this study were that (1) the children of the experimental group would demonstrate a greater increase in their total talk time during parent-child interaction than those children in the control group; (2) the children of the experimental group would demonstrate a greater increase in their number of responses than those children in the control group during parent-child interaction; and (3) the children of the experimental group would demonstrate a greater degree of improvement in their attitude toward the parent-child relationship than those children in the control group. All hypotheses were confirmed, with the measure of total talk time significant at the .05 level (t = 1.86, df = 8, p < .05).

BIBLIOGRAPHY

Aldrige, E. "The Microtraining Paradigm in the Instruction of Junior High School Students in Attending Behavior." Unpublished paper. Amherst: University of Massachusetts, 1970.

Allen, D. (ed.) *Micro-teaching; A Description*. Stanford: Stanford Teacher Education Program, 1967.

Allen, D.; Ryan, K.; Bush, R.; and Cooper, J. *Teaching Skills for Elementary and Secondary School Teachers*. New York: General Learning, 1969.

Aubertine, H. "The Use of Microteaching in Training Supervising Teachers." *High School Journal*, Vol. 51 (1967), 99-106.

Bandura, A. and Walter, R. *Social Learning and Personality Development*. New York: Holt, 1963.

Bateson, G.; Jackson, D. D.; Haley, J.; and Weakland, J. "Toward a Theory of Schizophrenia." *Behavioral Science*, (1956), 251-264.

Berenson, B. G.; Carkhuff, R. R.; and Myrus, P. "The Interpersonal Functioning and Training of College Students." *Journal of Counseling Psychology*, Vol. 13 (1966), 441-446.

Bugental, Daphne E.; Love, Leonore R.; Kaswan, Jaques W.; and April, Carol. "Verbal-Nonverbal Conflict in Parental Messages to Normal and Disturbed Children." *Journal of Abnormal Psychology*, Vol. 77 (1971), 6-10.

Carkhuff, R. R. *Helping and Human Relations: A Primer for Lay and Professional Helpers*. Vols. I and II. New York: Holt, Rinehart & Winston, 1969.

Carkhuff, R. R. "Training as a Preferred Mode of Treatment." *Journal of Counseling Psychology*, Vol. 18 (1971), 123-131.

Carkhuff, R. R. and Bierman, Ralph. "Training as a Preferred Mode of Treatment of Parents of Emotionally Disturbed Children." *Journal of Counseling Psychology*, Vol. 17 (1970), 157-161.

Carkhuff, R. R. and Truax, Charles B. "Toward Explaining Success and Failure in Interpersonal Learning Experiences." *The Personnel and Guidance Journal*, Vol. 44 (March, 1966), 723-728.

Cass, Loretta. "Parent-Child Relationships and Delinquency." *Journal of Abnormal and Social Psychology*, Vol. 47 (Jan. 1952), 101-104.

Danish, S. *Personal Communication*. Carbondale: Southern Illinois University, 1970.

Denk, L. *Personal Communication*. Grand Rapids: Pine Rest Christian Hospital, 1969.

Duehn, W. D. "The Patterning of Stimulus-Response Congruence and Content Relevance: A Study of Client/Worker Interaction in Diagnostic Phase of Counseling." St. Louis: Washington University, 1970.

Fabun, D. *Communications: The Transfer of Meaning*. California: Glencoe Press, 1968.

Ferguson, G. A. *Statistical Analysis in Psychology and Education*. New York: McGraw-Hill Book Company, 1966.

Freiband, W., and Rudman, S. *Personal Communication*. Massachusetts: Veterans Administration Hospital, 1970.

Ginott, H. G. *Between Parent and Teenager*. New York: Avon Books, 1973.

Gordon, T. *Parent Effectiveness Training*. New York: Peter H. Wyden, Inc., 1972.

Haase, R., and DiMattia, D. "The Application of the Microcounseling Paradigm to the Training of Support Personnel in Counseling." *Counselor Education and Supervision*, Vol. 10 (1970), 16-22.

Haase, R., DiMattia, D., and Guttman, M. "Training of Support Personnel in Human Relations Skills: A Systematic One Year Follow-Up." Unpublished paper. Amherst: University of Massachusetts, 1970.

Haase, R., Forsyth, D., Julius, M., and Lee, R. "Client Training Prior to Counseling: An Extension of the Microcounseling Paradigm." Counseling Center Research Report #6, Amherst: University of Massachusetts, 1969.

Haley, Jay. *Strategies of Psychotherapy*. New York: Grune and Stratton, 1963.

Hickman, M. E. and Baldwin, B. A. "Use of Programmed Instruction to Improve Communication in Marriage." *The Family Coordinator*, Vol. 20 (April, 1971), 121-125.

Higgins, W., Ivey, A., and Uhlemann, M. "Media Therapy: A Programmed Approach to Teaching Behavioral Skills." *Journal of Counseling Psychology*, Vol. 17 (1970), 20-26.

Human Development Institute. *Improving Communication in Marriage*. (3rd ed.) Atlanta: HD1, 1967.

Ivey, A. E. *Microcounseling: Innovations in Interviewing Training*. Illinois: Charles C. Thomas, 1971.

Ivey, A., and Hinkle, J. *The Transactional Classroom*. Unpublished paper. Amherst: University of Massachusetts, 1970.

Keil, E. "The Utilization of Videotape in Job Pre-Training for Mental Patients." Unpublished paper. Fort Collins: Colorado State University, 1968.

King, J. W. "The Role of Family Psychopathology in the Etiology of Emotional Disturbances in Adolescents." *Youth and the Family*. Texas: Timberlawn Foundation for Research in Psychiatry, 1970.

Krumboltz, J. D., and Krumboltz, H. B. *Changing Children's Behavior*. New Jersey: Prentice-Hall, Inc., 1972.

Lazarus, A. A. *Behavior Therapy and Beyond*. New York: McGraw-Hill Book Company, 1971.

Patterson, G. R. *Families: Applications of Social Learning to Family Life*. Illinois: Research Press Company, 1971.

Patterson, G. R., and Gullion, M. E. *Living with Children*. Illinois: Research Press Company, 1968.

Pierce, R. M., and Drasgow, J. "Teaching Facilitative Interpersonal Functioning to Psychiatric Inpatients." *Journal of Counseling Psychology*, Vol. 16 (1969), 295-299.

Reid, J. B. and Hendriks, A. F. C. J. *A Preliminary Analysis of the Effectiveness of Direct Home Intervention for Treatment of Prelinquent Boys Who Steal*. Oregon Research Institute, 1973.

Rollin, S. "The Development and Testing of a Performance Curriculum in Human Relations." Unpublished Dissertation. Amherst: University of Massachusetts, 1970.

Schuham, A. I. "The Double-Bind Hypotheses: A Decade Later." *Psychological Bulletin*, Vol. 68 (1967), 409-416.

Stoller, F. "TV and the Patients' Self-Image." *Frontiers of Hospital Psychiatry*, Vol. 2 (1965), 1-2.

Swanson, G. E. "The Development of an Instrument for Rating Child-Parent Relationships." *Social Forces*, Vol. 29 (Oct., 1950), 84-90.

Ullman, L. P., and Krasner, L. "Behavioral Modifications Through Modeling Procedures." *Research in Behavior Modification: New Developments and Implications*. New York: Holt, Rinehart and Winston, Inc., 1967.

Vitale, R. "The Effects of Training in Interpersonal Functioning Upon Psychiatric Inpatients." In R. R. Carkhuff, *Helping and Human Relations*. New York: Holt, Rinehart and Winston, 1969.

Wahler, R. G. "Oppositional Children: A Quest for Parental Reinforcement Control." *Journal of Applied Behavioral Analysis*, Vol. 2 (1969), 159-170.

Wahler, R. G. "Setting Generality: Some Specific and General Effects of Child Behavior Therapy." *Journal of Applied Behavioral Analysis*. Vol. 2 (1969), 239-246.

Wolpe, J. *Psychotherapy by Reciprocal Inhibition*. California: Stanford University Press, 1958.

Zeevi, S. "Microtraining in a Community Center." Unpublished paper. Amherst: University of Massachusetts, 1970.

CURRENT STATUS OF OUTCOME IN
GROUP PSYCHOTHERAPY*

DAVID R. BLACK, M.A.

Fresno, California

Adequately designed studies of group psychotherapy have been sparse. Research has been perplexingly difficult, and methodologically it has generally fallen short of effectively evaluating group therapy. In many instances, researchers have neglected to define their parameters adequately, making studies difficult, if not impossible to replicate. More importantly therapeutic variables that influence outcome are still poorly understood and when they are examined, relating them to therapeutic effectiveness is often neglected. The purpose of this paper is to evaluate the problems of studying outcome in group therapy research in the last decade. Although not an exhaustive review of the literature, selected reviews, research articles, and case studies have been examined.

FACTORS AFFECTING GROUP OUTCOME

More often than not, investigators of group therapy have failed to specify the description of the patient and his life circumstances, and the therapeutic techniques employed; both important variables that have been recognized for some time in the study of individual therapy. As Pattison (1965) states, "There seems to be no good reason to repeat in group research the same errors which were discovered in individual therapy research" (p. 390).

DESCRIPTION OF THE PATIENT

The description of the patient is still a difficult problem with researchers in disagreement about what characteristics are important to include. Harris and Christensen (1946) report the patient's character structure, symptoms, habitual modes of adaptation, age, sex, marital status, and intelligence. Bergin (1966) also includes intelligence as a characteristic requiring consideration, but further specifies anxiety, education, verbal skills, insightfulness, impulsiveness, concrete or action orientation, degree of disturbance, and attitude toward therapy as important factors. Based on these two reports, an adequate description of a group member should include physical, educational, and

---

*This study focuses on "therapy" groups and does not survey literature in which the population is considered "normal," e.g., encounter groups and T-groups.

personality characteristics of the subject. In many cases, however, investigators have not only failed to report these variables, but have completely neglected descriptions of their patients (Bednar, 1965; Catron, 1966; Lomont, Gilner, Spector, and Skinner, 1969; Robinson and Jacobs, 1970; and Truax, 1966). In other cases researchers have reported only vague, general diagnostic statements, for example, "chronic rehabilitated psychiatric psychotic" patients (Cretekos, Halperin, and Fidler, 1966), and those predominantly suffering from either a "depressive illness" or a "personality disorder" (Gunn, 1968). Therapeutic outcome will remain difficult to assess, and replication of studies will be virtually impossible until investigators begin to report patient characteristics in more detail.

REPORTING OF THERAPEUTIC FACTORS

Investigators do not agree completely on which therapeutic variables should be reported. Harris and Christensen (1946) point out that an individual therapy session (and perhaps a group therapy session as well) is affected by a number of variables, the most important being the skill of the therapist, the frequency and duration of treatment, and the type of therapy. In contrast, Bednar (1970) believes that group therapy should be defined in terms of treatment techniques, theoretical models, group goals, and therapeutic orientations. Ramsey (1967) states that group therapy is affected by the structure, size, composition of the groups, selection criteria for membership, and the type of leaders employed. Tuckman (1965) reports that successful outcome is contingent upon the phase at which assessment is attempted and is related to the evaluator's perception and ability to recognize these stages of development.

While the foregoing discussion indicates a number of therapeutic variables that should be evaluated, of the studies reviewed here, the most frequently reported are: 1) group size, 2) leadership, and 3) duration of therapy.

Group Size: The average group size for the studies reviewed was 9.73 patients with Lomont, et al. (1969) reporting the smallest (five to seven subjects). The largest group, fourteen patients, was studied by Mone (1970). Even though there is discrepancy among investigators concerning the optimal size of a therapy group (Lazarus, 1971, for example considers an optimal group to be between fifteen and twenty members), some researchers have even neglected to report the exact number in their groups (e.g., Bailey, 1970; Klett, 1966; and Truax, 1968).

Leadership: Lomont, et al. (1969); Mordock, Ellis, and Greenstone (1969); Truax (1966); Truax (1968); and Truax, Wargo, Carkhuff, Kodman, and Moles (1966) described the group leader by mentioning his orientation, highest educational degree, and/or years of experience. Other investigators have failed to report any description of the therapist (Boe, Gocka, and Kogan, 1966; Cretekos, et al., 1966; Miles, 1969; and O'Connell and Hanson, 1970).

Duration of Therapy: Investigators have chosen various schedules for group therapy. For example, Klett (1966) met with patients continuously for one twenty-six-hour session; and Robinson and Jacobs (1970) treated clients in one-hour sessions six times in two weeks. Two studies utilizing longer periods of time in therapy, six weeks and one year, were Lomont, et al. (1969) and Yalom, Houts, Zimerberg, and Rand (1967). Most investigators have reported the "time" element, but some have not specifically defined it (Finney and Van Dalsen, 1969; Miles, 1969; Schwartz, 1964; and Wolfgang, Banta, and Pishkin, 1964).

In sum, it appears that most studies fail to describe the patient and his life circumstances adequately or to report therapeutic variables clearly. The studies surveyed indicate that: 1) patient variables have been slighted due to the use of broad diagnostic categories, as well as the frequent omission of a description involving physical, educational, and personality characteristics of the patient; and 2) many therapeutic variables which may be important have been neglected; even when variables like group size, leadership, and duration of therapy have been reported they were all too often vague and therefore resistant to evaluation.

EVALUATION OF MEASURES OF THERAPEUTIC CHANGE

Equally as important as a description of the patient and therapeutic variables is the selection of an instrument to denote change. Many investigators have seemed unaware of the strengths and weaknesses of particular assessment measures.

CLINICAL IMPRESSIONS

It appears that prior to 1964 the most frequently employed measure of therapeutic success was the therapist's clinical impressions (Becker, Gusrae, and MacNicol, 1963; Belinkoff, Bross, and Stein, 1964; Burdon and Neely, 1966; Cretekos, et al., 1966; and Teittlebaum and Suinn, 1964). Powdermaker and Frank (1953) find no fault with such subjective observations because they believe that research designs in the beginning must remain close to clinical reports. However, Pattison (1965) states that "the difficulty with clinical evaluative criteria is not their *validity* but their *reliability*" (p. 384). Therefore, it appears that clinical reports are primarily useful as descriptive or hypothesis-formulating tools rather than as means to validate hypotheses. They have, however, also been employed as supportive assessment measures along with other more reliable techniques (Finney and Van Dalsen, 1969; and Lieberman, Yalom, and Miles, 1973).

RATING SCALES

Investigators have employed ratings to assess various aspects of group functioning, for example, patients' and group members' progress, group

dynamics and change, and therapist and treatment effectiveness (Lieberman, et al., 1973; Yalom, et al., 1967). Various persons have been employed as raters; the patient, his associates (ward attendants, teachers, peers, family), the therapist, and others (Gelder, Marks, and Wolff, 1967; Schwartz, 1964; Weeks, 1965; and Whitaker and Lieberman, 1964). Currently, tape recordings and videotapes have helped to make ratings more reliable (Bailey, 1970; Klett, 1966; Robinson and Jacobs, 1970; and Whitaker and Lieberman, 1964). In addition, Bednar (1970) notes that, "The development of the Q-sort methodologies and the Semantic Differential provide good examples of recent developments that help to investigate client perceptions systematically" (p. 150). Also, the Group Therapy Questionnaire (Wile, Bron, and Pollack, 1970) and the Crowne-Marlow Social Desirability Scale (Wolfgang, et al., 1964) have been employed. Nevertheless, even when recent advancements are considered it seems advisable to use ratings in conjunction with other outcome measures to support the creditability of an investigator's findings.

SOCIOMETRIC ASSESSMENT

A few investigators have used sociometric measures to determine how group therapy affects interpersonal relationships (Lieberman, et al., 1973; Miles, 1969; Mordock, et al., 1969; and Yalom, et al., 1967). Pattison (1965) claims that "sociometric evaluations . . . are limited by the fact a person's role in the therapeutic group is an artifact of that group. . . . One's group behavior may only reflect social adaptation rather than therapeutic improvement" (p. 385). Thus, when these measures are utilized, they should probably be employed in conjunction with other methods of assessment.

PSYCHOMETRIC TESTS

In 1965 Tuckman proposed the use of objective techniques that employ pre-existing standards. Subsequently, large batteries of standardized psychometric instruments have been used (Bednar, 1965; Truax and Wargo, 1969; and Truax, Wargo, and Volksdorf, 1970) and investigators have searched for specific instruments that appear to evaluate outcome most adequately. The most fruitful instruments appear to be the MMPI and various measures of intellectual functioning (Bednar, 1970). Examples of studies using these measures are Catron (1966); Klett (1966); Lewinsohn, Weinstein, and Alper (1970); Lomont, et al. (1969); Mone (1970); and Moulin (1969). While some psychometric instruments seem to be sensitive measures of change, it appears desirable to employ them in conjunction with other measures until their reliability is substantiated further.

OBSERVABLE BEHAVIOR CHANGE

Since 1963 there has been an emphasis on measuring therapeutic progress through directly observable behavior rather than covert dimensions of psycho-

logical functioning, such as attitudes and feelings (Bednar, 1970). Many studies have recently employed directly observable criteria (Finney and Van Dalsen, 1969; Lipton, Fields, and Scott, 1968; Paul and Shannon, 1966; and Vernallis, Straight, Cook, and Stimpert, 1965). While it can be claimed that behavioral changes do not measure therapeutic progress, or that the behaviors measured are unrelated to the goals of group therapy, observable behavior change is less subject to perceptual error, and therefore more reliable, than many other measures of assessment, e.g., inferred behavioral change (Bednar, 1970).

To summarize the research on outcome measures, it appears that: 1) Clinical impressions are most useful for formulating but not confirming hypotheses. 2) Rating scales are becoming more systematic and gaining sophistication due to modern technology. 3) Sociometric measures are not often employed for the assessment of personality change. 4) Presently, the most adequate psychometric measures for assessing therapeutic progress in groups appear to be the MMPI and I.Q. tests. 5) Observable behavior change seems to be both an effective and objective means of determining group outcome. 6) An adequate evaluation should include several methods of assessment because each has some limitations of administration and interpretation.

DESIGN PROBLEMS OF GROUP STUDIES

In addition to the problems discussed previously, in many cases conclusions have been formulated by researchers without the benefit of control methods and long-term follow-up. Because of these neglected areas, the superiority of one technique over another, or the effectiveness of group therapy in general, remains questionable.

Many researchers have been content to design experiments without the benefit of a "no-treatment control" group or employing the "own-control" technique. Bednar (1970) reports that since 1946 only forty-five group outcome studies have adopted the no-treatment control design, i.e., at least one experimental group and a control group. In the "own control" design, each patient is evaluated upon application for therapy, again at its commencement, and finally at termination (Cross, 1964). Typical examples of those who have neglected either or both control methods are Lewinsohn, et al. (1970); Lomont, et al. (1969); Mone (1970); Mordock, et al. (1969); Truax (1968); Truax and Wargo (1969); and Truax, et al. (1970); to mention only a few. By neglecting control techniques, most investigators seriously affect the certainty of their conclusions and avoid answering whether any real benefit is derived from group therapy.

LONG-TERM FOLLOW-UP

Except for Gelder, et al. (1967), and Lieberman, et al. (1973), few of the articles surveyed made any attempt to explore permanence of change.

Levenstein, Klein, and Pollack (1966); and Ramsey (1967) make a plea for investigators to be aware of the need for long-term follow-up studies to determine the lasting effect of therapy. Problems related to the length of follow-up are presented by May, Tuma, and Kraude (1965); and Zubin (1953), both advocating a period of follow-up somewhere between two and five years. Paul (1967) summarizes the difficulties encountered in obtaining follow-up data as: 1) Assessment methods at follow-up often differ from those at pre- and posttreatment; and many times those employed at follow-up are of questionable reliability and validity. 2) Frequently, cause-effect relationships are invalidated by subjects receiving additional treatment of an unknown nature between posttreatment and follow-up. 3) Often, an overall difficulty in obtaining consistent follow-up data is the problem of sample maintenance and attrition.

Despite the aforementioned difficulties and the controversy regarding when follow-up should occur, investigators should become aware of the need to include and report such findings.

CONCLUSIONS AND SUMMARY

To answer the question of whether group therapy is an effective method of treatment seems premature at its current stage of development. Before any conclusions can be reached, investigators must first become concerned with tasks they may ordinarily consider to be mundane, clerical, time consuming, and non-productive. Until researchers begin to report important variables related to group therapy (patient and therapeutic variables), and attend to matters of assessment and design, the question of effectiveness may never be resolved. Reporting the essentials in order that replication is possible becomes paramount, not only to verify previous findings, but to evaluate what factors affect outcome.

Three considerations should be reviewed. First, investigators need to describe accurately those factors affecting therapeutic change by defining and reporting the physical, educational, and personality components of the population under study. Also, while numerous therapeutic factors will eventually deserve to be considered, researchers should currently report group size, leadership, and duration of therapy.

Second, due to the fact that there is still contradictory evidence concerning the relevance of various outcome measures, it seems that researchers might follow the examples of Gelder, et al. (1967), and Lieberman, et al. (1973), and employ a multiplicity of instruments to assess therapeutic effectiveness. This method appears to be the most thorough and complete in evaluating group therapy outcome, presently.

Third, it is essential that investigators include control techniques and long-term follow-up plans in their designs. Even though many of the problems of follow-up may appear to be uncontrollable and controversial, researchers

should utilize the same assessment measures for follow-up as were employed during treatment, report the frequency of informal and formal treatment experiences of their patients, and note the number of subjects lost and the reasons for their attrition.

REFERENCES

Bailey, K. G. (1970), Audiotape self-confrontation in group psychotherapy. *Psychol. Rep.*, 27:439-444.

Becker, B. J., Gusrae, R., and MacNicol, E. (1963), A clinical study of a group psychotherapy program for adolescents. *Psychiat. Quart.*, 37:685-703.

Bednar, M. A. (1965), Changes in social perception in adolescents during group psychotherapy. *Diss. Abst.*, 26:1166-1167.

Bednar, R. L. (1970), Group psychotherapy research variables. *Group Psychother.*, 20:146-152.

Belinkoff, J., Bross, R., and Stein, A. (1964), The effect of group psychotherapy anaclitic transference. Intl. Jr. of Group Psychotherapy, 14:474-481.

Bergin, A. (1966), Some implications of psychotherapy research for therapeutic practice. *J. of Abnor. Psychol.*, 71:235-246.

Boe, E. E., Gocka, E. F., and Kogan, W. S. (1966), The effect of group psychotherapy on interpersonal perceptions of psychiatric patients. *Multivar. Behav. Res.*, 1:177-187.

Burdon, A. P., and Neely, J. H. (1966), Chronic school failure in boys: A short-term group therapy and educational approach. *Amer. J. of Psychiat.*, 122:1211-1219.

Catron, D. W. (1966), Educational—vocational group counseling: The effects of perception of self and others. *J. of Couns. Psychol.*, 13:202-207.

Cretekos, C., Halperin, D., and Fidler, J. (1966), Group communication with chronic "rehabilitated" psychiatric patients. Intl. Jr. of Group Psychotherapy, 16:51-57.

Cross, H. J. (1964), The outcome of psychotherapy: A selected analysis of the findings. *J. of Consult. Psychol.*, 28:413-417.

Finney, B. C., and Van Dalsen, E. (1969), Group counseling for gifted underachieving high school students. *J. of Couns. Psychol.*, 16:87-94.

Gelder, M. G., Marks, I. M., and Wolff, H. H. (1967), Desensitization and psychotherapy in the treatment of phobic states: A controlled inquiry. *Brit. J. of Psychiat.*, 113:53-73.

Gunn, J. C. (1968), An objective evaluation of geriatric ward meetings. *J. of Neurol. Neurosurg. and Psychiat.*, 31:403-407.

Harris, R. E., and Christensen, C. (1946), Prediction of response to brief psychotherapy. *J. of Psychol.*, 21:269-284.

Klett, W. G. (1966), The effect of historically based inferences on the behavior of withdrawn psychiatric patients. *J. of Clin. Psychol.*, 22:427-429.

Lazarus, A. (1971), *Behavior Therapy and Beyond*. San Francisco: McGraw-Hill.

Lieberman, M. A., Yalom, I. D., and Miles, M. B. (1973), Encounter: The leader makes the difference. *Psychol. Today*, 6(10):69-76.

Levenstein, S., Klein, D., and Pollack, M. (1966), Follow-up study of formerly hospitalized voluntary psychiatric patients: The first two years. *Amer. J. of Psychiat.*, 122:1102-1109.

Lewinsohn, P. M., Weinstein, M. S., and Alper, T. (1970), A behavioral approach to the group treatment of depressed persons: A methodological contribution. *J. of Clin. Psychol.*, 26:525-532.

Lipton, S. M., Fields, F. R., and Scott, R. A. (1968), Effects of group psychotherapy upon types of patient movement. *Dis. of the Nerv. Sys.*, 29:603-605.

Lomont, J. F., Gilner, F. H., Spector, N. J., and Skinner, K. (1969), Group assertion training and group insight therapies. *Psycholog. Rep.*, 25:463-470.

May, P. R., Tuma, A. H., Kraude, W. (1965), Community follow-up of treatment of schizophrenic-issues and problems. *Amer. J. of Orthopsychiat.*, 25:754-763.

Miles, A. (1969), Changes in the attitudes to authority of patients with behavior disorders in a therapeutic community. *Brit. J. of Psychiat.*, 115:1046-1057.

Mone, L. C. (1970), Short-term group psychotherapy with post-cardiac patients. Intl. Jr. of Group Psychotherapy, 20:99-108.

Mordock, J. G., Ellis, M. H., and Greenstone, J. L. (1969), The effects of group and individual therapy on sociometric choice of disturbed, institutionalized adolescents. Intl. Jr. of Group Psychotherapy, 19:510-517.

Moulin, E. K. (1969), The effects of client-centered group counseling utilizing play media on the intelligence, achievement, and psycholinguistic abilities of under-achieving primary school children. *Diss. Abst.*, 29(A): 1425-1426.

O'Connell, W. E., and Hanson, P. G. (1970), Patient's cognitive changes in human relations training. *J. of Indiv. Psychol.*, 26:57-63.

Pattison, M. E. (1965), Evaluation studies of group psychotherapy. Intl. Jr. of Group Psychotherapy, 15:382-393.

Paul, G. L. (1967), Insight versus desensitization in psychotherapy two years after termination. *J. of Consult. Psychol.*, 31:333-348.

———— and Shannon, D. T. (1966), Treatment of anxiety through systematic desensitization in therapy groups. *J. of Abnor. Psychol.*, 71:124-135.

Powdermaker, F. B., and Frank, J. B. (1953), *Group Psychotherapy: Studies in Methodology of Research and Therapy.* Cambridge: Harvard University Press.

Ramsey, G. V. (1967), Review of group methods with parents of the mentally retarded. *Amer. J. of Ment. Defic.*, 71:857-863.

Robinson, M., and Jacobs, A. (1970), Focused video-tape feedback and behavior change in group psychotherapy. *Psychother.: Theory, Res. and Pract.*, 7:169-172.

Schwartz, M. (1964), The reciprocities multiplier: An empirical evaluation. *Admin. Sci. Quart.*, 9(3):264-277.

Teitlebaum, S. H., and Suinn, R. M. (1964), A group therapy program with orthopedic patients. *Group Psychother.*, 17:49-55.

Thoma, E. (1964), Group psychotherapy with underachieving girls in a public high school. *J. of Indiv. Psychol.*, 20:96-100.

Truax, C. B. (1966), Therapist empathy, warmth, and genuineness and patient personality change in group psychotherapy: A comparison between interaction unit measures, time sample measures, patient perception measures. *J. of Clin. Psychol.*, 22:225-229.

———— (1968), Therapist interpersonal reinforcement of client self-exploration and therapeutic outcome in group psychotherapy. *J. of Couns. Psychol.*, 15:225-231.

———— Wargo, D. G. (1969), Effects of vicarious therapy pretraining and alternate sessions on outcome in group psychotherapy with outpatients. *J. Consult. and Clin. Psychol.*, 33:440-447.

———— ———— Carkhuff, R. R., Kodman, F., and Moles, E. A. (1966), Changes in self-concepts during group psychotherapy as a function of alternate sessions and vicarious therapy pretraining in institutionalized mental patients and juvenile delinquents. *J. of Consult. Psychol.*, 30:309-314.

———— ———— Volksdorf, N. R. (1970), Antecedents to outcome in group counseling with institutionalized juvenile delinquents: Effects of therapeutic conditions, patient self-exploration, alternate sessions, and vicarious therapy pretraining. *J. of Abnor. Psychol.*, 76:235-242.

Tuckman, B. N. (1965), Developmental sequence in small groups. *Psycholog. Bull.*, 63:384-399.

Vernallis, F. F., Straight, E. M., Cook, A. D., and Stimpert, W. E. (1965), The group therapist in the treatment of chronic schizophrenics. *Group Psychother.*, 18:241-246.

Weeks, H. M. (1965), An evaluation of self-awareness group therapy with chronic schizophrenic patients. *Diss. Abst.*, 26(2):1177-1178.

Whitaker, D. S., and Lieberman, M. A. (1964), Assessing interpersonal behavior in group therapy. *Percept. and Motor Skills*, 18:763-764.

Wile, D. B., Bron, G. D., and Pollack, H. B. (1970), Preliminary validational evidence for the group therapy questionnaire. *J. of Consult. and Clin. Psychol.*, 34(3):367-374.

Wolfgang, A., Banta, T. J., and Pishkin, V. (1964), Conditioning of group decisions as a function of need for social approval. *J. of Clin. Psychol.*, 20(1):68-74.

Yalom, I. D., Houts, P. S., Zimerberg, S. M., and Rand, K. H. (1967), Prediction of improvement in group therapy: An exploratory study. *Arch. of Gen. Psychiat.*, 17:159-168.

Zubin, J. (1953), Evaluation of therapeutic outcome in mental disorders. *J. of Nerv. and Ment. Dis.*, 117:95-111.

ROLE REPERTOIRE IN MARRIAGE

MARK AND SUSANNA EVESON

Southdown, Aurora, Ontario, Canada

Marriage counselling has been largely concerned with restoring the union to a level of "healthy interaction," the very treatment for which means that one, or both, partners admit to being guilty of neurotic behavior. Successful counselling is achieved by modifying the behavior of the most guilty party, usually in the direction of the more stable or dominant partner. Such practices have relied heavily on psychiatric-psychological quests for diagnostic definitions of normal personality, which has perhaps hindered our understanding of the rich variety of human behavior for at least the last half century. Recently alternative and perhaps more useful models for exploring human behavior have become available to us, particularly those involving role playing, a therapeutic concept originating with the pioneering work of J. L. Moreno, which has been further explored and utilized by Laing, Cooper, and others.

Implications of this work suggest that interaction between individuals can be described in terms of role playing, and that satisfactory long-term relationships can occur only when roles are mutually satisfying. It is possible to examine the interactions of two individuals of the opposite sex institutionalized in marriage in terms of their capacity to play mutually satisfying roles with each other, and to teach the partners ways in which they can expand and enhance their role repertoire.

Role conflicts increase as the possibilities for choosing alternative roles increase, a situation made more frequent as the basic problems of physical survival are met. Increased mechanization and technological advances have diminished the need for many roles that individuals engaged in for their mutual survival. Famine, disease, threats of hell and even ultimate catastrophe of nuclear oblivion no longer act as a bonding force to insure that both partners work towards the prosperity of their union. Further, the erosion of the larger tribal unit by industrialization and cheap transportation has severely limited the support available to the ultimate family unit of father, mother and children, thereby exposing them to their own pathology and an increased degree of psychic pressure. A laborer working 14 hours a day on subsistence wage could be seen as making less demands on his marital partner and possessing less psychic energy for playing out fantasy roles than a contemporary worker whose 35 hour week is sufficient for meeting the material needs of his family.

119

It has become possible, both on individual and group levels, to experiment with possible satisfactions of desired and fantasy roles. Since our psychiatric concepts have remained largely rooted in the repressive and hysteric Victorian fact, we find ourselves unprepared to deal with the pathology of freedom and ennui that is significantly replacing the neurotic conflicts, the psychopathology of the early 20th century. Role expansion and adjustment can be taught.

A role demands an audience. Refusal on the part of one partner to accept a given role inevitably brings on frustration, aggression, and fears of rejection. A marriage in which a partner can only act out roles which depend for their reward on excluding the other partner, has a low chance of survival at a time when we all can indulge our role playing potential to an unprecedented extent. We can define a good marriage as one in which positive reward can be gained interacting with the other partner, insofar as the partner is willing to play complementary roles in a large variety of acted out wishes and fantasies.

It is possible to construct a limited series of test situations in which fluidity and flexibility of such role playing can be examined. Such nuclear situations can be described below, although this list is by no means exhaustive:

1. Parents
2. Child relating to mother
3. Mother to child
4. Child relating to father
5. Father to child
6. Playmates—delinquent non-delinquent
7. Counsellor
8. Friends
9. The pick-up
10. Dating
11. Lovers

This series has been applied to groups over the last year with some considerable success. Situations are standard in terms of time, place and situation and the performances are rated by other group members. Such role playing exercises with a further series of role reversals can demonstrate quite clearly positive and negative areas of marital interaction. Failure of rewards at any of the above levels induces a withdrawal of psychic energy from the relationship with consequent investment of energy with alternate partners where specific role playing can bring more immediate and more rewarding results. Marriages possessing limited repertoire are highly vulnerable to breakdown and probably only exist as long as some concrete or manufactured threat to the survival of that relationship exists from the outside. Such unhealthy interaction is often unconsciously promoted to the extent that even the offspring can be turned into a threatening scapegoat to promote the continuation of pathological

interaction. Marriages which are initially successful due to the temporary stress of obtaining financial and status security become easy prey to the failure of role playing. Such a situation is seen not as a part of any neurotic constellation but more of an ignorance of long term complementary role playing for which neither partner is emotionally prepared. *All are capable of playing all roles even though these roles may never emerge into overt behavior and are only acted out in dream life.* Ability to act out roles is limited by—

1) anxiety relating to the reception of a particular segment of behavior by the partner.
2) the self alienation which leads to a refusal to accept repressed roles of self.
3) refusal to accept the partner as a fellow player.
4) fear that role playing ability is inadequate.

Our experience with this technique has pointed out a further fundamental problem and that is the limiting of permission to play roles. Often partners wish to limit the roles that the other can play and withhold permission for the partner to expand their behavior either from an inability to tolerate such roles, or from wishes to dominate the behavior of the other. The playing of any role, if it is to bring satisfaction, demands the presence of an interested audience. In the test situation, permission to play out certain roles or to "be oneself" is transferred initially from the interaction between two individuals to the therapist or the therapeutic situation. The structuring of role playing situations by the therapist permits the expansion of role playing without responsibility for the consequences of playing that role. The continued discreet quest for *permission to be* is not confined to the dependent and inadequate but exists as a continual fact of social existence. It represents a powerful part of marital life, and is one which theory has overlooked to a marked degree.

It is obvious from a casual inspection of our social interactions, on an individual and group basis, that many kinds of behavior can be acted out once sufficient permission is given to so behave. Thus, large masses of people can easily suspend their reluctance to kill another human being if permission becomes official in terms of State directed activity. More pertinently, we can report an initially distressing experience. A group worked together closely and insightfully for a period of nine months. Bonds were formed that were unusually constructive, warm and insightful. Before terminating therapy for the year, the group organized their own party to which the therapists were invited. The gathering proved empty and rigid. At the final group, the therapists were accused of "not being their normal selves." They had not given permission to be spontaneous; they had not acted as the group had expected and hoped, and unhappily, demonstrated that group members had still not internalized permission to be other than their anxious, inhibited selves. It was this recent incident which led to consideration of many of the factors suggested in this paper.

Transference of responsibility for the consequences of role playing from the couple to the therapist is only the first step towards an ultimate internalization of permission. The mature person is defined as one who has internalized his repertoire. It is essential in the training period that both individuals be given roles to practice outside the physical environment of the therapy situation. To ensure improvement, homework must be given. It has been noted many times that patients may seem to improve in psychodrama only to find that the patient has not been able to transfer new responses to situations outside the therapeutic environment and that permission to reveal a new aspect of himself is too often only specific to the therapeutic situation. Much practice in new role playing is therefore required to obtain role integration.

It is our preliminary finding that testing, enlarging and practicing of repertoire has led to very rapid improvement of relationships in the majority of endangered marriages so far studied. We feel that we have taught partners in marriage to play with each other more comfortably.

PSYCHODRAMA, A THEATRE FOR OUR TIME*

ROBERT M. GINN, M.F.A.

Cambridge, Massachusetts

When God created the world in six days he had stopped a day too early. He had given Man a place to live but in order to make it safe for him he also chained him to that place. On the seventh day he should have created for Man a second world, another one, free of the first world and in which he could purge himself from it, but a world which would not chain anyone because it was not real. It is here where the theatre of spontaneity continues God's creation of the world by opening for Man a new dimension of existence.

From the introduction to J. L. Moreno's *The Theatre of Spontaneity*

OF THE RUNG OF LOVE, THE HASIDIM SAY:

When senseless hatred reigns the earth, and men hide their faces from one another, then heaven is forced to hide its face. But when love comes to rule the earth, and men reveal their faces to one another, then the splendor of God will be revealed.

From *Paradise Now: Collective Creation of the Living Theatre*, written down by Judith Malina and Julian Beck.

INTRODUCTION

The reason I left the Yale School of Drama was to search elsewhere for what I originally had gone there to find. I found the promise of what I was looking for in the psychodrama—the therapeutic theatre of J. L. Moreno. This paper endeavors to show that the developmental roots of psychodrama, particularly Moreno's theatre of spontaneity and his theory of spontaneity-creativity contain the seeds for a theatre for our time, at once containing the psychodrama and going beyond it. This paper represents a significant step towards the realization of a longstanding dream I have had for such a project in the theatre.

When I was at the Yale School of Drama (1966-1969), many of my fellow students were seeking something other than a career on Broadway. There

were, of course, those who were interested in "making it" in the legitimate theatre, television or the movies. For them, theatre was a career where they were clearly marketable commodities in one of the most competitive, but potentially one of the most profitable, industries in the western world. Though only a few actually "made it," those who did were gods of the media and of our civilization. Semi-divine exponents of our materialism and con-cretized incarnations of our commercial dreams, they were blessed with instant fame and kingly riches. However, most of the students who were preparing themselves for the *business* of the theatre were pragmatic. They were prepared to join the ranks of the many, poorly paid, largely unemployed theatre people; occasionally happening on a "soap" or a commercial to tide them over to another season. They already knew they were entering one of the most soulless businesses of our time.

But there were a few others—myself included—who were in a *theatre* school to discover the magic and the power of a community of living human beings coming together to share in a performance of live human beings. We were also seeking something more than the occasional brilliance of interaction between live actor and live audience, or to put it another way, the secrets of great theatrical production. For most of us, we were after some notion of healing, of religious experience, after the roots of theatre and of ritual itself. In the wasteland of Western technocracy, in this world of automation and rampant materialism, the mass media, movies and television speak of the essential alienation of man from himself and his fellows amidst a frenzied over-abundance of commercially motivated sensory input. We looked to the theatre—or to some new revitalization of this ancient form—as a return to life, and a return to ourselves.

In psychodrama, and in the theatre of spontaneity and the ideas behind it, I see the outlines of the answer to my quest.

MORENO'S THEATRE OF SPONTANEITY

The theatrical nomenclature and trappings of psychodrama are a clear indication of its derivation. It was during the period when Moreno was involved in his theatre of spontaneity that he happened on the psychodrama. Moreno tells us, "it had nothing to do with therapy. It introduced a new art of the theatre and the drama . . ."[1] It is within this early body of work, and within Moreno's underlying spontaneity-creativity theory, it seems to me, that the bases for a relevant and revolutionary theatre for our time still exist, waiting to be resurrected.

The aesthetic of the theatre of spontaneity is contained in this poetic passage from a mature rendering of the same doctrine which was at the heart of Moreno's youthful endeavors in the theatre:

Even the greatest possible amount of stored-up spontaneity and creativity could not make a butterfly anything more than a butterfly. Yet even the smallest amount of "free" spontaneity, summoned and created by a being on the spur of the moment—a product, in other words, of the moment—is of greater value than all the treasures of the past, of past "moments." Spontaneous creativity—however supreme it may be in itself—once conserved is, by definition no longer spontaneity; it has lost its actuality in the universe. What "conserved" creativity truly represents, at best, is power, a means of expressing superiority when actual superiority has ceased to be available.[2]

Moreno accrued value to the becoming, to the actualizing, to the creating, to the status nascendi of creation—the actual experience of creativity—and actually devalued the creative product as such. In so doing, he turned topsy turvy the basic assumption of theatre, and of creative endeavor in general. He states in *Theatre of Spontaneity*:

The contrast between the theatre as we know it and the spontaneity threatre lies in their different treatment of the moment. The former endeavors to present its products before an audience as definite, finished creations; the moment is ignored. The latter attempts to produce the moment itself and, at one stroke, to create as integral parts of it the form and content of the drama.[3]

And:

While the legitimate theatre places the spontaneity process backstage (in space) and prior to the performance (in time)—in the creation of the script, the creation of the roles and the study of them, the designing of the settings and the costumes, the formation of the ensembles and the rehearsals—the spontaneity theatre brings before the audience the original, primary processes of spontaneity, undiminished and inclusive of all phases of production.[4]

At bottom, Moreno was experimenting with what was to prove a theoretical framework for his life's work. This had to do with the basic duality he divined at the source of the universe: that of spontaneity and creativity. During his life, Moreno has devised not only a system of therapy, particularly the psychodrama, which specifically works to retrain spontaneity pathology back to health, but also the system of sociometry. Moreno's view of social organization and of society and civilization itself rests on this same ruling principle.

The essential problem with man, Moreno maintains, is that he fears spontaneity and thus opposes it:

Although the most universal and evolutionarily the oldest, it (spontaneity) is the least developed among the factors operating in Man's world; it is most frequently discouraged and restrained by cultural devices.[5]

The reason:

> If spontaneity is such an important factor for man's world, why is it so
> little developed? The answer is; man *fears* spontaneity, just like his ancestor
> in the jungle feared fire; he feared fire until he learned how to make it.
> Man will fear spontaneity until he will learn how to train it.[6]

In order to understand the meaning of "training" spontaneity, which is at the
fountainhead of his theatre of spontaneity, we must understand that all these
concepts are linked together in an ever moving gestalt: spontaneity and
creativity are inextricably linked together. (See Canon of Creativity Diagram
in the Appendix.)

> Spontaneity and creativity are thus categories of a different order;
> creativity belongs to the categories of substance—it is the arch substance—
> spontaneity to the categories of catalyzer—it is the arch catalyzer.[7]

The other element of the dynamic complex at the heart of Moreno's crowning
conception is the cultural conserve. From Moreno, these residues of spent
spontaneity and creativity are, at once, the underpinnings and signposts of
civilization and also the shackles against which the whole of mankind is
perpetually straining.

> The struggle with the cultural conserves is profoundly characteristic of our
> whole culture; it expresses itself in various forms of trying to escape from
> them. The effort to escape from the conserved world appears like an
> attempt to return to paradise lost, the *first* universe of man, which has
> been substituted step-by-step and overlapped by the *second* universe in
> which we live today.[8]

This return to the *first* universe was indeed Moreno's cardinal intention. One
can trace this trend clearly in the theatre of spontaneity. For him, the
legitimate theatre was committed to the conserve, the written script. Plays
were created in the past, for the future. Moreno was interested in returning to
the *moment* of creation. His idea of the theatre was to get to the core of the
actor—through all his learned and conserved clichés. It is almost as if Moreno
were seeking a return to the Garden of Eden. Once there, he would vie for
the Tree of Life and reject the Tree of Knowledge.

> When we removed, by a process of deconserving, one conserve after
> another from an actor, and nothing remained but his naked personality, the
> pre-conserve man came closer to our understanding. He must have been
> guided by the warming up process inherent in his own organism, his master
> tool, isolated in space, unspecialized yet, but working as a totality, pro-
> jecting into facial expressions, sounds, movements, the vision of his mind.[9]

The unleashing *and* training of spontaneity, the driving force of creativity, was
likened by Moreno to the coming to terms in the nineteenth century with the

unconscious. While the unconscious was the lowest common denominator of man, Moreno saw spontaneity as the highest common denominator; and he saw the destiny of the twentieth century, and of mankind in general, as dependent on the successful unfolding of man's relationship to spontaneity. On one level, at least, Moreno's unique approach to the theatre must be viewed in this light.

The resonance of these ideas with our current experience—psychological, cultural, political, ecological, spiritual—is profound indeed. For me, Moreno has more successfully than any other theorist put his finger on what so many have searched for in this century within the theatre. They have been searching not just for an earlier form of theatre to return to, but for a complete turnabout, a whole new way of thinking about the theatre. We must totally reject the product orientation of the society around us in the theatre itself. We must train ourselves to overcome all the blocks and clichés that our lives have imposed on our spontaneity. We must return, as members of a theatrical community, to some kind of original, dynamic, unifying innocence. This notion is so radical and wide ranging in its ramifications for the theatre and for art in general that it is not easily grasped, let alone digested. For one thing, the whole striving after perfection is rejected in favor of the adventure of being-in-the-moment of creation. Moreno speaks here of the playwright for the traditional theatre:

> The author, like the wicked father in the fairy tale, has no mercy on his own children. He kills the first born for the benefit of the last born ... One function of the theatre for spontaneity is to take under its wing those abortive art works. It is the sanctuary of the unwanted child, but so to speak only those children who do not want to live more than once ... Our tendency is to depreciate the experience of adventure in lauding our product.[10]

The essential humanism of this theatre of Moreno's is evident in the following passage as is the all inclusive nature of his revolutionary vision. No aspect of production is exempt from the radicalization. (He is here comparing himself to the Russian experimentalists Wachtangow, Tairow and Mayerhold.)

> The difference between my own stage construction and those of the Russians was that their stages, however revolutionary in external form, were still dedicated to the rehearsed production, being therefore revolutionary in external expression and in content of the drama, whereas the revolution which I advocated was complete, including the audience, the actors, the playwright and producers, in other words, the people themselves, and not only forms of presentation.[11]

As for the actor:

> That which for the legitimate actor, is the point of departure—the spoken

word—is for the spontaneity player the end stage. The spontaneity player begins with the *spontaneity state;*[12]

And:

> The legitimate role player has to be untrained and deconserved before he can become a spontaneity player. Here we have another reason why so many "non"-actors pass the test for spontaneity work successfully. Their fountainhead is life itself and not the wirtten plays of the conventional theatre.[13]

But not all the actors who performed in the "Stegreiftheater" were amateurs. Not by a long shot. Among the actors on the staff of the original Theatre of Spontaneity were Peter Lorre, Anna Hoellering and Robert Grunwald, to name a few. Two of the noteworthy playwrights who tried their hand at spontaneity-playwriting were George Kaiser and Franz Werfel. It also came to the attention of many important psychologists of the day: among them Alfred Adler and Theodore Reik.[14]

In spite of all this notoriety, the reason for the demise of the Theatre of Spontaneity is complex. Moreno speaks of the enormity of the task; how he soon realized that he had to train audiences in spontaneity and out of their deeply imbedded preconceptions about theatre. He also tells of the disappointments with the actors and how some of them deserted the movement and returned to commercial enterprises. Obviously Moreno was way ahead of his time. It will be shown later in this paper how no one in the theatre of the 1970s has yet fully realized his ideas, and Moreno's Theatre of Spontaneity was in its heyday from 1922-1925.* The other development was, of course, that in his work in the Stegreiftheater he happened on the therapeutic results of his procedures on the personal problems of some of the participants and spectators. In short, the fact that Moreno was too far ahead of his time combined with the emergence of psychodrama and led to the demise of the Theatre of Spontaneity.

Moreno points out that his theatre always had reference to mental hygiene and to the educational value of spontaneity training. Very naturally, it seems, and gradually, a therapeutic theatre sprouted and grew. Of course, the blossoming of psychodrama has been of inestimable value to the whole field of psychology and mental health. To say that Moreno turned his attention from the theatre after those early years of pioneering with the Theatre of

---

*Actually there were two basic periods in the history of Moreno's Theatre of Spontaneity. The first was the sponatneity theatre for children in 1911, which took place in the gardens of Vienna, and also in a private home. The second period was connected with the "Stegreiftheater" itself, a spontaneity theater for adults during the years 1922-1925. One of the notable offshoots was "die Lebendige Zeitung." This and other elements were performed periodically in America until about 1931.[15]

Spontaneity is to miss entirely the aesthetic majesty of psychodrama itself. It is unfortunate that until now more contemporary practitioners of the theatrical arts have not come to terms with the implications inherent in psychodrama, and in spontaneity-creativity theory.

One wonders how different might now be the history of the drama and the current offerings of the theatre had Moreno not turned his primary creative imagination and energies to the scientific and clinical spheres. Certainly the seeds for a revolutionary theatre are still contained in his writings and it remains to us to find more suitable fertile arenas in which to plant them.

APPROACHES TO MORENO'S PRINCIPLES FOR THE THEATRE

Major evidence for the prophetic and visionary nature of Moreno's thoughts about the theatre is that they predate the most radical ideas and projects the theatre has seen. In fact, the implications of that slim volume have yet to be fully realized. As one reviews the more important achievements in contemporary theatre, one sees a trend: approaches have been made in the direction of a theatre of pure spontaneity as Moreno suggests. However, the complete realization remains an ideal implicit in his writings, yet to be actualized on the stage.

We are still locked into the conserve as the only legitimate goal for making art. If anything, more so. The conserve is product. Where else but in materialistic America is product not only more important than process, but the only good, the god before which all else is subordinate? The end is all, the means insignificant. One need go no further than the front page of today's newspaper to see this all too clearly. You can consume a product, and this is the consumer society *par excellence*. The value of something is to find out how marketable it is. The average American artist values himself in terms of the product he produces rather than on the quality of the processes by which the product was created. So in the theatre certainly, the play is the thing, not the playing. This is true for the performer, the director, the playwright and every other production specialist.

There are exceptions to this. Some notable exceptions will be considered. It will be shown how they too only represent *approaches* to Moreno's ideas. But that an approach to a theatre of pure spontaneity is being made is incontestable. It is as if various giants have been taking hikes up and down foothills around this mountain. At the top, in the clouds, is the theatre of pure spontaneity that Moreno envisaged more than fifty years ago. How soon will someone scale the mountain and build his theatre at the summit?

THE ALIENATION OF THE ACTOR FROM HIMSELF

Let us, for a moment, consider a working definition of the theatre; the spectator and the actor are the necessary participants; a designated place for

the spectator and a designated space for the evolution of the action are the spacial components; the purpose is the representation of experience by the actors and the communication of that representation to the audience. What then is the primary mode of representation and communication for the theatre? It is not primarily movement of the body as it is in dance, although theatre almost always involves movement and the body. It is not primarily visual representation as it is in all the fine arts, although once again theatre involves visual representation and communication, whether of the action itself or supporting the action architecturally and in terms of actual settings, costumes, lighting and other visual, "plastic" elements of production. It is not primarily sound as it is in music, nor primarily language as it is in poetry or prose. Clearly theatre almost always directly involves music if not musical principles and actually rests on the use of language. One can make a case for any of the above arts to serve as a metaphor for the mode of theatre; and in certain cultures, especially primitive and eastern examples, one or several of these arts are closely intertwined with the theatre. But the key, essential mode of communication in the theatre as we know it here in the West, which it shares with no other art in quite the way that it expresses itself in the theatre, is the *actual experience of the actor himself.*

I propose the notion that as civilization developed, the distance in the actor between his own personal experience—i.e., his own spontaneity and creativity—and the experience represented and communicated to the audience in the theatrical events in which he performed became greater and greater. What emerged was the playwright as a discrete functionary apart from the actor. Originally the playwright appeared not as a single individual but as an evolving tradition passed on from generation to generation by word of mouth. (This was later true in the Commedia dell' Arte and other secular theatrical traditions.) Finally the playwright emerged as a full fledged professional, whose job was the creation of written scripts and specific roles for the actors to play. Thus with the appearance of the playwright as a separate function in the theatre came the emergence of the conserve in the theatre. As time went on, the mode and form of theatrical art, as well as the subject matter it dealt with, was fastened by different playwriting traditions, and was conserved in various cultures in different ways. Retrospectively, we call the characteristic aspects of conserves of other times conventions. But regardless of the specific conventions surrounding any of the recorded theatres of the West, it is clear that the actor became subservient to the conserve. It appears that in the twentieth century we are returning to the issue of the relationship of the actor, phenomenologically, to his own experience. As we have become increasingly alienated from ourselves, so we have felt increasingly alienated from the theatre. And those that have chosen to revitalize us by revitalizing the theatre have, however inadvertently, been forced to deal with the alienation of the actor from himself.

Playwrights like Pirandello, Brecht and Genet, have in different ways suggested new ways of seeing the relationship of the actor to his role. The very emergence of the director as a viable theatrical profession in and of itself in the last one hundred years seems to me at least in part a kind of bridge building across the gap between the actor and the playwright. It is with the help of a director that a modern actor connects to his role and to the playwright's work as a whole. Great directors like Stanislavski and Grotowski have delved deeply into the very nature of acting and of theatre itself, and each in his own way has suggested a new psychology of acting to revolutionize the theatre. But both of these directors were still committed to the rendition of conserved productions, and as such can be seen merely as *approaches* to a dissolution of the alienation of the actor from himself. In the prophetic visionary diatribes of Antonin Artaud, the conserve and the dying corruption of the theatre and of society in general was powerfully exposed; but alternate approaches were only vaguely suggested. In America, most notably in the work of The Open Theatre and of The Living Theatre among others, both prime examples of companies influenced powerfully by Stanislavski, Grotowski, Pirandello, Brecht, Genet and Artaud, the realization of a vibrant theatre for the actor and his audience has been attempted. But as will be demonstrated in the following sections, it is only in the writings of J. L. Moreno, in his *Theatre of Spontaneity*, and in psychodrama that the actor has finally been reunited with himself and liberated from subservience to the conserve of the playwright.

CONSTANTIN STANISLAVSKI

There is no need to elaborate on the greatness of this man or on his influence on the modern theatre. Every actor and director, since the import of Stanislavski's ideas from Moscow to the English speaking world in the 1930s, has taken the essential principles of his psychology of acting (or a watered down derivation of them) as part of his elementary training, and our whole critical sense of whether or not an actor or a production is believable stems from Stanislavski's particular influence on theatrical sensibility. It is not within the scope of this paper to undertake an elaborate analysis of his methodology but merely to point out the general way in which he, as an influence on the contemporary theatre, is only an approach to a theatre of true spontaneity.

The following quote serves as an excellent summary of Stanislavski's most salient principles about acting:

> I follow the facts of the play. I take the actor as such. He places himself in the given circumstances of the role. He has to create a characteristic image. But he remains himself. Whenever he withdraws from himself, he kills the role. You live with your emotions. Remove the emotions and the role is

dead. You must remain yourself in the image. If I walk around with a sick leg am I a different man? Am I different if bitten by a bee? These are external circumstances. . . .

We are analyzing all the procedures, all the possibilities which take us to the threshold of the subconscious, which generate the subconscious reactions.[29]

Thus, Stanislavski developed a system of acting that called upon the actor to use himself, conscious and unconscious, the sum total of his experience and memories, in the service of the role and of the playwright. About the problem of revitalizing the written conserve he writes:

They need the words not in order to memorize them by rote but to act them out. They put the words not on the muscles of their tongue, not even in the brain, but into the very soul whence the actor strives toward the super-objective.[30]

The problem with Stanislavski from a Morenian standpoint is that the element of spontaneity is here used to serve the cultural conserve, to revitalize it—and though the method is improvisation, the object is the conserve. Moreno levels two criticisms of Stanislavski in his Notes to *Theatre of Spontaneity*.[31] First, he likens Stanislavski to Freud in that both are concerned with "memories laden with affect." Rather than the moment, Stanislavski is concerned with evoking emotion through remembering, as Freud attempts to evoke abreaction for therapeutic purposes through the same mechanism. In Moreno's system Stanislavski's so-called magical "as-if" becomes the psychodramatic "is."

The second criticism is that in Stanislavski's system the actor is working in two contradictory dimensions. Thereby he is locked into irreconcilable conflict. The embryonic warming-up process of his improvisational work is only to be obliterated later on in the service of taking on a role "uncreated" by the actor, created by the playwright. Moreno's system allows for the complete spontaneity of the actor in-the-moment, in his own role.

ANTONIN ARTAUD

Artaud was, and through his posthumous influence on playwrights, directors, companies and whole schools of theatrical practitioners, continues to be, apocalyptic: vivid with complaint and celebration at the convulsive decay of old social orders. His discrediting of the writer and ongoing assault on the literary conserve, and throughout a revolutionary immediacy, animates Artaud's contribution to the theatre.

Artaud wrote verse, prose poems, film scripts, writings on cinema, painting and literature: essays, diatribes, and polemics on the theatre, several plays,

notes of a four part dramatic monologue for radio and assorted other fragments. What he bequeathed to us was not achieved works of art but a singular modern presence, a poetics, an aesthetics of thought and culture and, most importantly, a phenomenology of suffering. His vision of the act of writing was, in a sense, prophetic of the dénouement of modernism. Artaud conceived of writing as an unleashing, an unpredictable flow of searing energy; knowledge must explode in the reader's nerves. The details of Artaud's stylistics follow directly from his notion of consciousness as a morass of difficulty and suffering. He refused to see consciousness except as a process. He experienced and recorded this process character of consciousness in all its unseizability and flux.

In Moreno's terms, this notion of writing as the unleashing of an unpredictable energy is, in itself, both an attack on the conserve and a plaudit for spontaneity. Artaud was determined to crack the shell of "literature" and to violate the self protective distance between the reader and text. In his famous collection of essays entitled *The Theatre and Its Double*, he attacks the conserve directly in "No More Masterpieces"

> One of the reasons for the asphyxiating atmosphere in which we live without possible escape or remedy—and in which we all share even the most revolutionary among us—is our respect for what has been written, formulated or painted, what has been given form, as if all expression were not at last exhausted, were not at a point where things must break apart if they are to start anew and begin fresh.[32]

Artaud's assault here seems like a paraphrase of Moreno. He goes on to say how the literary conserve alienates the theatergoing public:

> If the public does not frequent our literary masterpieces, it is because those masterpieces are fixed; and fixed in forms that no longer respond to the needs of the time.

But before those needs can be justly met, Artaud declaims:

> We must get rid of our superstitious valuation of texts and written poetry. Written poetry is worth reading once and then should be destroyed. Let the dead poets make way for others. Then we might come to see that it is our veneration of what has already been created, however beautiful and valid it may be, that petrifies us, deadens our responses and prevents us from making contact with the underlying power, the life force, the determinant of change, or anything you like. ... Beneath the poetry of the texts, there is the actual poetry without form and without text.[33]

What a superb statement about the decay, the dessication of the conserve and the vitality of the moment, the validity of spontaneity to all creative endeavor! In 1926, Artaud announces in *The Theater and The Plague* that he

does not want to create a theater to present plays and so perpetuate or add to culture's list of consecrated masterpieces. He judges the heritage of written plays to be a useless obstacle and the playwright an unnecessary intermediary between the audience and the truth that can be presented, naked on a stage. Artaud imagines the theater as the place where the body would be reborn in thought and thought would be reborn in the body. He diagnoses his own disease as a split within his mind that internalizes the split between the mind and the body. Artaud's writings on the theater may be read as a psychological manual on the reunification of the mind and body. Theater became his supreme metaphor for the self-correcting, spontaneous, carnal, intelligent life of the mind.

The theater Artaud planned is a commando action against the established culture, an assault on the bourgeois public; it would both show people that they are dead and wake them up from their stupor. His diagnosis that we live in an "inorganic, petrified culture," and the lifelessness he associated with the dominance of the written word was hardly a fresh idea when he stated it, many decades later. Artaud has not exhausted his authority.

Artaud's connection to Nietzsche has been often noted. Like Nietzsche, Artaud conceived of himself as a physician to the culture—as well as one of its most painfully ill patients. Artaud's argument in *The Theatre and Its Double* is closely related to that of Nietzsche who in *The Birth of Tragedy* lamented the shrivelling of the full-blooded archaic theatre of Athens by Socratic philosophy—by the introduction of a dialogue that reasons. Just as Nietzsche harked back to the Dionysiac ceremonies that preceded the secularized, rationalized, verbal-dialogue theatre of Athens, Artaud found his models in non-Western religious or magical theater.

It is important to remember that what Artaud did on the stage as a director and as a leading actor in his own productions was too idiosyncratic, too narrow and hysterical to persuade. He had, rather, exerted influence through his ideas about the theater and a constituent part of the authority of these ideas remains precisely his inability to put them into practice. It is remarkable how much of Artaud becomes understandable after a reading of Moreno. But the major difference between the two is that Artaud managed only half-psychotic, tormented, poetic fragments. No less inspirational, are Moreno's highly systemized and well formulated theories and terminology; and Moreno provides us with a viable alternative and tool to combat the decay and corruption that Artaud so majestically proclaimed, in the theatre of spontaneity and in the psychodrama.

JERZY GROTOWSKI

Peter Brook, in a preface piece to *Towards a Poor Theatre*, discusses how, precisely, Grotowski is unique:

What did the work do?

It gave each actor a series of shocks.

The shock of confronting himself in the face of simple irrefutable challenges.

The shock of catching sights of his own evasions, tricks and clichés.

The shock of sensing something of his own vast and untapped resources.

The shock of being forced to question why he is an actor at all. . . .[34]

Grotowski's contribution to the art of acting devolves from his conception of the theater. His original contributions to the language of the theatre involve the notion of the "poor theater" and performance as an act of transgression. The idea of "poor theater" warrants some expansion.

The elimination of stage-auditorium dichotomy is not the important thing that simply creates a bare laboratory situation, an appropriate area for investigation. The essential concern is finding the proper spectator-actor relationship for each type of performance and embodying the decision in physical arrangements.[35]

Grotowski stripped away from the theater all the physical impedimenta which create "effect." He forsook lighting effects and substituted a wide use of stationary light-sources by deliberate work with shadows, bright spots, etc. Spectators are illuminated in Grotowski's theater so that they too become partners in the performance. In addition to the abandonment of lighting effects, Grotowski rejected make-up, fake noses and body effects of all kinds. The actor was directed, instead, to transform from type to type, from character to character, silhouette to silhouette—while the audience watched—in a "poor" manner: that is, using only his own body and craft. Elimination of plastic elements which have a life of their own (i.e., represent something independent of the actor's activities) led to the creation by the actor of the most elementary and obvious objects. Elimination of music enabled the performance itself to become music through the orchestration of voices and clashing objects (TPT, p. 22).

What is fascinating about Grotowski's notion of "poor theater" is the particular sense in which it too is merely an approach to a full scale assault on the conserve. The following quote from *Towards a Poor Theater* supports this speculation:

We know that the text *per se* is not theater,

. . . that it becomes theater only through the actors' use of it—that is to say, thanks to intonations, to the association of sounds, to the musicality of language.

The acceptance of poverty in theatre, stripped of all that is not essential to it, revealed to us not only the backbone of the medium, but also the deep riches which lie in the very nature of the art-form.[36]

The assault on the text, of the literary conserve conventionally called the theater echoes Moreno and seconds Artaud. This concern with the "very nature of the art-form" leads Grotowski further.

> Why are we concerned with art? To cross our frontiers, exceed our limitations, fill our emptiness—fulfill ourselves. This is not a condition but a process in which what is dark in us slowly becomes transparent. In this struggle with one's own truth, this effort to peel off the life-mask, the theatre, with its full-fledged perceptivity, has always seemed to me a place of provocation. . . .
>
>   It is capable of challenging itself and its audience by violating accepted stereotypes of vision, feeling and judgement—more jarring because it is imaged in the human organism's breath, body and inner impulses. This defiance of taboo, this transgression, provides the shock which rips off the mask, enabling us to give ourselves nakedly to something which is impossible to define but which contains *Eros and Caritas*.[37]

But it would be incorrect, however, to connect Grotowski to the notion of the conserve and spontaneity without making some careful distinctions. It is true that his discussion of the exploding of masks and his notion of process in the discovery of theatre echoes the Morenian concept of spontaneity/ creativity. In addition, Grotowski's commitment to a fundamentally anti-bourgeois theater and his violent rejection of the stereotypic in the training of actors corresponds to the values Moreno propounds in *Theatre of Spontaneity*. However, the actual productions of the *Poor Theatre* rely on brilliant, spontaneous impulses of the directorial imagination, while constricting the actors to the most rigid, preordained *coda* of response.

Understanding Grotowski requires an acknowledgment of his religious roots. His thought and his imagination depend heavily on the Polish experience of the Eastern Orthodox Church and its reliance on the evocative power of intricate and long ceremonies, laden with symbolism. The ascetic quality, the monastic rigor, the choreographed discipline of the Polish Lab Theatre actors training reflects and rarifies Grotowski's tie to the Church. His actors involve themselves in an almost Jesuitical *ascesis* with bodily mortification. The process in which the actors involve themselves has the flavor of a spiritual quest: the rigor and energy of the self exploration, the psychic penetration is modeled on the voyage the Christian mystic takes. What is so astounding is that Grotowski's theatre as theatre, in my opinion, fails. American audience members characteristically complained of boredom while witnessing the actual productions. What is most startling in the Polish Lab Theater productions is the total absence of spontaneity on the part of the actors. What we see when we watch is a highly stylized, intellectual, starkly ritualized choreography without surprises: almost like an eastern European Kabuki theater, esoteric and remote.

In summation, I would reiterate that I agree with Peter Brook's *kudos* to the contributions Grotowski has made to the art of acting. No theatre has made such profound demands on its actors; few actors have such massive commitment to their art. But the whole effort, the process *Towards a Poor Theatre*, fails to capture the improvisational and spontaneous life within the actors themselves and thereby serves the ends of the conserve, a functionary by default to an institution it proclaims to reject.

CHAIKIN'S OPEN THEATRE

Joe Chaikin's now defunct Open Theatre, producers of *America Hurrah, Viet Rock, The Serpent, Terminal*, among others, was probably the most exciting exponent of the "ensemble" method of theatrical production the world of modern theatre has known. Though improvisation was the mode of preparation for all aspects of the finished product, there was just that at the end: a finished product. All streams of spontaneity lead to the conserve. In other words, the audience ultimately witnessed as predetermined an entity as one would expect to see on Broadway. Every line, gesture, entrance and exit was fixed by the script and the directorial production book. It is to their credit that both the playwright and the director as discrete functions were taken over by the group; that all decisions came out of a *communal* consciousness, *communal* taste, a *communal* sensibility, a *communal* process.

The political innovations of Chaikin's theatre—both for the theatre itself and as contained within the plays produced for society in general—have to do with this remarkable emphasis on ensemble. This mode of preparation is a welcome antidote to the overspecialization, fragmentation and totalitarian aspects of theatrical production as we know it. One way to understand how this was achieved is that Chaikin and his people rejected economic dependency on the marketplace and on its timetable and standards. His actors moonlighted as everything from teachers to gas station attendants. The payoff was a luxuriously long development for the ensemble and for each piece.

It is during this development period that The Open Theatre most closely approached the Morenian ideal of spontaneity theatre. I myself witnessed a few of Chaikin's closed "rehearsals" six months into the development of a piece which took over a year and a half to "perfect" and ultimately conserve into the play known as *The Serpent*. Those rehearsals rank with the most exciting *moments* I have spent in the theatre. The tragedy is that Chaikin was tied to the conserve. Those closed rehearsals were gems of theatre. So in tune was the ensemble—director, players, spectators were so entranced and unabashedly basking in the heat of spontaneous production—that in many ways the precepts of Moreno's theatre of spontaneity were fulfilled. I only now understand why I immediately recognized Chaikin and his Open Theatre ensemble as a pioneering venture of immense magnitude on the American theatrical

scene when I attended those rehearsals in the second story loft of that dimly lit warehouse on the lower east side of New York City. I can account for why I was curiously disappointed by the well polished "performance" of *The Serpent* over a year later at the plush Loeb Drama Center of Harvard University. In the loft experience I was witnessing the ensemble in the status nascendi of spontaneity-creativity. In the Loeb, I was watching an impressive example of the cultural conserve.

THE BECKS' LIVING THEATRE

It comes as no surprise that Joe Chaikin was formerly a member of the Living Theatre in the early days. While in New York, Judith Malina and her husband Julian Beck directed their Living Theatre through a long and exciting evolution. It was during their metamorphoses into an anarchistic-mystical band of nomads and as their journeys around the world began, that Chaikin deserted Judith and Julian's troupe to set up his own theatre. Quintessentially more radical than Chaikin's ensemble, the controversial Becks represent one of the most fascinating if troubling movements in the present-day theatre. The idea of "ensemble" that we saw in Chaikin's group is here on a higher plane: economically, philosophically and politically, the band of actors try to live out the anarchism that they proselytize in their work and in their own lives. Once again, one can observe an approach to Moreno's ideas, but still another ultimate failure to achieve a theatre of true spontaneity.

I had a chance to experience the major productions of their repertoire in 1969. It consisted of *Mysteries*—a compendium of personal vignettes, each related to a member of the company, and *Frankenstein*—a rather elaborate, interesting if overlong and grandiose production. Both these shows were cultural conserves in every sense of the word and warrant no further attention here. But the third production—according to the Becks when I saw it, the most complete expression and realization of themselves as artists and people at that time—was called *Paradise Now* and is indeed relevant to our discussion. Formally, this production claimed to be a radical departure from theatrical tradition. It is true that the division between "stage" and "house" was eliminated even when the piece was performed in the most old fashioned of proscenium theatres.* Actors were completely at home interacting directly

---

*This is not original: we find several places where Moreno clearly demanded similar changes in spacial arrangements fifty years ago. For example:

> ...all events on the stage should be clearly visible from every part of the audience ... the actor had no escape to turn to, no curtain in front and no backstage, he was thrown into space and had to act there. The emphasis was therefore on spontaneity, on the warming up, and the movement on the stage. Everything which occurred previously backstage now occurred before the eyes of the public.[16]

and spacially within the audience, and the audience was successfully en-
couraged to join the main part of the action on the stage, behind the
proscenium arch. *Paradise Now* certainly was one of the more dramatic
attempts to break down the barriers between audience and performer. Spec-
tators were invited—and some accepted the invitations—to join the actors in
taking off their clothes, to join them in the body pile, to burn their money
and draft cards, to bring the show out into the streets at the end, and
ultimately to form anarchist cells and begin the revolution in their home
town! The Living Theatre was concerned with revitalizing the conserves of
mystical philosophy (e.g., the *Kabbalah*, the Vedanta Scriptures, the *I Ching*),
and in revolutionizing social forms, beginning with the theatre. They were
nominally out to incite the overthrow of what they saw as our fascistic,
repressive social order (psychologically as well as sociologically) and were
devoted to making their theatre an act of provocation and sacrifice.

Paradise Now did succeed all four times that I saw it in evoking and
including impromptu additions from the audience into the fabric of the event.
Related to this was the remarkable extent to which members of the audience
were warmed up by the fanatical fervor of the troupe. But there were at
least three crucial ways in which *Paradise Now* fell short of Morenian
principles.

In the first place, the piece was, in fact, a completely set and predeter-
mined series of actions to be performed by the actors. At the core what we
find is a scenario—a kind of outline for a contemporary, mystical-political
Commedia dell' Arte. And as with the classical Commedia, the actors were
free to improvise, *around the basic conserved superstructure*, and only from a
reservoir of stock embellishments. Moreno has repeatedly demonstrated how
the theatre of spontaneity is an advance over and a radical departure from the
Commedia.

What *was* closer to a true notion of spontaneity was the way in which the
audience was brought into the action. The warm-up of the audience during
the performance and the consequent interaction was like an emotional tor-
nado. Enraged or enraptured, the audience members were moved to a frenzied
pitch of energy matching that of the troupe. There were feelings of danger, of
sacrilege, of frenzy, of chaos. Moreno defines spontaneity as "the variable
degree of adequate response to a situation of a variable degree of novelty."[17]
He outlines three types of spontaneity:

1. Whenever a *novel* response occurs without adequacy, that is undisci-
   plined or pathological spontaneity.
2. Whenever an *adequate* response occurs without significant characteristics
   of novelty and creativity.
3. Whenever an adequate response occurs *with* characteristics of novelty
   and creativity.[18]

The key to why much of the spontaneity that was elicited during the performance was of the first type, i.e., pathological, rather than of the third much more desirable type, lies in the distinction Moreno makes elsewhere between two kinds of warm-up:

> (a) *Undirected warming-up*, individual or group—vague, chaotic, confused, moving towards several goals on several tracks simultaneously. (b) *Directed warming-up*, individual or group —moving without any deviation clearly and powerfully towards a creative act, its exclusive, specific goal.[19]

"The warm-up process is the operational manifestation of spontaneity,"[20] Moreno tells us. Clearly what occurred in the audience of *Paradise Now* was the undirected warm-up manifesting itself for the most part in pathological spontaneity. Though a champion of spontaneity and creativity, Moreno is well aware of the necessity of form, limits and boundaries: in short, for a discipline within which spontaneity can be trained to not only be novel but adequate as well.

Finally, the content of *Paradise Now* essentially encourages the audience to join the anarchist revolution. One consequence of this rather naive position is to clearly divide the spectators into "us" and "them." The "them" group becomes further alienated, frightened and angry, while the "us" group is rallied to a higher pitch of excitement if not commitment to the causes espoused. The Living Theatre admits that polarization is part of their purpose; that the sooner polarization between the reactionary and radical forces in our society occurs, the sooner will come the revolution. Moreno's radicalism is fundamentally different and is in fact a revolutionary way of being a revolutionary.

Moreno is essentially a proponent of the revolution of the psyche, and sees that as prerequisite to any basic reordering of society. The theatre of pure spontaneity and certainly psychodrama contain the machinery for revolutionizing its participants through spontaneity training. The point then is not to alienate, but to invite all members of the audience to participate in its own actualization in the *moment*. His new appraisal of our system of values comes out of a particular emphasis upon the survival of man, not as an animal, but as a creative agent.[21] His objective is to save us from the threat of the "masterful development and distribution" of cultural conserves which have reached such a point of masterful development in our time that they pose a threat to the inherent sensitivity of our creative patterns.[22] And as we have seen before, it is not at all in the content of a theatrical piece that Moreno sees the power to radicalize the public, but in the mode of creation. Here the genius of Moreno becomes truly visible. In psychodrama and the theatre of spontaneity, Moreno gives us a revolution for the soul: the Creative Revolution.

A THEATRE FOR OUR TIME: THEATRE FOR SPONTANEOUS RITUAL

A theatre for our time is a theatre of spontaneity. A theatre for our time must fill the void where there is no living ritual to take us back to ourselves, our families, our culture, our society, our history, our god. The church and its rites are conserves. The traditional theatre is at its best a stunning revitalization of a conserve. The new movements in the theatre, though they suggest an approach to a theatre of spontaneity, fall short of the ideal. My own feeling is that the body of Moreno's work contains all the ingredients for such a theatre. But as he noted in the Introduction to his *Theatre of Spontaneity*, the "enormous difficulties" he was faced with were the audiences, who were toally unprepared for any but the conventional conserve based enterprise. He concluded that before such a theatre could succeed, it would involve the "enormous task of changing the attitude of the public. This would require a total revolution of our culture, a creative revolution."[23] My own suggestion in this direction is fairly modest. I find the prospects of facing an audience in the conventional time slot allotted to a piece of theatre—particularly when the project is a theatre of pure spontaneity—overwhelming. The very idea of training an ensemble in theatrical spontaneity, even if the actors were intially amenable to such an idea and talented in that regard, is less interesting to me than beginning with the model that I am most familiar with, in terms of Moreno's work—the psychodrama encounter group. It is in these where I find the locus nascendi for my conception. Since I left the traditional theatre, and for the last six years, I have run over thirty psychodrama encounter groups of various designs. The most advantageous composition has seemed to be about fourteen members, directed by myself and my wife (also a trained psycho-dramatist). Of all the designs we have attempted, the Ten Day Live-In Group has seemed to be the most exciting. It lasts for ten consecutive days, at an isolated retreat away from our urban centers, in the country. It is in these groups that I perceive a handle, a beginning for this project. Let me explain myself.

After about the fourth day, it is almost as if we all take off—for some other place. What I mean to say is that we all begin, very naturally, to move to another level of consciousness. It seems part of an organic consequence of the psychodramatic experience. I am sure that this experience is common to all successful psychodramatists—even after a single powerful session—and to any successful group psychotherapist. The explanation seems clear; the motive force that is carrying us beyond our usual predictable selves to another "way" of being, is that of spontaneity. We begin to be-in-the-moment. But since the nominal reason for such a group is therapy, in the clinical sense of that word, not much is done, formally that is, with that energy, other than to note it with a kind of mystified, exhilarated amazement and go on to the clinical business at hand with renewed energy.

This dramatic change in the spontaneity of the community of the group—it usually effects everyone to a man, although there is the occasional problem of a sociometric isolate—has always fascinated me. I have often asked myself the question: what to do with it? Where does it lead? What if this were not a *therapy* group in the narrow sense; if I were free from the conserve of what I and my clients consider to be our job; what then would I do? What if I were to trust the adventure that this released spontaneity is prompting me to? Images come to me. Three stages. One stage is for the psychodramatic: the nuclear family, the significant others, the key collectives of the social atom surrounding the protagonist, the troubles inside; the places intrapsychically and interpersonally where he feels blocked from his own spontaneity and creativity. The second stage is for the culture as a whole, society as a whole, mankind as a whole. The roles are different here, although the protagonists are the same. Here, prepared by the spontaneity that was released on the psychodramatic stage, the protagonist is ready to take on Joan of Arc or Antigone or Napoleon: mythic roles; also roles out of the recent past and present: Richard Nixon, a dying North Vietnamese, a brutal Nazi, a lynched black man. Here the protagonist faces the places in his humanity that are troubled, blocked up, blind, bound. Here he takes on, in action, on the stage, the sins of his species. For I maintain that we *all* carry those nightmares somewhere within us; and clean though we will our psyches of familial issues, the corruption of *Man* is toxic to us all. And that until we face the myths within us and the corruption around us, we needs must be asleep. And finally, the third stage: this is veiled for me; the most mysterious of all. Here is the cosmic level, the religious, the mingling with the Source, beyond man, beyond death, beyond Good and Evil ... here is the contemplation of infinite spontaneity and creativity.

Let me quote J. L. Moreno:

> Creativity is *the* problem of the universe; it is therefore *the* problem of all existence, the problem of every religion, science, the problem of psychology, sociometry and human relations.[24]

Moreno is a profoundly religious man. The source of his great works is spiritual. He tells us in the conclusion of this same article:

> My existential authority to discuss the process of creativity on the highest level derives from an adventurous life which I have led, preceding the First World War. It took me at the end of it to a castle near Vienna where I spent several years in meditation. The experiences which I had I tried to put into words in a book which has become known as *Das Testament des Vaters* (1920) in which the idea of the I-Creator and the principle of creativity were proclaimed as the first principles of the universe. All I know about these elusive things and all I have done on the experimental level since stems from these days.[25]

If there is still any doubt about Moreno's essential religiosity, one need only remember these lines from the Introduction to his *Theatre of Spontaneity*:

> ... I chose the course of the theatre instead of founding a religious sect, joining a monastery or developing a system of theology (although they do not exclude each other) ... The idee fixe became my constant source of productivity; it proclaimed that there is a sort of primordial nature which is immortal and returns afresh with every generation, a first universe which contains all beings and in which all events are sacred. I liked that enchanting realm and did not plan to leave it, ever.[26]

And, to put it as simply as possible, he writes in *Psychodrama, Volume I*, "The highest value of spontaneity and creativity, the top value on any axiological scale, is a totally spontaneous-creative being, the Godhead."

I feel then that I am in good company when I say that I consider my own affinity for both the theatre and therapy religious in origin. For me, the objective of a religious rite, a theatrical event and a group psychotherapy session are not dissimilar. A group of human beings come together to participate in an event circumscribed by certain agreed upon conventions. They come to heal themselves and one another, to connect with their existential roots. They are seeking meaning, commonality, redemption, the source, Godhead. It is my intention, in closing, to suggest some guidelines for bringing psychodrama and the principles of spontaneity and creativity back to their religious origin.

I see a group of between six and twenty persons of diverse background, with one thing in common. The idea of going off to the country to explore this theatre of spontaneous ritual is attractive to them. It would be clear to them at the outset, that although this experience would resemble and in many ways at times be like a therapy group, the other purpose would be to explore our social and mythic past, our relationship to our culture, to society and to our species in general, and ultimately to consider our relationship to God. They would know that this was a new venture; that for its success we were all mutually dependent on one another for support, imagination, honesty, and above all, the courage to be. It would be clear that we were leaving—to the best of our conditioned abilities—the conserves of ritual, of religion, of theatre, of therapy in the city, at home. That in the place where we were going we were going to start from scratch. With only the basic instruments of psychodrama at our disposal (the director, the stage, the protagonist, the auxiliary egos, the audience[28]), we were all to be creators and explorers of the natural progression from the self to the Source. From the I to Thou as I-As-God and Thou-As-God. That we did not exactly know where we were going, and that we did not know if we would share our memories and discoveries of the unfolding of our communal journey when we returned—out of the magic circle and back to the familiar world—until the experience was

ended. That I would begin as the director and guide, but that in time we would aim for not just a democracy, but a "creatocracy"[29] for our theatre of spontaneous ritual. That in time we would all share the leadership; that we would all be co-directors and co-guides. Whether there would be three discrete, separate stages or spaces or simply one would make less difference than that it would be clear to all of us that all three planes of experience, the psychodramatic, the mytho-socio-historio-dramatic, and the cosmodramatic be served. That our ultimate goal was to pass on to that place, if only for a glance, beyond good and evil, beyond the conserve, beyond our own lives; to that immortal plane of infinite spontaneity and creativity, "a first universe which contains all beings and in which all events are sacred."

REFERENCES

1. Moreno, J. L., *The Theatre of Spontaneity*, Beacon House, 1947, p. 99.
2. Moreno, J. L. (ed.), *Sociometry And The Science Of Man*, Beacon House, p. 113.
3. *The Theatre Of Spontaneity*, p. 37.
4. *Ibid.*, p. 37.
5. Moreno, J. L., *Who Shall Survive?* Beacon House, Beacon, New York, 1953, p. 42.
6. *Ibid.*, p. 47.
7. *Ibid.*, p. 40.
8. *Ibid.*, p. 41.
9. *Ibid.*, p. 41.
10. *The Theatre Of Spontaneity*, p. 46.
11. *Ibid.*, p. 100.
12. *Ibid.*, p. 73.
13. *Ibid.*, p. 74.
14. *Ibid.*, p. 100.
15. *Ibid.*, p. 99.
16. *Ibid.*, p. 99.
17. *Sociometry And The Science Of Man*, p. 108.
18. *Ibid.*, p. 109.
19. *Ibid.*, p. 112.
20. *Ibid.*, p. 111.
21. Moreno, J. L., *Psychodrama, First Volume* (Fourth Edition), Beacon House, Beacon, New York, 1972, p. 10.
22. *Ibid.*, p. 108.
23. *The Theatre Of Spontaneity*, p. 7.
24. *Sociometry And The Science Of Man*, p. 126.
25. *Ibid.*, p. 135.
26. *The Theatre Of Spontaneity*, p. 3.
27. *Psychodrama, First Volume*, p. 105.
28. *Ibid.*, Introduction to the Fourth Edition (a).
29. Cole and Chinoy, *Directors On Directing*, Bobbs-Merrill, Co., Inc., 1963, p. 115.
30. *Ibid.*, p. 111.
31. *The Theatre of Spontaneity*, p. 100-1.
32. Artaud, Antonin, *The Theatre And Its Double*; Evergreen Press; 1960; p. 74.
33. *Ibid.*, p. 75.
34. Grotowski, Jerzy, *Towards A Poor Theatre*, Simon and Shuster, 1969; p. 13.
35. *Ibid.*, p. 20.
36. *Ibid.*, p. 21.
37. *Ibid.*, p. 23.

CANON OF CREATIVITY
Spontaneity—Creativity—Conserve
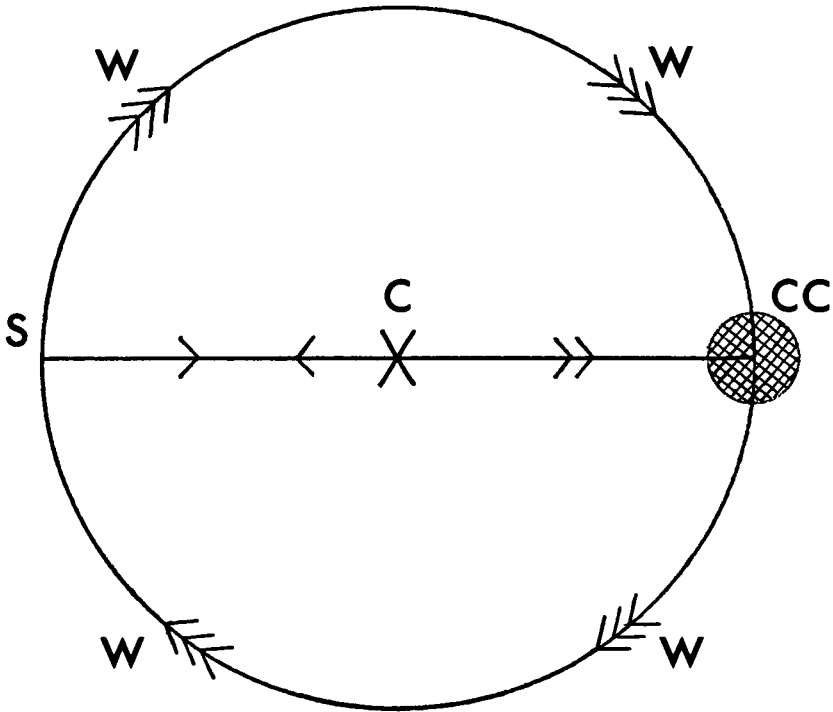
Field of Rotating Operations Between Spontaneity—Creativity—Cultural Conserve
(S-C-CC)

S—Spontaneity, C—Creativity, CC—Cultural (or any) Conserve (for instance, a biological conserve, *i.e.*, an animal organism, or a cultural conserve, *i.e.*, a book, a motion picture, or a robot, *i.e.*, a calculating machine); W—Warming up is the "operational" expression of spontaneity. The circle represents the field of operations between S, C and CC.

Operation I:	Spontaneity arouses Creativity, C. S——> C.
Operation II:	Creativity is receptive to Spontaneity. S <——C.
Operation III:	From their interaction Cultural Conserves, CC, result. S——> C——>> CC.
Operation IV:	Conserves (CC) would accumulate indefinitely and remain "in cold storage." They need to be reborn, the catalyzer Spontaneity revitalizes them. CC——>>> S——>>> CC.

S does not operate in a vacuum, it moves either towards Creativity or towards Conserves.

Total Operation

Spontaneity-creativity-warming up act $<^{\text{actor}}_{\text{conserve}}$

From Moreno, J. L. "Who Shall Survive?" 2nd Edition, 1953, page 46.

Fantasy

A group of men and women, of different ages and backgrounds, retreat together to a place away from their usual living space. A guide is at their head. They are embarking on a journey. Into themselves, into each other: and through each other they will face all men: and through all men they will face God: and through God they will face the God within themselves and in all beings and in all things.

Three rungs; three stages; three spaces.
The psychodramatic; the sociatric; the cosmic.
Action on any rung feeds action on the other two.

In the morning the director outlines the three places of action. He conducts a group exercise to intensify each protagonist's warm-up. Each member is brought closer to the emergent production within him, on the appropriate stage or stages. In the afternoon, on the psychodramatic stage, a young man confronts his mother when he was three; he is there again, but this time more there than then; he weeps and rages, then weeps again, more fully this time. He forgives himself. In the evening a young woman takes the role of Eve; for all the women in the group she confronts and role reverses with God and Adam. Joined by a chorus of women she rewrites the book of Genesis in action. At midnight the chanting of mantras begins; later a slow winding dance, low humming. The group watches the sun rise in silence.

THE CONTRIBUTIONS OF J. L. MORENO TO THE
TREATMENT OF THE OFFENDER*

MARTIN R. HASKELL, PH.D.

California State University, Long Beach, California

Dr. J. L. Moreno as far back as 1950 was hailed as one of America's greatest living psychiatrists. He was recognized by Henry Murray, himself a great psychologist, as one who made major contributions to the field of Psychology. Wellman J. Warner, a distinguished sociologist who for twenty-five years was a national executive officer of the American Sociological Association, in a tribute to Moreno the sociologist, described him as a man with one of the greatest seminal minds of this century. It is obvious from the foregoing that J. L. Moreno, the psychiatrist, psychologist, sociologist, and social philosopher made tremendous contributions to the understanding and treatment of his fellow man. Group Psychotherapy, Psychodrama, Sociodrama, Role Playing, and Sociometry represent his best known innovative and creative efforts. Why then have I chosen to focus on his contributions to the treatment of the offender? Does not Moreno agree that the offender is a human being differing very little psychologically and physically from the rest of us? He had clearly chosen as a guide the principle that all mankind is a social and organic unity, devoting years to a study of tendencies drawing people apart and those drawing people together. The Moreno image of man focuses on the creative potential in all men and recognizes the need by all men to choose and be chosen, to love and be loved. It should be obvious, then, that the offender responds to treatment in much the same way as the rest of us. It is precisely for this reason that we are focusing on the offender at this time. The human being imprisoned for an offense experiences rejection in a form more severe than any of us can imagine, and his response to this rejection if we apply the Moreno system must be rejection of society.

When Dr. Moreno came to the United States in 1928, he had already written and published a great deal on Encounter, Spontaneity Theater and Psychodrama. However, it was in the United States that he more fully developed Group Psychotherapy and Sociometry, and completed the formulation of his image of man. His first job in this country was as a psychiatrist in Sing Sing prison. This was not an unusual task for a foreign professional to accept when recommencing a career in the United States. His second

important position was as psychiatrist in Hudson Training School for Girls, a correctional institution in New York State. In my opinion it is no coincidence that it was in these correctional institutions that Moreno developed sociometry and made great theoretical contributions to an understanding of interpersonal relationships. It was at this time that he wrote his magnum opus; *Who Shall Survive: Foundations of Sociometry, Group Psychotherapy and Sociodrama.* It was in a correctional setting that Moreno the scientist was in a position to observe the interaction of people rejected by society in interaction with their captors as well as with their fellow rejectees. He could see the caste system in action with the custodial force representing the rejecting upper caste and the inmate populations constituting the rejected lower caste. He could also observe the social structure developed within the inmate lower caste, the most violent and the most criminal attaining higher status and the weaker being victimized. Furthermore, he could observe the hostility shared by most inmates toward their captors and the escalation of reciprocal hostility. To an extent the prison situation resembled in many respects the system outside the institution. There too the wealthy and powerful tended to reject the poor and unsuccessful. There were, however, some important differences. Outside the prison the individual could choose people like himself to associate with. He could also avoid association with people who rejected him. What is even more important he could avoid association with psychopaths. In prison the inmate is at the mercy of rejecting captors and at the same time is victimized by psychopathic fellow inmates. The net effect is to leave him little hope—to destroy him. The dull monotony of prison routine minimizes the novelty in life and reduces the possibility of developing spontaneity. Alternatives to spontaneity are conflict, evasion, rigidity, and/or isolation. These are the characteristics we encourage in a prison. Spontaneity and creativity are impossible in a prison setting. Moreno notes that when we begin to let loose each individual and each group against one another,—each striving to see his particular wishes or the wishes of his group fulfilled, then we divide the community into different sections. A prison community with the dominant group oppressing the inmate population cannot be therapeutic. For this reason alone, the best programs offered in a prison setting are wasted and the highest qualified therapists are ineffective.

Let us briefly discuss the uses made in the field of corrections of some of Moreno's contributions. The first one to be widely applied was Group Therapy. In a survey conducted by Lloyd W. McCorkle in 1952 only 12 percent of the three hundred and twelve penal and correctional institutions contacted reported having a program of group therapy. Thirty-five of those who replied reported the use of some form of group therapy, the major emphasis being on lectures and discussions. Where group therapy programs had been initiated the principal purpose was to adjust the inmate to prison life.

The first attempt to apply psychodrama or sociodramatic techniques to the problem of assignment in a correctional institution was reported by Moreno in 1937. At the time he was involved in the problem of assigning new arrivals to cottages and work teams in a correctional institution for delinquent girls at Hudson, New York. The total delinquent population at the time of testing approximated five hundred. Initial assignment of an individual to a cottage upon her arrival at Hudson was based upon five tests. These were; (a) The Parent Test; (b) the Family Test; (c) the organization of every home group as determined by the sociometric test; (d) the organization of the individual's home group outside and (e) Psychodramatic tests.

In the course of his work at Hudson, Moreno employed psychodrama extensively both for diagnosis and therapy. Success or failure in each individual case was generally determined by modifications in the sociometric position of the subject. Such changes in behavior as reduction in the number of temper tantrums, stolen articles, secret dates, and the passing of incriminating letters were noted. There was also a decline in aggressiveness and reduction in the number of runaways. These improvements were attributed to the techniques in assignment previously referred to and to the general application of sociometric and psychodramatic methods.

Facing the problem of returning his population from Hudson to a more complex environment, Moreno employed spontaneity training as a form of preparation. He resorted to creating experimental environments, by means of play situations, permitting action in a number of roles, resembling insofar as possible the living ones. The individual received training in a variety of roles for conduct in possibly arising situations and was thus prepared to meet life situations with some experience or practice. Analysis followed closely after the action. Prior to leaving Hudson, the girls were given 'Exit Tests.' The Exit Test involved acting in three situations the individual was expected to face in the community at large; a family situation, a work situation, and a community situation.

In 1951, Corsini, based on his experience in four penal institutions over a period of fifteen years, and on his observation of some fifty group therapists, expressed the view that only psychodrama approached individual therapy. This appraisal was made approximately a quarter of a century after Moreno first employed psychodrama in a New York State Penitentiary and in a correctional institution for delinquent girls. Although the use of psychodrama and role playing had increased considerably in the areas of Mental Health, Industry, and Education in the course of these twenty-five years, they had not been employed extensively in our penal institutions.

How extensive was the use of group therapy, psychodrama, or role training in the 1950s? In 1954 when I first experimented with psychodrama and role training in the Rikers Island Penitentiary, an institution that reported having a

group therapy program, there was one group therapy session a week in the prison attended by eight to ten of the 2,300 inmates. There was no psychodrama or role training of any kind. Around that time Dr. Alexander B. Smith and Dr. Alexander Bassin introduced group therapy into the field of probation at the BARO clinic in Brooklyn, New York. I know of no group therapy, psychodrama or Role Training program in probation or parole prior to their efforts.

What is the situation in 1974? In my opinion, there is hardly a prison or other correctional institution in the United States that does not offer some form of group therapy. This is certainly true of California and New York. Psychodrama and Role Training are not as widely used in the correctional institutions largely because there are not enough professionals at these institutions who have received training in Psychodrama. As for probation and parole, Role Training Associates of California, with which I am affiliated, has offered seminar-workshops in Psychodramatic Role Training for the past ten years in California. Approximately 700 probation officers and parole agents have participated in these seminar-workshops. At least three other institutes in California also offer training in Psychodrama and Role Playing in the form of classes, demonstrations and workshops. Several probation departments in California have extensive Role Training programs of their own. Two very large counties have made Role Training as their treatment of choice and provide training in action methods for their probation officers. Moreno Institute in New York and its other affiliates offer training in the eastern states and other parts of the country.

We may conclude, without fear of contradiction, that one of Moreno's contributions, Group Therapy, has gained almost universal acceptance in the field of corrections. The action methods he created, Psychodrama, Sociodrama, and Role Playing, are also widely used. Why then do we still have serious problems in our prisons? Why are not more people rehabilitated through the use of these treatment methods? In my opinion it is because we as a society have failed to apply what I consider Dr. Moreno's greatest contribution, Sociometry, to the field of corrections.

Sociometric theory is based on the idea that we never deal with an individual in isolation but with the individual in relationships. The individual appears to seek persistently for regard, esteem and affection towards himself as a person. When this seeking meets with reciprocation he shows himself able to relate well to others and to their goals in common group oriented settings. When, however, he is blocked from fulfillment on a person-to-person level his pattern in group oriented settings is unfulfilling in fundamental satisfactions. It has been demonstrated that fulfillment in less intimate groups (work groups, and school groups), may produce changes in patterns of behavior in our most intimate groups (family). The sociometric choice of one individual

for another or one group for another is recognition that the other is sympathetic to those aspects of his personality which need expression or development. Rejection of one individual or group by another is recognition that the other is unsympathetic. A basic principle in Sociometry supported by a great deal of research is that choices tend to be reciprocated and rejections are almost invariably reciprocated. If we apply the principles of Sociometry to the field of corrections we must conclude that it is impossible for a prison to rehabilitate. The correctional staff of a prison has as its primary function "security." While correctional institutions differ in the amount of physical brutality inflicted on inmates there are few differences in psychological brutality. Few of the quarter of a million persons incarcerated in the United States are rapidly rehabilitated. Few are returned to society as good citizens. Most come out embittered people. They leave the prison as enemies of society even if they were not when they entered the prisons. Some explanations offered for the failure to rehabilitate are that there are not enough therapists, that therapists are not adequately trained, and that convicts return to unsuitable environments. These statements while true are alibis rather than explanations for the failure to rehabilitate. *The fact is that the field of corrections, although half-heartedly accepting some therapeutic practices including group therapy and Role Training, has totally ignored the sociometric truths inherent in the Moreno system. The inmate of a prison enters the institution rejected by society and his treatment at the prison from the day of his arrival to the day of his departure is that of a rejectee.* Moreno has pointed out that the longer a group endures the more it begins to develop and share an unconscious life from which its members draw their strength, knowledge, and security. The only group of which the inmate of a prison is a part includes only other criminals and a criminal value system. The criminal group becomes the reference group of the prisoner. The custodial force is the enemy.

It is obvious from the foregoing that we cannot rehabilitate offenders in reformatories or prisons. These institutions should be eliminated as rapidly as possible. The phasing out of all reformatories and prisons may be accomplished in three stages:

1. The closing of all reform schools for juveniles in 1975. Young people now sent to such institutions would be sent to small treatment centers in their communities housing 20 youths and emphasizing education and training for work in the community. The ten to fifteen percent who are diagnosed psychopathic would be placed in institutions dealing with psychopaths. This would protect other children and society as a whole from violent gangs dominated by psychopathic leaders. Massachusetts has already abolished reformatories for juveniles. Wiltwyck has achieved success in treating young psychopaths from New York City. Wales has reported success in the operation of a psychopathic hospital. It is about time that we establish such treatment facilities.

2. We would immediately start screening all adult prisoners and removing those diagnosed as psychopathic. Less than 35,000 of the quarter of a million people we have locked up in prisons are psychopaths who may be considered dangerous to themselves or others. The remaining eighty-five percent of the people we have in our prisons are there because we as a society have decided to punish them at a cost of over a billion dollars a year to ourselves and shattered lives for them. The psychopath should be placed in psychopathic hospitals which can be established in 1975. The remaining eighty-five percent of the inmates of prisons need protection from dangerous psychopaths as much as we do. To deny them this protection subjects them to barbaric treatment at the hands of psychopathic inmates. The American people have been led to believe that most people in our prisons are dangerous. Nothing is further from the truth. The "serious crimes" which provide the basis of the Crime Index of the FBI include seven offenses—Murder, Forcible Rape, Aggravated Assault, Robbery, Burglary, Larceny, and Auto Theft. Of the nearly 6 million of these crimes known to the police in 1972 over 5 million were non-violent property offenses *not* in the presence of the victim. Approximately half of the 838,000 violent crimes were robberies. The vast majority of people in our prisons are poor people, in prison for burglary, larceny and violation of ridiculous drug laws. On Friday, April 19, 1974, for example, Judge John Lance of Alabama sentenced a Tuskegee student to 7 months imprisonment for stealing an 87 cent can of luncheon meat. On the same day this same eminent jurist passed out the following sentences to imprisonment:

    7 months—to a man for stealing a pair of shoes
    1 year—to a woman for stealing $10 worth of groceries
    3 months each—to two men for stealing $18 worth of property.

Granted these people are not typical of those in prison. Nevertheless, as a result of these sentences they may be thrown into close contact with dangerous psychopaths. While most of the people in our prisons for larceny have stolen more valuable property, the essence of the crime is still the same. According to the FBI there were 1,837,800 offenses of larceny of over $50 in 1972 and the average value of property stolen in each larceny was $111.00. The average value of goods and property stolen from victims by pickpockets was $98, by purse snatchers $53, by shoplifters, $25, by thefts from autos, $149 and from buildings $187.00.[1] Those convicted of these offenses are felons many of whom are now serving sentences in our prisons. The cost of maintaining one such person in a state prison is approximately $14,500 a year.

3. Inmates of prisons who are not diagnosed psychopathic would be placed in community treatment centers housing about 20 persons each as soon as such centers could be established. Group Psychotherapy, Psychodrama Role Training, and other treatment methods would be available at community treatment centers to expedite the process of rehabilitation. Minneapolis has

pioneered in screening out some of its prisoners in a program of release and restitution. The imprisoned offender meets with the victim and they sign a contract in which the convict agrees to pay the cost of his crime. The convict is then placed on close supervision parole and makes payments to his victim out of job earnings. This program is in its second year. Of 28 men in the first year of the program seven failed in 15 months. Five had run away, one went on a spree of writing bad checks and one violated parole.[2] This creative way of substituting distributive justice for retribution appears to be effective. However, any treatment method is likely to be more effective in a small community treatment center than in a prison.

Many professionals are reluctant to apply the classification of psychopath because of the way the term was used in the past. For many years the catch-all label "psychopathic personality" was applied by psychiatrists to all persons whose behavior deviated markedly from the normal, yet who could not be properly categorized as neurotic or psychotic. It included people with schizoid traits, with cyclothymic or paranoid tendences, sexual deviates of all types, as well as those with antisocial disorders, gross inadequacies of character, and numerous other difficulties. Such persons, it seemed, could not be considered by the psychiatrists to be "normal." Beginning with the 1930s and continuing through the 1960s, scientific articles appeared in professional journals and books regarding the nature, causes, and treatment of psychopathy. This research led to a rejection of the belief that psychopathy was a hereditary, innate lack of "moral sense." Increasingly, research gave support to the belief that psychopathy was developed in interactions with others, first in the family, and then with peers.

Dr. Hervey Cleckley, the psychiatrist who has contributed much to the clarification of the psychiatric terminology in this area, defines sociopath as follows: "This term refers to chronically antisocial individuals who are always in trouble, profiting neither from experience nor punishment, and maintaining no real loyalties to any person, group, or code. They are frequently callous and hedonistic, showing marked emotional immaturity, with lack of responsibility, lack of judgment, and an ability to rationalize their behavior so that it appears warranted, reasonable, and justified."

McCord and McCord define the psychopath as "an asocial, aggressive, highly impulsive person who feels little or no guilt and is unable to form lasting bonds of affection with other human beings." Dr. Cleckley considers the McCords' statement accurate.

It is apparent from the above discussion that the terms *sociopath* and *psychopath* may be used interchangeably. Applying the Moreno system, particularly Sociometry, a child who never associates his behavior with approval or disapproval of his mother is likely to develop into a psychopath. The actions of others, most especially his mother's, do not relate to what he does or what

he is. She yells at him, hits him or ignores him strictly according to her needs at the time. The result is that he does not learn to adapt his behavior to the needs of others. Furthermore, he does not learn to love. He acts impulsively to suit his own needs of the moment and feels no guilt if he hurts others. Such a person is dangerous to others, most dangerous if his aggressions are violent.

It is not difficult to distinguish dangerous psychopaths from other persons. No more difficult than it is to make any other psychological or psychiatric diagnosis. It is alleged that we have to be careful in diagnosing because there is a five or ten percent margin of error. Let us assume that there is the possibility of error. For that reason alone, if for no other, we must not permit psycho-surgery, electric shock, aversion therapy or any other physical inter-vention. The program of The Welsh Psychopathic Hospital does not include any of the above.

In Wales, as in England, the Mental Health Act of 1959 defines psycho-paths in terms of a persistent lifetime disorder, serious irresponsibility or aggression, and a doctor prepared to treat them. Whether a diagnosis of psychopathy is applied in Wales depends very much on chance factors, such as whether a deviant child is channeled early into mental health or penal pathways and, later, the parental social class and type of doctor, if any, to which the young person is referred. In Wales, psychopaths are diagnosed and placed into three categories. The first category includes those for whom admission to a hospital for treatment seems unnecessary. They are labeled "psychopathic avoidable," considered harmless, and treated in the community. The second group needs admission and can be persuaded to accept this—often against a background of more severe court measures. Some enter informally. For most, however, this Welsh unit requires court conviction and a hospital order with a diagnosis of psychopathic, so that the patient sees justice done and being *impulsive* and *affectionless*, cannot change his mind. The third group is comprised of those unsuitable for admission. This may be because they are English (and their families are not available for help), severely psychopathic (highly aggressive, impulsive, and affectionless) and thus, at outset, more safely forwarded to closed English hospitals, appropriately labeled criminal and imprisoned. The characteristics of an individual that lead to a diagnosis of psychopath in Wales are similar to those described by Dr. Cleckley, the McCords, and others in the United States.

The treatment at the Welsh Psychopathic Hospital consists of training with real-life situations,—farm, forest, and estate work—continuously used for nurs-ing and medical psychotherapy under trained psychiatric nurses and a consul-tant psychiatrist. Inmates are taken shopping by bus each week, and most either go home or go camping at Christmas, Easter, and summer holiday times. Discipline depends primarily on interpersonal relationships, fortified by loss of money, privileges, and week-end or home leave. Escapes occur when

discipline is unfair. Aftercare involves hostels or residential hotels, and local social-worker and psychiatric surveillance.

Over the period 1962 to 1967, the three-year conviction rate was 49 percent. While in the hospital, the psychopathic patient is given some psychiatric treatment, but the emphasis is on occupational training. He is allowed out on furloughs, and relationships with families are maintained. On aftercare a social worker supervises him and helps with his family and community relationships.

I propose supplementing this sort of treatment with the Synanon program, Psychodrama, Role Training, and any other group or individual therapy considered to be appropriate.

Those psychopaths who are severely psychopathic would be placed in closed psychopathic hospitals staffed by personnel furnished by Synanon, Delancey Street Foundation, or National Prisoner's Reform Association. No person would be employed as a staff member of a psychopathic hospital unless he had served at least a year as an inmate of a prison. Such persons, properly trained, are most likely to develop positive sociometric relationships with psychopaths. They know from experience how to deal with impulsive and aggressive behavior. Furthermore, in establishing positive sociometric relationships they may also help the psychopath to overcome his two greatest defects, lovelessness and lack of guilt.

As we transfer the dangerous psychopaths from prisons to psychopathic hospitals we will make their treatment more effective and cure more likely. If we simultaneously begin to transfer the eighty-five percent who are not psychopathic to community treatment centers we will make their treatment and rehabilitation more effective. We should in a very short time begin to close down some of the prisons that inflict so much suffering on poor and helpless people. In the past, professional societies, maintaining a "scientific" attitude toward social problems have refrained from making recommendations to our governing bodies. This year, however, the American Psychological Association has decided to create an organization to take stands on important social issues. The ASGPP was founded by Dr. J. L. Moreno and may be expected to recommend action based on his theoretical contributions. Perhaps if the ASGPP takes a stand in favor of phasing out reformatories and prisons other professional organizations will follow. Dr. J. L. Moreno has never hesitated to pioneer in new fields of human understanding and treatment. I would hope the society to which he devoted so much of his energy would follow in his footsteps.

REFERENCES

1. *Uniform Crime Reports*, 1972, p. 21.
2. "Prisoners Get Chance to Pay Their Victims," Los Angeles Times, April 21, 1974, Part IX, p. 2.

BIBLIOGRAPHY

Cleckley, Hervey M., "Psychopathic States," in *American Handbook of Psychiatry*, ed. Silvano Arieti (New York: Basic Books, 1954).

Craft, Michael, "The Moral Responsibility for Welsh Psychopaths," in *The Mentally Abnormal Offender*, ed. A. V. S. Rueck and Ruth Porter (Boston: Little, Brown, 1968).

Haskell, Martin R., *An Introduction to Socioanalysis*, (Long Beach, Calif.: The California Institute of Socioanalysis, 2nd Edition, 1972).

Moreno, J. L., *Who Shall Survive?* (Beacon, N.Y.: Beacon House, Inc., 1953).

———— "Sociometry in Action," *Sociometry*, 1942, 5, pp. 298-315.

———— *Foundations of Sociometry*, Sociometry Monograph, No. 4. (Beacon, N.Y., Beacon House, 1944).

———— "Ideas and Plans for the Development of a Sociometric Society" *Sociometry*, Vol. VIII, No. 1, 1945.

———— "The Spontaneity Theory of Learning," *Sociatry*, 1948, 2, pp. 191-196.

———— *Psychodrama*, Vol. 1, (N.Y., Beacon House, Inc., 1946).

———— (ed) *The Sociometry Reader*, (Glencoe, Ill.: The Free Press, 1960).

WARM-UP TO A SOCIOMETRIC EXPLORATION*

ANN ELISABETH HALE, M.L.S., M.A.

Beacon, N.Y.

Every group has underlying structures which to varying degrees influence the alternatives we acknowledge, the choices we make, and consequently, the energy we expend in response to each other, and to our positions in life. Dr. J. L. Moreno, who originated both the concept of the therapeutic group (1913)[1] and that of the therapeutic theatre of psychodrama (1910),[2] created *sociometry*[3] as the conceptual framework for understanding group structure and resulting group interaction. The primary purpose of a sociometric exploration is to develop *sociometric consciousness*, to provide training in the awareness of that underlying network of feelings between self and others, and between others. A number of devices (techniques) exist which accomplish this purpose to some degree. In this paper I am concerned with the sociometric test devised by Moreno which results in the *sociogram*. This is the sociometric exploration which is conducted on the basis of criteria for which participants choose to (or choose not to, or to be neutral toward) spend time and share space at some pre-announced activity. The utilization of the sociometric test is especially beneficial to groups concerned with personal growth, organizational development, communication or human relations skill training, and group leader or psychodrama skill training.

There is a vast literature on the origins, development, utility, techniques and procedure of sociometry theory which the reader is urged to explore. The impetus for this paper comes from a statement in *Who Shall Survive?* (1953):

> Sociometric procedures should be greeted favorably as they aid in bringing to recognition and into realization the basic structure of a group. But such is not always the case. They are met with resistance and even with hostility by others. Therefore a group should be carefully prepared for the test before submitting to it.[4]

Moreno further suggests that resistance to the sociometric test (hereafter referred to as sociometric exploration) is due to "ignorance of what sociometric procedure is, and the fear and resistance to the consequences."[5] In this paper I suggest a means for acknowledging and dealing with these concerns.

First, a group leader needs to be aware of the wide range of sociometric procedure available, and whenever possible match a procedure to the expressed group or individual need. Selecting a sociometric procedure requires a sensitivity to the group similar to that required when choosing a particular "warm-up" or "starter" utilized for getting a group ready for action, or for sharing themselves. Every newly formed group needs some warm-up procedure for dealing with the issues of inclusion in the group, to allow for group members to present themselves, to tell how they relate to the purpose of the group, to share additional needs they may have, and to make known what they have to offer the group. Some group leaders prefer that this introductory process happen organically thereby generating data about the group for future action and reaction. A sociometric exploration fits this initial group need and provides a group focus in order that individual needs can be viewed in relation to this overview of group structure.

A sociometric exploration can be conducted at other times in the group's history: when there is a heaviness due to unexpressed feelings; when there is disruption due to lack of, or too much, attention to rejected or isolated group members; when group members express irritation with being locked into too few roles; when group members would like to gauge growth and change with respect to their position in the group. The sociometrist becomes sensitized to these cues and can present *at the moment of need* a procedure best suited to explore the particular situation.

What becomes of importance at this point is an adequate and reassuring presentation of what is involved in the sociometric exploration to take place. The following elements should be included in that explanation:

1) How the suggested procedure applies to the here and now situation.
2) What the potential value of sociometric consciousness is for the participant, and for the group.
3) What the procedure to be followed is, and what is being asked of the participants.
Note: The sociometrist should be ready with examples, and be open to or even suggest questions.

The following is an example of a warm-up to a sociometric exploration conducted with a psychodrama training group. Certain key elements remain true for every exploration while other steps are included due to the nature of the group and the information desired from the exploration. The sample has been purposely extended to include many of the questions and concerns expressed by participants prior to proceeding. It therefore cannot be used as a gauge for the amount of verbal explanation needed. The sample is best used as a guide to dealing with frequently asked questions, all indications of the level of interest as well as the level of resistance within the group.

SAMPLE WARM-UP TO A SOCIOMETRIC EXPLORATION

THE SETTING

A group of seventeen psychodrama students-in-training have met for a morning training session. It is the second day of a two-week training period, and this is their third meeting. Seven of the group members are here for the first time. The other ten students, seven of which have at least two years of exposure to psychodrama, have an interconnected network of relationships: they either know each other from previous training periods, or they have mutual contacts among the student registry. It is shortly after 10:00 o'clock and various students are talking among themselves. Some newcomers are noticeably silent. After a brief period a beginning student, Bernie, stands up and suggests: "If nobody is going to start things off this morning I think it would be a good idea to get into action. I saw this great director at the Convention last year do a warm-up with the group that was really terrific. Now everybody try to think of an animal that you always wanted to be. When you have one in mind then come on up here (he indicates the action space) and we'll have a zoo."

There is a pause. Some people are reflecting, others are personifying tigers and birds, while still others are sitting, arms folded, and looking indignant. Bernie then urges everyone to come to the "zoo." Some go, some are hesitant, others sit tight. The group has its first out-in-the-open conflict. One member of the group who is experienced in sociometry offers a comment and a suggestion to the group.

SOCIOMETRIST'S INTERVENTION

We have here, represented in action, a sociogram of group member's choices about participating in a group warm-up. We don't know whether Bernie, as director of the warm-up, is the focus of the decision, or if being animals in a zoo is what everyone is reacting to. We can guess that it is some of both. The important thing is that we can find out. Every person has a reason for their position. I suggest that we freeze the action for the moment, and that each person reflect on those reasons. Once we've had a few minutes to think then each person in turn can soliloquize (speak those thoughts aloud).

SELECTED SOLILOQUIES

"I'm glad that someone has some energy this morning. I want to get into action and Bernie's idea is o.k."

"I don't know how things are done here, so I'm waiting until more people get into action before I join in. I never thought of being an animal and I don't know what to be."

"I came on up here but I'm not sure that is where I want to be. I'm not sure what is supposed to happen, but it makes me nervous to sit around and wait. Since Bernie has been here before I thought this was an o.k. thing to do."

"I don't like doing a warm-up just for something to do. There seemed enough for us to do with the warm-up left over from yesterday without stirring up more stuff. I don't mind getting into action but I want to know why first."

"I decided to come on up because I wanted to get to know some of the new people, and being animals didn't seem so threatening. I wonder if Bernie knows what he is getting into, but I decide that some of us are experienced enough to help him out if things get too far out of hand. He has to learn sometime."

"It seemed to me that Jake should be running things since he has the most experience. I've done the zoo thing before and it can be a real mess."

COMMENTS

Once each person soliloquized it became evident that the newer members of the group felt lost and were looking for facilitation and leadership; and, that the older students were reluctant to assume, or relinquish, the role of leader. The group had not had time, or opportunity, to *recognize* its leaders, nor had they acknowledged its isolates. At this point the sociometrist suggested that the group might benefit from a sociometric exploration. He was asked to explain what that entailed.

SOCIOMETRIST'S INTRODUCTION TO THE EXPLORATION

Every group has an underlying external structure and a sociometric structure which merge into a state which Moreno termed "social reality."[6] Right now we know more about our external structure because it is more visible. We know who has been here before, and who hasn't. Some people have staff status and some don't. We know names, where people are from, and something of each other's backgrounds from the sharing we did yesterday. One other factor which has some significance for us this morning is that there is no one appointed to be *in charge* for this particular session. To a lesser degree we know something about our sociometric structure, which is the network of interrelations we have, have had, and expect to have for each other. We're beginning to get the idea of who knows whom, and to act on some of the "vibes" existent in the group. Essentially we are still in the state of *beginning* to know each other. According to Moreno our group is *in statu nascendi.*[7] It is an excellent moment for us to examine the currents of feeling which exist between us and others. Another concept of Moreno's which it is important to

mention here is that of *tele*:[8] the feeling of attraction, or repulsion between two people. If there is *tele* between two persons the potential for interaction is there; however, a time and space must be provided or sought in order for that interaction to take place. *Tele* is not to be confused with transference which can also be an attraction or a repulsion, however the feelings are projected onto an image one has of someone rather than the actual person. As we continue to grow as persons and take responsibility for the quality of interaction we have in our life it becomes important to examine *what it is* that draws us close to some, warns us away from others, or has us wavering and uncertain.

Moreno devised the sociometric exploration as a way to examine those feelings which lead us to choices for each other, and which can be evaluated through interaction. In a sociometric exploration the group selects criteria for interaction, some shared activity for which specific time and space is indicated. Each person then makes choices for others to share an activity with, based on those criteria. The Center here provides forms for sociometric explorations. On the forms space is allotted for you to indicate those you choose to spend time with, choose not to spend time with, or choose to remain neutral toward on the basis of the criterion. There is no limit in this particular exploration upon the number of choices you make in each of the categories. It is important that each person in the group is included in one of the three categories. Space is given so that you may write down the reason for the choice which you have made. There is also a form which can be used for examining our perceptiveness or the degree of sociometric consciousness existent in the group. On that form we make perceptual guesses about who chose us, and why? Who did someone else choose, and why?, etc.

Before going further I want to check to see where you are with doing this together this morning, and to answer any questions which you may have at this point.

Question: All that we will be doing is making choices on these forms?

Sociometrist's Reply: Making choices and trying to give reasons for those choices is primarily all that is being asked. After everyone has done this it is necessary to assemble the information into a usable format. Anyone who wants to learn this part of the process is invited to help. Also, each person will be assigned a partner in whatever activity we decide upon so that one strong positive connection into the group can be experienced in action. It is very important to follow through on the choices we make. Later when we look at the information we have generated about ourselves it will be important for you to share with everyone else about how you experience the sociometry of this group. The three charts over there (Plates I, II and III) outline the basic steps involved in a sociometric exploration: a warm-up phase, an action phase, and a sharing phase.

W A R M - U P   P H A S E

```
┌─────────────────────┐        ┌─────────────────────────┐
│ Awareness of the need│        │ Selection  of a         │
│ to explore the socio-│───────▶│ sociometric procedure   │
│ metric structure of  │        │ that is suited to the   │
│ the group.           │        │ expressed needs.        │
└─────────────────────┘        └─────────────────────────┘
         ┌─────────────────────┐        ┌─────────────────────┐
         │ Discuss ways        │        │ Discuss the         │
         │ the suggested       │        │ potential value     │
         │ procedure applies   │        │ of sociometric      │
         │ to the here and     │        │ consciousness       │
         │ now situation.      │        │ to  the group.      │
         └─────────────────────┘        └─────────────────────┘
                    ┌─────────────────┐
                    │ Outline the     │
                    │ procedure to    │
                    │ be followed     │
                    └─────────────────┘
┌───────────┐                                    ┌─────────────┐
│ Answer    │       ┌─────────────────┐          │ Respect and │
│ questions.│       │ Clarify what    │          │ recognise   │
└───────────┘       │ is expected     │          │ anxiety     │
┌───────────┐       │ of participants.│          └─────────────┘
│ Reassure  │       └─────────────────┘          ┌─────────────┐
│ whenever  │              ┌─────────┐           │ Offer al-   │
│ possible  │              │ Obtain  │           │ ternatives. │
└───────────┘              │ consent.│           └─────────────┘
                           └─────────┘
```

Plate I

ACTION   PHASE

```
┌─────────────┐   ┌─────────────────┐   ┌─────────────────┐
│ Select      │   │ Make percep-    │   │ Construct a     │
│ criteria:   │   │ tual guesses:   │─▶ │ sociomatrix.    │
│ give time,  │   │ Who choose      │   └─────────────────┘
│ space, and  │   │ me, and why;    │           │
│ activity.   │   │ Who did not     │   ┌─────────────────┐
└─────────────┘   │ choose me,      │   │ Record all      │
        │         │ and why; Who    │   │ choices.        │
┌─────────────┐   │ choose to re-   │   └─────────────────┘
│ Declare     │   │ main neutral,   │           │
│ choices.    │   │ and why.        │   ┌─────────────────┐
└─────────────┘   └─────────────────┘   │ Share the       │
        │                               │ data blanks     │
┌─────────────┐   ┌─────────────────┐   │ with   the      │
│ Choose to;  │   │ Check percep-   │   │ participants.   │
│ Choose not  │   │ tual guesses    │   └─────────────────┘
│ to; Choose  │   │ against the     │           │
│ to remain   │   │ sociomatrix.    │   ┌─────────────────┐
│ netural.    │   └─────────────────┘   │ Ascertain       │
└─────────────┘                         │ mutuality.      │
        │                               └─────────────────┘
┌─────────────┐                         ┌─────────────────┐
│ Give reasons│                         │ Ascertain       │
│ for choices.│                         │ incongruity.    │
└─────────────┘                         └─────────────────┘
```

Drawing sociograms:

Select aspects of
the group you wish
to have represented
by sociogram (mutua-
lity, incongruity,
men's choices for
women, etc.) Also,
encourage each per-
son to draw their
individual sociogm.

Making assignments:

Assign each person
to at least one
other person on the
basis of closest,
positive mutuali-
ty. Give maximum
satisfaction. All
explorations are
to be carried out
in action.

Plate II

S H A R I N G   P H A S E

Give each per-
son the oppor-
tunity to share
how they ex-
perience know-
ing their socio-
metric position
according to
this criterion.

Evaluate your
perceptive-
ness.

Evaluate
this as a
learning
experience
for you.

Are you better
at perceiving
positive choices
than negative
choices?

Did you expect
this position?

Are there
changes
that you
would like
to make in
how you
make choi-
ces for
persons to
relate to?

Are you better
at perceiving
choices for
you or for
others?

What feelings
do you have
for it?

Where would you
like to fit?

Are you better
at perceiving
mutuality or
incongruity?

In what
ways have
you become
more aware
of your
sociometric
conscious-
ness, and
that of the
group?

What unfinished
business have
you as a result
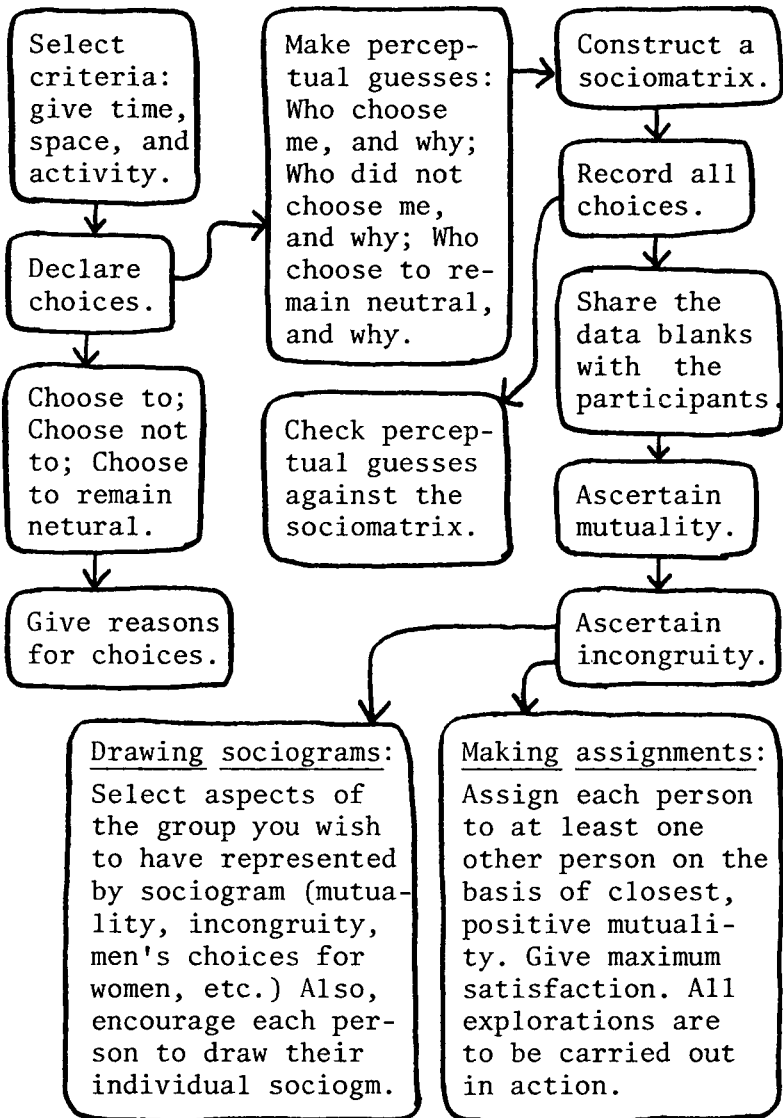of this explora-
tion?

Where would
you sharpen
your aware-
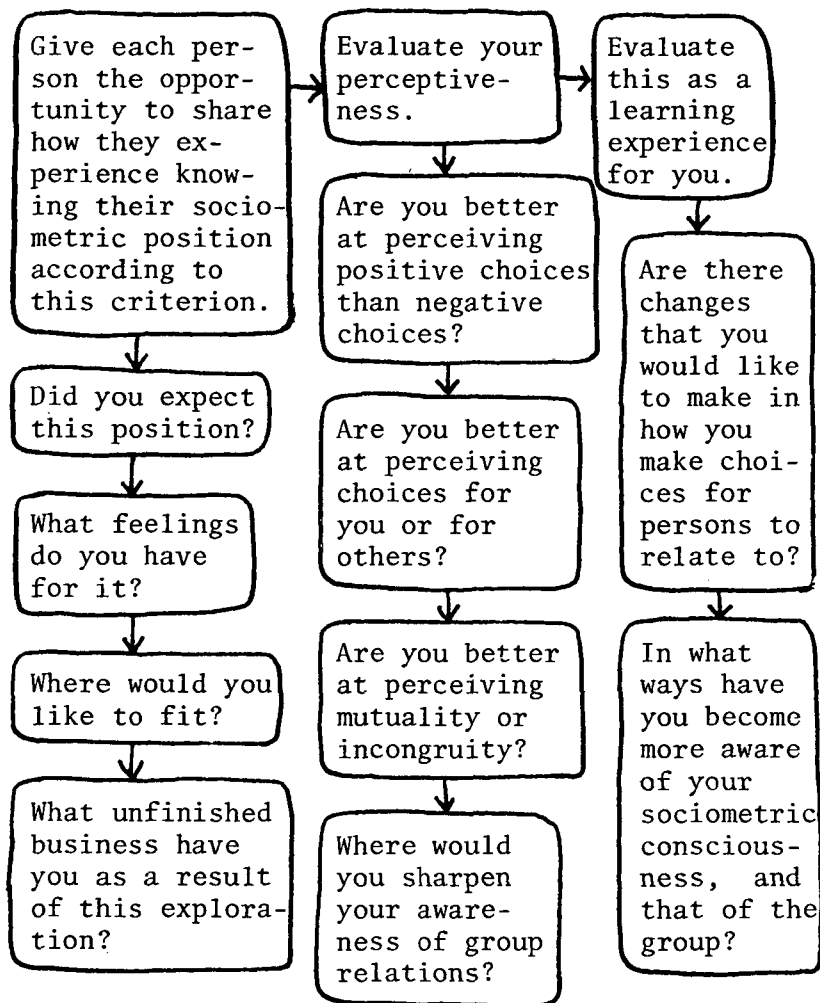ness of group
relations?

Plate III

Question: How is this going to help us decide who is the leader? Isn't it automatically someone who has been here a long time?

Sociometrist's Reply: A sociometric exploration only indicates where the potential for leadership lies within a group.[9] Leadership emerges from a process in which we all share. The length of time that someone has been here is one element of the process which comes from the external structure I referred to before. It could also be true that a person has developed a manner of interacting, a style of responding to the needs of others which is recognized as beneficial to the group. Much of the approval and recognition this person receives is due to the sociometric process. Different criteria produce different leaders. Leadership often moves from one person to another at varying time points and in different places. As our sociometric consciousness develops we will be able to recognize the shifts and movement of leadership in a group.

Here are sociograms from a previous group (Plates IV, V and VI). On the sociogram of choices for whom do you choose to work with on sociograms for two hours, Stewart and Hank are the sociometric stars. They were the most frequently chosen on the basis of the criterion explored. Their status within the group means that they have support and therefore are in a position to lead. Whether they actually choose to lead is another matter. Note that Stewart has a great deal of mutuality (people whom he chose, also chose him). Hank has received a number of choices which he did not reciprocate. It might be possible to deduce that Stewart is the more willing leader of the group. First it is important to know the reasons for the various choices. In the sociogram "Who do you choose to go out to eat with?" (Plate VI) there is quite a different configuration. There Frieda is also in a star position. It is possible to deduce that in social matters Frieda is the one expected to get things started.

In order for us to ascertain where the potential for leadership lies in this group it will be important to select criteria which will give us information more related to the training for which we have come.

Question: Aren't our choices kept confidential?

Sociometrist's Reply: Your question reminds me to tell you that the sociograms I showed you are sociograms of an actual exploration conducted several years ago. The names of the participants were all changed to ensure confidentiality. To answer your question more specifically, it is possible to conduct a sociometric exploration in which all individual choices are kept confidential. One person would be entrusted to handle all the data and to reveal only the resulting assignments. Not knowing who chose whom, and not sharing with each other about choices, makes it necessary for us to fall back on our unenlightened perceptions and guesses. We may have gained some sociometric consciousness by becoming aware of our preferences; however, we are unable

Plate IV

S O C I O G R A M

Criterion: To work with on sociograms
    for two hours in the library
___ positive choice --- negative choice
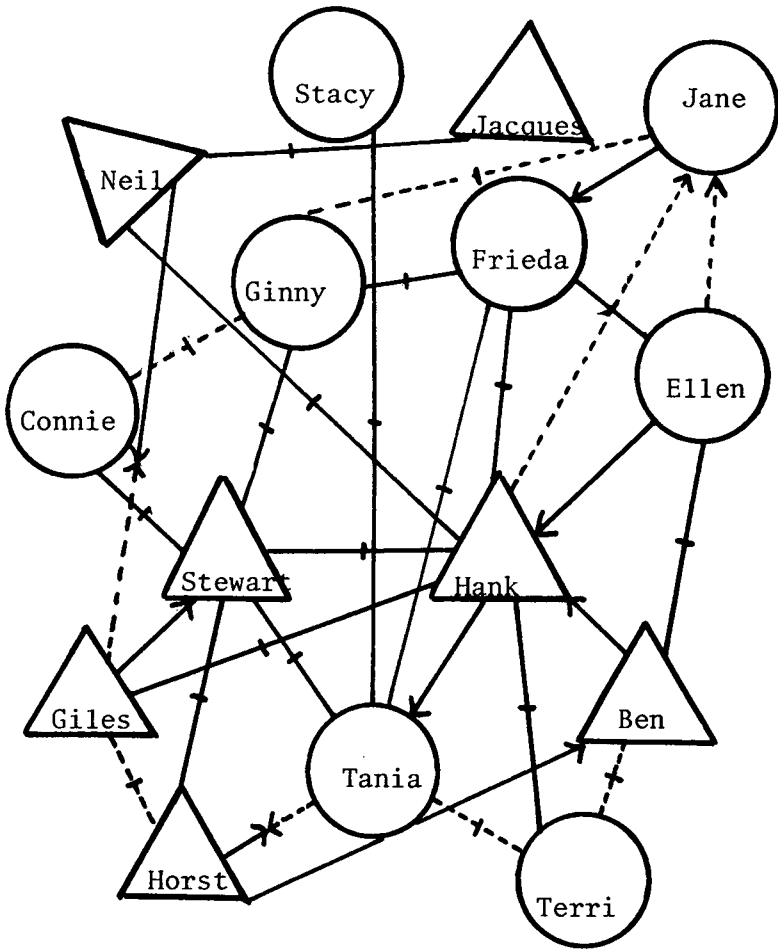
Plate V

S O C I O G R A M

Criterion: To have as your "double" for
½ hour, in private

___ positive choice ---negative choice

Plate VI

S O C I O G R A M

Criterion: To go out to eat with (2 hours)

___ positive choice   --- negative choice

to confirm mutuality or incongruity, and, we are no further in our knowledge of group *tele* processes.

Question: Doesn't this sort of thing cause a lot of hard feelings?

Sociometrist's Reply: It can, yes. However, there is an underlying current of feeling seeking expression and confirmation in each of us. If opportunities aren't provided for that expression, we find ways.[10] This is often what causes "sideways" or other inappropriate communication between people, which result in those same "hard feelings." A sociometric exploration is not intended as an instrument for dumping unpleasantries on others. It is a mechanism for tuning-in to the self, and for reporting as accurately as possible what response we have to each other. Fortunately psychodrama is available to us as a means for working through conflicts or other repercussions which are revealed to us through the sociometric exploration.

Question: I came here to learn psychodrama. If I like somebody I go up and tell them. This looks like putting on paper something that could be done in life. I don't really get the connection.

Sociometrist's Reply: The two may not seem connected but there is a connection. You may have heard Zerka Moreno[11] say that: "Psychodrama is a laboratory for learning how to live." Sociometry is the conceptual framework for psychodrama, it teaches us how and to whom to relate, and it too has instruments for exploration which are of the "laboratory" kind. By recording on paper our choices and reasons for choices we are able to do this together at a fixed point in time. We are able to have an "aerial" view of our sociometric network, as well as the person-to-person view. This process trains us to recognize and respond to sociometric factors more adequately as they occur *in situ* because we have developed a sense for the whole picture. We can go up to people and tell them that we like them. What is more difficult is dealing with the negative and rejective feelings that we have for each other. A sociometric exploration makes it possible for us to explore both and to become more aware of skill in dealing with the feelings we have for each other as a totality. Sociometry will add to your skill as a psychodramatist. One of the functions of a psychodramatist is to assist others in conceptualizing and integrating what he is learning. Unless we can do that we do not maximize the learning opportunities.

Question: I feel anxious about doing this. I don't know why. It seems to make sense to me.

Sociometrist's Reply: I can understand your anxiety and assure you that any exploration into the less known is anxiety-provoking. On the one hand we already have a conceptual and perceptual process working for us, one which we have developed more or less on our own and at a risk to ourselves. Here

we are again at another crossroads in learning. The anxiety is from not knowing the results and what impact this new learning will have on us. Respect your anxiety. It is a gauge for determining the amount that you are comfortable in sharing. Be aware of it and when it keeps you from being as explicit as you could be. We are both participant, observer and researcher in this exploration.[12] As you proceed in this experience focus on yourself, the level of anxiety and utilize that information, as well as what you do or do not reveal to others. We are exploring the *here and now* and your anxiety is a part of that.

One thing you might do to learn from your anxiety is to fill out two forms: one that you are comfortable handing in, and one which includes all the choices you would make if you felt less anxious about revealing that information. Once we have drawn the sociograms and have a picture of the group choices, refer to the second form and evaluate for yourself what differences the more "real" choices would have made in the sociometry of the group.

Question: Do we have to reject people?

Sociometrist's Reply: If on the basis of the criterion you are honestly not able to choose someone, then you indicate either a neutral or a negative choice. It is not wise to skip over that portion because it seems unpleasant. If you feel unsure of yourself in this area, it may be helpful for you to visualize yourself actually engaged in the activity suggested by the criterion with each person. Focus on the feeling this generates, and if you determine that you would rather not choose someone on the basis of this criterion, then indicate that, and try to give a reason.

Each of us has experienced rejection, and is able to sympathize with the rejected. We have also experienced the hurt and the confusion of not knowing where we stand with someone. We have felt frustrated with their inability to be straight with us. A sociometric exploration is an opportunity for learning how to make choices and to take responsibility for our feelings.

Total rejection of another person is rare in my experience. By examining our negative feelings for another person in relation to a variety of criteria we may arrive at a shared activity (length of time and amount of space) that is comfortable for both of us. It is only by checking this out that we can *know* each other and can assess the potential of the relationship. Sometimes positive choices may be traumatic for a person, especially if they have been unable to accept themselves in positive ways. It becomes the responsibility of the group to deal with the information generated, to keep alive the search for criteria which will maximize movement within the network of the group.

Question: Why don't we get started. This talking about it is making me nervous!

Sociometrist's Reply: Good question. I'm glad to have an idea of who is ready to go ahead. We have been in the warm-up phase of the exploration. Unasked questions and unexpressed concerns inhibit our spontaneity and eventually the validity of this experience.[13] We all warm-up at different speeds. Evidently we have prolonged your warm-up. Let me check with the others and see who is ready to go ahead with this exploration.

Comments: There were no further questions. A willingness, even eagerness to begin was indicated. The group decided to design criteria which assisted them in recognizing group leadership as it related to aspects of their training as psychodramatists. The following criteria were selected:

Whom do you choose to work with on sociograms for two hours in the library?, and

Whom do you choose to share a doubling experience with (to double for, and to have as your double) for ½ hour in private?

From here the group moved through the action and sharing phase of the exploration (See Plates II and III). Two people chose to fill out the second form, and then decided to turn in the more explicit one. Often the act of making choices relieves the participants of enough anxiety to make it possible for them to take more risks than they had previously given themselves credit for.

As the week progressed various comments were made by group members which were indications that they were more aware of how group decisions were made. Toward the end of the week the group requested another sociometric exploration in order to confirm their perceptions of the changes which had occurred in its sociometric structure.

This example attempts to cover many of the concerns expressed by groups contemplating a sociometric exploration. The sociometrist is urged to meet those concerns with knowledge of the process, and with respect for the participants.

NOTES

1. J. L. Moreno. *Who Shall Survive?* Beacon, N.Y., Beacon House, 1953, p. xxviii.
2. *Ibid.*, p. xvi.
3. *Ibid.*, p. xix.
4. *Ibid.*, p. 94.
5. *Ibid.*
6. J. L. Moreno. *Sociometry, Experimental Method and the Science of Society.* Beacon, N.Y., Beacon House, 1951, p. 127.
7. *Op. Cit.*, p. 311.
8. *Ibid.*, p. 53-54, 311-328.
9. For more information on this topic consult: Helen H. Jennings. *Sociometry of Leadership* (Sociometry Monographs, No. 14) Beacon, N.Y., Beacon House, 1947.

10. Carl E. Hollander and Sharon Leman, "Sociometry," *Sensorsheet* (A co-publication conceived by the Environmental Studies Project and the Earth Sciences Teacher Preparation Project) Winter, 1973, p. 5.
11. Zerka T. Moreno is the Director of Training in Psychodrama, Sociometry and Group Psychotherapy at the Moreno Institute, Beacon, N.Y.
12. Moreno. *Who Shall Survive?* p. 61-62.
13. *Ibid.*, p. 110.

SOCIAL ATOM: AN ALTERNATIVE TO IMPRISONMENT*

SHARON L. HOLLANDER

Denver, Colorado

Each time I enter the prison gates, I am struck by the quietness of the place. It feels akin to the silence of a tomb where life meets death. I remember when I began consulting how frightened, enraged, and saddened I was at seeing this place. I was overwhelmed and frightened at the harshness and desolation of prison life; and, now, after spending four weeks a year for the past three years working with the male inmates in psychodramas, I am amazed how I no longer allow myself to fully experience the "place." In order for me to continue working with the men, I have to "control" what I feel, see, and experience; and I believe that is what is required of most people inside the prison walls. It is necessary to deny the reality of the moment to continue existing there. To me, being in prison is experiencing living death. It is an institution so conserved and controlled that to survive one must live in the past or future. The present has no room for relationships, spontaneity nor creativity. Time takes on new dimensions, and the notion that "each man does his own time" although relevant to every human being is a stark reality in prison.

It pains me to experience the aseptic environment and to be with men who exist with so few "rights" that we in a democratic society have learned to take for granted. I see people looking and acting like robots, and I feel helpless and angry. Although I have grown to understand and appreciate the dilemma of the penal system, I still experience it as one of the most dehumanizing, degrading and destructive institutions I have ever experienced.

Inside the prison walls exists a delicate and subtle balance of power between the inmate and prison officials. It exists for the purpose of controlling feelings, maintaining order, and, thus, surviving. The inmate and prison officials live in a caste system, each with their ascribed roles, i.e., the keeper and the kept, the violator and violated, the punisher and the punished. They have a symbiotic relationship that has been in process for generations. To ask who has the power or who is the keeper is an academic polemic. The entire system is isolated from and closed to the rest of society.

It is a lonely place for inmates and staff. When 1400 men are encaged, feelings must be controlled, and nothingness is felt to excess. Men go through

the motions of living. As Carl E. Hollander expressed, "Men become human-doings, not human-beings." Sexual feelings must be ignored, rage suppressed, anger channeled, love feelings controlled and intense sadness dismissed. It is as if everyone knows that if feelings are made conscious, the entire system is in jeopardy and someone will end up dead. The issue is survival! The emptiness of prison life is camouflaged by the men. What at first appears to be quite spontaneous and creative interactions are later discovered to be conserved behavior that has been passed down for generations within the prison walls. The men experience most of their life through memories, daydreams and fantasties of the future. They rehearse their expectations of life over and over. Intimacy, learning, and growth, all by-products of creativity, cannot exist in this environment. In order for this to exist, inmates and officials would have to cross caste lines and re-establish a new social order.

My husband and colleague, Carl E. Hollander, and I have been contracting with the Federal Bureau of Prisons to provide sociatric services to inmates at "Prisonville," a central United States prison. We met with an average of seventy-five inmates for two consecutive weeks two times a year for the past three years. The men with whom we met were inmates assigned to the prison's Drug Abuse Treatment Program. Although each man had been convicted and incarcerated for a variety of offenses, they all had been involved with drugs, e.g., through possession, transportation, sales, and/or addiction. We worked for a day and a half with an average of 12 men.

Initiating a relationship with the men would have required twice the time it actually involved were it not for the Drug Abuse Treatment Program Director, whom I shall call George. George had established so much respect among his staff and the inmates that based upon his word we were allowed optimal entry rites into the caste system of "Prisonville." George was the key to the program and a sociometric leader. Subsequent to the first and second groups with whom we met, the communication networks carried the word throughout the dormitories that we were "out front," "square-business" people. In fairly rapid time we were seen as non-caste members. We were not part of them nor part of the staff, but rather, visitors, friends, and people from "off front-street" beyond "the bricks" who had something different and powerful to offer without any conditions or hidden games that might render them impotent or vulnerable to the penal system.

We returned to "Prisonville" six months after our initial visit. There had been racial unrest and rioting over the summer interim, new men were added to the program, others had made parole, and the familiar faces had paved the way for our visit. The majority of people in our first group had entered into psychodrama sessions during our last visit and had tacitly begun to identify those group members who "needed a psychodrama." Very little orientation was required upon our return. The process of warming up preceded us, their

ambience was warm and welcoming. There was a large volume of interest in the "outside" world, our clothes, and our lives in general. They shared with us the changes that had occurred within the prison as a result of the riots, how they were feeling about themselves, and how much time they each had before appearing before the parole board.

As the warming up proceeded, the men suggested themes and people who might work as a protagonist in a psychodrama. Anxiety began to rise, particularly among the new members who had not seen a psychodrama. Consequently, the level of physical activity increased. Men left more frequently to go to the lavatory and/or to get coffee in an adjacent room. More comments surfaced about the suspiciousness of the people who might be in the one-way mirrored, viewing room. Unlike previous meetings, the process of warming up to work became circular until resistance was obvious. A decision to focus upon a theme and protagonist met repeated impasses. Finally the process was identified and confronted. One member who appeared most angry and tense announced the dilemma: a young and newly hired correctional officer from the educational unit had emerged from the one-way mirrored, viewing room as several members of the group were leaving for coffee. The officer intercepted each of the men and chided them for their "juvenile" behavior; he alluded to me as a "dike" and expressed his prejudice that women had no right to be in a male prison tantalizing and frustrating the men. He dismissed us as untrustworthy and warned them that outsiders were not to be trusted; our program would make "sissies" out of men; and if they needed someone to talk to, he was available.

The men were furious. However, they knew that an open confrontation would probably result in a "shot," a transfer to B-House (solitary), or a "set off" for any member of the group. They knew the young, twenty-two-year-old officer was desperate and trying to "get in" with them to establish himself as a "good guy." New to the institution and working alone, the officer did not yet understand the caste system within which he was working nor his role in it.

They finally called him into the room. He stood in the doorway, looking red-faced and very nervous. The inmates in a polite and direct manner told him they did not like what he had said. He responded with, "That's stupid . . . get off my back," laughed, and left the room.

We used the projective chair with various members of the group assuming the officer's role. This process allowed the men a catharsis of their anger, and they were able to experience the young officer's dilemma.

There are 400,000 men and women confined in 4,737 prisons in the United States.[1] Most of the federal prisons are located in rural areas, and the major industry for the town is the prison.[2] Ninety-eight percent of the guards are white and come from the rural area. The inmates, by contrast, come from

urban areas; 50% are Black, 10% Puerto Rican, Indian, and Mexican-American, and 40% are White.[3] There is a consensus among inmates that a Federal "joint" is more humane than a "state joint," and they will do anything to avoid doing "state time." In general, men in a federal prison are not beaten arbitrarily, the physical environment is clean, food is healthful, and the Federal Bureau of Prisons does exercise authority to insure "humane treatment." The city, county, and state penal institutions are not responsible to a national organization or bureau; and for the most part, these institutions are insulated from the city, county, and state government official scrutiny.[4] For these institutions to gain visibility, they must adopt a crisis process. For example, Attica, New York, became a household word in September, 1971, when 34 prisoners and 11 hostages were assassinated during a riot.[5]

Society would rather forget prisons exist, and yet we feel responsible. This ambivalence is expressed by the message given the prisons ". . . punish those people and make them fit to come back and live with us." An entire society sociometrically rejects and physically isolates 400,000 people; and, as expected, they (the prisoners) periodically disrupt our society.

Manocchio and Dunn in *The Time Game: Two Views of a Prison* depicts a vivid picture of prison, its caste system, and the convergence of two opposing value systems, punishment and rehabilitation.

Sol Chaneles, a member of the President's Task Force on Prisoner Rehabilitation, 1972, concludes that "An establishment charged with the responsibility of enforcing the law and given the power to use necessary force and lethal weapons to achieve this purpose should not be entrusted with the task of reforming people who have violated the law . . . it is illogical for those whose authority is backed up by guns to be appointed moral instructors."[6] As long as the prison is society's instrument for coercion, repression and punishment, it cannot at the same time rehabilitate.

Chaneles believes "Basic rehabilitation means a restoration of personal dignity, a building up of purpose and skill, an awareness of one's freedom and how to exercise these voluntarily and constructively."[7] Although I agree with Mr. Chaneles's definition, I believe rehabilitation is providing people with viable social atoms that can allow them to experience their own spontaneity, creativity and personal power.

I invite you to read the literature, visit a prison, talk to a guard, interview an inmate, talk with a parolee, discuss the problem with a probation officer and talk to a judge. Rehabilitation is an impossible expectation given our present penal system.

SOCIAL ATOM

The concept of the *social atom* is one of the most beautiful and viable concepts I have ever experienced. Because it is difficult to describe as a

concept separate and apart from Moreno's concepts of tele, sociostasis, sociometry, and the psychodrama, I will offer definitions and summaries of the other concepts, but will focus on the social atom.[8] While in prison, we directed more than 100 psychodramas with the male inmates, talked with them about their lives, talked with counselors and guards about their lives, administered 3 sociograms, and read a great deal. Because of the wealth of information I have accrued, I have decided to limit myself to the concept of the social atom and the prison system, drawing from the above-mentioned experiences.

"Two most important questions asked throughout life are: 1) Who am I and 2) Where do I fit? An individual needs to appreciate his or her uniqueness from and commonalities with other people. Without this sense of separateness and togetherness, (s)he cannot acknowledge (her)himself favorably, nor can (s)he link with others in a meaningful way. Since ability to come to terms with (her)himself and others will directly correlate with her or his produc-tivity and creativity, a person who has a low self-concept will not allow (her)himself to have meaningful relationships and will have difficulty learning. On the other hand, people need a specific number of people to whom they can meaningfully relate in order to experience their creativity and power. We need people to experience our creativity, and we need to experience our creativity in order to be separate from and with other people."[9]

I want to focus on those telic relationships that are most vital to us as human beings; the *psychological social atom*, the *collective social atom*, and the *individual social atom*.

The *psychological social atom* is the smallest number of people that each person requires in order to feel complete, i.e., in sociostasis. Each of us requires a different number of these relationships; and if we fall short of that number, our energies are directed toward filling the void at the expense of all other activities. These telic relationships are long lasting and enduring and serve as the underpinnings for our lives. They are vital to our creativity and survival. If a relationship is terminated, e.g., through death or an emotional divorce, an individual must experience the grieving process before another person can become a part of his or her psychological social atom. If an individual is unable to "grieve" and experience the process of termination, the "lost" person will be ever present in his or her fantasies, making it very difficult for a new person to come into his or her life. It is important for the person to separate the lost person from the role (s)he filled. (S)He needs to terminate from the person, not necessarily from the need for the role.

PSYCHOLOGICAL SOCIAL ATOM

The number of individuals in our *psychological social atom* is generally small, but changes depending upon our own spontaneity, creativity and

growth. These relationships are so vital that an individual will at times sacrifice his or her value system and integrity to maintain them. This was most evident in prison where 55 out of 60 men indicated in a questionnaire that a close friend had "turned them on to drugs," although they knew them to be harmful. In countless psychodramas, men worked on their psychological social atoms which were in "shambles." The following is an example.

It is March, 1974, and Steve has been in prison for three years; he is eligible for parole in six months at which time he has plans to enter a community college. He is now twenty-two years old and was convicted of possession of heroin in 1971. In his psychodrama, Steve says goodbye to the hope that his father will ever be able to love him in the way he (Steve) needs to be loved.

The scene is 6:30 a.m. in a small, one-room apartment in a western town, 1971. Steve was busted three weeks ago and withdrew from heroin "cold turkey" in a city jail. He was released on bond. He is to appear in court for trial in two weeks.

He looks at himself in the mirror and hardly recognizes the person he sees; his face is clean shaven, his blond hair is cut short, and he looks thin and clean. Scared and vulnerable, Steve realizes he has tried to look as his father would like him to look. Coming off heroin, alone, was torturous; he feels certain he will never use the stuff again.

Today he is going to work with his father at a construction site; his father used his contacts to get him the job. Steve knows that if he can hold a job and indicate to the judge that he has family support, there is a good chance that his sentence will be light or suspended. There is no one else to whom Steve can turn; the last ten years of his life were spent in an orphanage, he has no other family, and his "friends" are "strung out" on heroin. His father, an alcoholic, has maintained sporadic contact with Steve throughout the years. Having "forgiven" him for his cruelty, Steve is flooded with feelings of empathy and caring for his father. He feels hopeful that the two of them will finally meet eye to eye. Hopefully, his father will feed him breakfast; he is very hungry.

He knocks on the door of his father's trailer, opens the door, and sees his father's trembling hand holding a can of beer. His father mutters, "That job deal is off, no dope fiend could hold down a man's job. You're a damn fool for getting hooked on that stuff." Steve bolts for the door, gets a fix, and spends the next three years of his life in a federal penitentiary.

Steve was enraged at his father; but to admit this directly to him, "the only person he had in his life," was too great a risk. Intellectually, he realized his father could not give him what he needed; but emotionally, he kept hoping. Untrusting that anyone could or would ever give to him, Steve felt trapped.

Through the psychodramatic process, Steve was able to express his rage at his father, and in role reversal, "feel" his father's limitations and humanity.

He had to say goodbye and practice reaching out to those who could "give"; and he needed to free himself of his rage to allow his other feelings to flow spontaneously toward others. He needed a psychological social atom for his survival. For Steve to be without one was to be an addict, in prison or dead.

The *collective social atom* is the smallest number of groups or affiliates of which an individual must be a member in order to feel complete. These collectives give the individual a link to the community, provide social alternatives, and provide a structure for within which an individual can be spontaneous and productive. Common collectives include the family, religious, work, educational, social, recreational, and professional. An individual may be affiliated with a number of collectives, but only two or three will be vital. A collective social atom could be represented as follows:

COLLECTIVE SOCIAL ATOM

If an individual terminates from any of his or her collectives, the collective must be replaced. The individual will experience a grieving process and search for another collective. It is important to appreciate the interdependence of the various collectives, i.e., what occurs in one collective affects another. The following is an example.

Larry is a young man of twenty who since the age of seventeen has ridden with the "Satan's Devils." He is serving a two-year sentence for the sale of heroin, and he calls himself a "speed freak." On the streets, Larry's collective social atom consisted of the "Satan's Devils" and a foster family, both of whom he "loves." He often says that wearing a leather jacket, carrying a chain, and walking down the street with his friends is the greatest thrill he has ever known. He feels powerful and knows that his motorcycle is nearby to take him anywhere. He doesn't necessarily need drugs but uses them to be a member of his "gang."

Larry also sincerely states he respects and loves his foster family. When with them, he feels tender and loving. He enjoys being with them and looks forward to his visits. He loves his life on the streets!

However, in prison, he belongs to no collectives and looks lost. He tries to reach out to others by telling them about his motorcycle stories of how he and his gang terrorized others. The inmates consider him a "fool"; and although I have no proof, he behaves as if he has been sexually violated. He does have a relationship with one counselor to whom he talks regularly. He is unkempt and depressed, reads books about motorcycles, and his twenty-year-old face looks like a face of a forty-year-old man. He is sociometrically rejected in his therapy group. He was allowed one psychodrama by the

inmates, and he has not been allowed to work again. He has stopped attending his group, even though this reduces his chances of parole. He wanders around the compound looking for a group to which he can belong.

The *individual social atom* is the smallest number of people required to maintain membership in a collective. Again, the number is generally small; and many relationships may be important in the collective—a few are vital. If for whatever reason, i.e., through death, termination, illness, or emotional distancing, an individual loses vital people in his or her collective, (s)he must replace them in order to maintain membership and/or be creative and productive in that collective. The search for completion of an individual social atom is more important than any other task of the collective. If the individual social atom cannot be filled, the individual will experience "death" in that system, i.e., not be able to function within it.

The following is an example.

In only 3 of approximately 100 psychodramas, men chose to work directly on their life in prison. Most chose to examine their past or future. Dave is one of these exceptions.

Even though Dave had been grouping for six months, he did not feel a part of the group. Frustrated at his attempts to communicate his thoughts and angry at the unresponsive group, he confronted them. He felt them to be insensitive to his loneliness and to his struggles to keep himself in control. Afraid he would end up in the "hole" for "blowing on a hack," he needed to talk but wasn't sure anyone wanted to hear. The men retorted that he talked so much he stopped making any sense; they could feel nothing from him except a barrage of words. When he was ready to "get down," they'd be there. The group decided to move into action.

Through the psychodramatic process, he was able to first deal with his position within the group and then re-experience an incident that had occurred on the compound. He could not "work" in the group until he had established "linkages." To form the relationships he so desperately needed, Dave had to reveal his feelings.

If a crisis develops in one aspect of the system, e.g., a death of a friend or loss of a job, reverberations will be felt throughout the entire system. Hopefully, the other units can "absorb" the shocks. If they are unable to do so, the person will be in a crisis.

Imagine the individual in the above diagram to be 65 years old and retiring; his work collective is gone. His friends are dying, children moving away, and the neighbor who has taken him to church every Sunday has moved from town. He lives alone with his wife. If his wife should die, he would be dead within a couple of months. Social atomic death precedes physical death. If he were unable to find replacements in his life, he would die, even if before the advent of the losses he had been in fine physical health.

An individual does not have to be 65 and aging to experience socio-atomic crisis and death. I believe most failure in schools, people in mental institutions, most suicides, murders, poor performance on jobs are a result of social atomic death or crisis. Individuals need to fit; and if they don't, they will die, physically or within a collective.

Over and over again, I heard from the men in the prison, "I'm glad I got busted; if I hadn't, I'd be dead now." Psychodrama after psychodrama revealed their social atoms to be almost non-existent. The prison is not conducive to forming intimate relationships, nor is it a place which can help the men maintain or establish social atoms in the community. Letters and phone calls cannot serve this purpose.

The psychodramatic process allows life to come into the prison. It provides an avenue for the men to deal with their social atoms, and to spontaneously experience their feelings, creativity, and alternatives for their lives. They learn that their incarceration, addiction and unlawful activity is directly related to their inability to fully experience themselves, develop social linkages, and find emotional intimacy with others. Recidivism in our prisons is high. As Chaneles reported in 1972, seven out of ten men imprisoned for five years return to prison after release.[10] The cost per inmate per year is $15,000.[11] Recidivism is in part a result of the sociometric isolation and rejection that an ex-offender encounters in society. Re-entering a community after an incarceration is frightening and difficult. The only viable option for many ex-offenders is to return to the networks, people, collectives and activities they knew before arrest. Like any of us, the ex-offender will violate his or her own value system and put his or her life in jeopardy to establish "a place to fit." It is as vital as food or shelter.

Imprisonment disrupts social atoms, provides minute opportunities to repair and/or establish a new social atomic system in the community and is, therefore, destructive to the individual and society. Individuals and institutions that are sociometrically rejected and isolated can only disrupt a society. They have no other avenue available to them to effect change. I believe that rehabilitation is providing people with opportunities to develop viable social atomic systems that can allow them to experience their own spontaneity, creativity and power.

Some people clearly need to be confined or they will do harm to themselves or others. However, the majority of inmates could, with support, begin the oftentimes painful and slow process of re-establishing themselves in a community, while "paying the penalty of their crime." The techniques and structures used to accomplish this can evolve from a convening of sociometric leaders of the inmates, prison staffs, and communities.

The entire correctional system is in a very delicate bind for they are being asked to be kind and to punish. They have received two diametrically opposed

directives from us which include two mutually exclusive processes: to punish and to rehabilitate. For the most part, prison staffs are having a difficult time even hearing the second message, "rehabilitate," because it is so incongruent with the existing system. This dilemma can be confronted by the following sociometric process:

1. Establish dialogue among the sociometric leaders of the inmates, the prison officials, and the communities.
2. This group would serve as consultants and be responsible to their respective legislative branches for legislative action.
3. The legislative branches, in turn, place the responsibility back on the sociometric leaders of the inmates, prison staffs and communities for implementation.

"The aim of sociometry is to help in the formation of the world in which every individual, whatever his intelligence, race, creed, religion, or ideological affiliation, is given equal opportunity to survive and to apply his spontaneity and creativity within it."[1 2]

APPENDIX A

1. *Psychodrama:* an action instrument that provides an individual and group with a structure to experience their own process of learning. Through the enactment of life situations, an individual is provided the opportunity to fully experience his or her individual process intrapersonally, interpersonally, and sociometrically. The structure allows for a warm-up, an enactment, and integration. Psychodrama is a process within which an individual can spontaneously experience a catharsis and find creative alternatives in her or his life.
2. *Sociometry:* science and art of human relations; the systematic measurement of interpersonal relationships; the greatest umbrella of group dynamics; the system of assessing interpersonal networks and linkages; the process through which socialization occurs.[1 3]
3. *Sociostasis:* social equilibrium, i.e., an individual's social atomic system is in equilibrium, complete. An individual is "driven" to complete his or her social atom to feel in balance. An individual experiences a viable position within his or her sociometric networks.
4. *Tele:* term coined by J. L. Moreno to describe a process through which individuals form relationships with each other at an intuitive level rather than using concrete data. The feelings for people may be positive, negative, or indifferent. It describes a process whereby an individual is experienced as (s)he truly is, not as someone needs to experience him or her. The process is reciprocated.

NOTES·

1. Sol Chaneles, *The Open Prison*, The Dial Press, New York, 1973, pp. 51-52.
2. *Ibid.*, p. 53.
3. *Ibid.*, p. 78.
4. *Ibid.*, pp. 55-65.
5. *Ibid.*, p. 4.
6. *Ibid.*, p. IX.
7. *Ibid.*, p. 15.
8. See Appendix A.
9. Carl E. Hollander and Sharon L. Leman, "Sociometry," *Sensorsheet*, Environmental Studies/Earth Science Teacher Preparation Project, Boulder, Colorado, 1973, p. 3.
10. Sol Chaneles, op. cit., p. 173.
11. *Ibid.*, p. XI.
12. J. L. Moreno, *Sociometry and the Science of Man*, Beacon House, Beacon, New York, 1956, p. 19.
13. Hollander, Carl E., "Psychodrama: A Living Process," unpublished manuscript, 1974.

BIBLIOGRAPHY

1. Chaneles, Sol, *The Open Prison*, The Dial Press, New York, 1973.
2. Firestone, Ross, Editor, *Getting Busted*, Pyramid Communication, Inc., New York, 1973.
3. Frankl, Viktor E., *Man's Search for Meaning*, Pocketbook, Division of Simon and Schuster, New York, 1959.
4. Hollander, Carl E., "A Process for Psychodrama Training: The Hollander Curve," Evergreen Institute Press, Littleton, Colorado, 1969.
5. Hollander, Carl E., "Psychodrama: A Living Process," unpublished manuscript, 1974.
6. Hollander, Carl E. and Sharon L. Leman, "Sociometry," *Sensorsheet*, Environmental Studies Project and The Earth Science Teacher Preparation Project Newsletter, Boulder, Colorado, 1973.
7. Lewis, Orlando F., Ph.D., *The Development of American Prisons and Prison Customs*, Patterson Smith Publishing, Montclair, New Jersey, 1967.
8. Manocchio, Anthony J. and Jimmy Dunn, *The Time Game: Two Views of a Prison*, Sage Publications, Inc., Beverly Hills, California, 1970.
9. Menninger, Karl, *The Crime of Punishment*, Viking Press, New York, 1966.
10. Moreno, J. L., *Psychodrama*: Volume I, Beacon House, Inc., Beacon, New York, 1970.
11. Moreno, J. L., *Sociometry, Experimental Method and The Science of Society*, Beacon House, Inc., Beacon, New York, 1951.
12. Moreno, J. L., *The Sociometry Reader*, The Free Press, Glencoe, Illinois, 1960.
13. Moreno, J. L., *Sociometry and the Science of Man*, Beacon House, Inc., Beacon, New York, 1956.
14. Moreno, J. L., *The Theater of Spontaneity*, Beacon House, Inc., Beacon, New York, 1947.
15. Moreno, J. L., *Who Shall Survive?*, Beacon House, Inc., Beacon, New York, 1953.
16. Yablonsky, Lewis, *Robopaths*, Penguin Books, Inc., Baltimore, Maryland, 1972.

THE LETTER

JAMES M. SACKS, PH.D.

Brooklyn, N.Y.

This technique consists of the patient's "writing" a letter aloud. The device occupies a position between the psychodramatic dialogue and the soliloquy. While the protagonist is the only actor immediately present, he speaks directly to an absent person rather than addressing the general audience as in the classical soliloquy. It differs from the dialogue in that no immediate interchange takes place between the two parties. The recipient of the letter is separated by a distance which can be spanned in the drama only by the postal service.

The technique is described here in its original context, although it has broader applications and variations as will be illustrated. The method was first used during an intermediate phase of the session between the "circle warmup" (Weiner and Sacks, 1969) and the drama proper. The procedure was introduced at a point when the group had been seated in a circle making one sentence comments in turn on given topics. The light had been progressively lowered and a tone of mutual trust had begun to suffuse the group atmosphere. The director now asks each member to name someone "with whom you might have something to discuss." This characterization of the person to be named may vary but is always left rather general so as not to be too leading. The description, "someone with whom you have not always been entirely honest" also seems to select effectively for therapeutically ripe relationships. The members each announce whom they have chosen. In this go-round, the members are encouraged only to specify the identity of the person they have in mind, rather than to describe the situation or the relationship itself. Premature intimate revelations by a bolder member tend to intimidate the more reticent members into withdrawing for fear that they will also be expected to expose themselves abruptly. One function of such structured exercises is to pace the warm-up so the slower members can also become involved. Once the whole group has entered into the process by the act of naming a particular person, they can then proceed to the next step with minimal resistance. The members of the group are now asked, each in turn, to "write" a "letter" aloud, addressed to the person selected. The writer is requested to lean a bit forward in some comfortable position with his eyes cast down, away from contact with the others. The two persons in the adjoining seats in the circle each place a hand on the writer's shoulder. The letter may be as long or as short as the writer wishes, in contrast to the

previous part of the warm-up in which broad participation was encouraged by limiting comments to one or two sentences. The writers are asked to begin their letters with a formal salutation such as "Dear Aunt Mary" and to close by signing their names. The latter serves as a signal for the next writer to lean forward and to begin. Anyone who wishes to opt out may simply "pass" when it is his turn. The procedure may be repeated for a number of cycles around the group with each patient having an opportunity to write several letters, or the format may be interrupted at any time to enter into a full psychodrama with a patient who has opened up especially important material.

The director normally remains passive once he has described the procedure. He may need to break in only to remind the group of the ground rules of the exercise if they deviate too far. For example, many patients look at the director expecting him to orchestrate by nods, the moment of transition from one patient to the next. Rather than slip into this role, he might better offer a general reminder that each patient begins when the previous patient has signed his letter. At other times, the director can remain silent even when the group does break out of the structure, e.g. cross talking instead of continuing the letter writing. Such behavior reflects important needs strong enough to motivate the group to violate the explicit structure. The group usually returns to the structure eventually on its own and the director can avoid disturbing the permissive atmosphere with another instruction. (In any case, since the purpose of warm-up exercises is to help overcome blockage, it would be an absurdity to insist that the group remain within the "rules" when it has a spontaneous desire to go in a different direction.)

The physical position of the director may vary according to the amount of emotional support he wishes to impart. For greater reassurance, he may stand or sit immediately behind each writer in turn. If he prefers to rely on group support and reduce leader dependency, he may stand far from the circle and allow the procedure to run. While the director is nearly always passive, he must be continually alert for those unusual occasions which do require his intervention, for whatever reason.

It is important for the group to understand that the psychodramatic letter is entirely hypothetical; that the writer need not confine what he says to what he would actually write in real life. He should also be freed of the concern that other group members believe his letter represents his life behavior. The director should make it clear that the writer will be understood to be expressing whatever he feels like saying at the moment, irrespective of the cautions he would exercise in real life. At the same time the director should avoid communicating the impression, threatening to many, that the letters are expected to be wild or crazy.

In this letter writing technique, the patient speaks *to* rather than *about* the significant other. The distancing involved when discussing a disturbing

relationship with a person outside that relationship can help restore objectivity and reason to a patient overwhelmed with confusing emotions. When the problem is one of excessive distancing, however, such a therapeutic arrangement is too dissimilar from the problem situation to expect the relevant feelings and memories to be aroused. Therapy depends on the patient's capacity to express and explore particular feelings which are stimulated in their relationships with certain significant people. In the presence of these people, they dare not express or explore the full range of these feelings, while in the absence of these significant others, the feelings are not aroused. In the letter writing, the significant person is both present (dramatically) and absent (in fact). One forty year old businessman and veteran of a long analysis first became aware of powerful dependent longings for his mother as he poured his heart out to her in a very moving letter. He later explained that it was inconceivable that such vulnerable emotions could ever have come up when he was with her and that they never had emerged when he had talked about her in analysis. It was *she* he wanted to be understood by, not the analyst.

In ordinary dialogue, a great proportion of what is expressed is for immediate effect. A relatively high level of vigilance is maintained while the speaker watches, predicts, and continually readjusts his next words and acts in the light of the effect of his last ones. Since letters are one-way communications, the writer realizes that immediate response is not feasible. Temporarily insulated from either positive or negative reactions from the recipient, he risks the expression of more spontaneous and impulse laden material.

Not only is the writer free from interruption by the recipient of his letter but by the members of the group as well, since the letter writing passes from member to member without comment or interpretation. Anxious patients tend to withdraw when they expect that whatever they say may be thrown back at them by the therapist or by critical or analytic group members to show every kind of unsavory significance. The respectful silence of the group helps foster the dramatic reality that the addressee of the letter is also finally listening. This experience is especially valuable for the unaggressive patient who cannot fight for the floor during the unstructured sessions but here has some time cut out for him.

The technique helps to minimize resistance based on vagueness and abstraction. Many patients who otherwise get lost in philosophical generalities drained of affect become focused on highly concrete material as soon as they begin their letter to a specific person.

The formal heading to the letter helps establish that it is in fact a letter and not a two-way conversation. More importantly, it helps overcome initial blocking. The patient does not have to figure out how to begin as the first words are already provided for him, i.e. "Dear . . .." Sometimes a patient sits mute when it is his turn to begin, trying to prepare what he will say. The

group, as a whole, may then be instructed that they need not compose their letters mentally but merely pronounce the initial greeting and that the rest will follow. It is rare that blockage occurs once a patient has begun speaking. Nearly always he finds that he can at least say a simple "hello" and having said this remembers something else he wanted to say and the flow begins.

Most individuals find the physical touching involved in this procedure entirely acceptable precisely because it is formalized and suggested by the director. Early in the session, more impulsive physical contact generates anxiety for many people. Those not touched may feel jealous; those touched may feel unworthy, sexually threatened, or territorially encroached upon. Those who do not touch may feel compelled to show the same spontaneous demonstrativeness and feel guilty if they do not. Some writers even feel patronized by any stroking movement on their back so that it is best to begin by suggesting only the stationary placement of the hand on the shoulder. The presence of the physical contact, beginning as a formal act like a handshake slowly assumes emotional meaning for the writer as he becomes involved in his letter.

In the context of the situation the writer accepts a therapeutically appropriate regressive emotional set. The two members touching his shoulders are temporarily perceived in a supportive parental role complementing his position as safe and protected child. After abandoning their customary resistance to revealing such dependency, some writers might be left with a sense of embarrassment after which they finish their letters. It is clear, however, that since the letter writing passes around the circle in order, the two supportive back touchers are the previous letter writer and the one who is to write next. Thus, after finishing his letter, the writer has an immediate opportunity to reassert himself in the stronger role of the giver of parental support. He is actively reminded that the appropriate opening up of regressive vulnerabilities is temporary and within control and that it does not divest him of his basic maturity and dignity. A similar psychology operates before the fact, as each new letter writer has just gained such reassurance in his role as helper to the previous writer. Except for the first and last letters, each writing experience in the role of the protected child is sandwiched between two experiences of parental protector. Members also describe other effects of this experience in role flexibility with such comments as, "I liked knowing that Jackie, who was touching me, had just been through the same thing herself so she wouldn't think it was silly." or "She seemed to have survived it with her pride intact so I figured I could."

While this describes the most usual reaction to the placement of the hands, there are also exceptions. Some people do not wish to be touched at all and others do not wish to touch. The physical contact should be eliminated whenever body or facial expressions indicate that it is generating tension rather than trust.

While the group is informed that the letters may be "as long or short as you wish," even those patients who monopolize in unstructured sessions tend to keep their letters within reasonable length. (This is the psychology of the lingering dinner guest who leaves for home when told that he may stay as long as he wishes but feels rejected and clings if he is ignored or asked to leave.)

The option to pass must be real. The director should counter any group pressure to conform by reemphasizing to any reluctant member that nonparticipation is perfectly acceptable. Patients are greatly reassured by the availability of escape. In fact, they rarely need to use this route more than once before they develop a genuine wish to get involved.

The full or semi-darkness and the removal of eye contact by having the writer look down at the floor facilitate concentration on inner experience and offer a kind of visual anonymity. The writer is freed from some of the distractions of seeing as well as the anxieties about being seen.

Experience has indicated that the technique tends to liberate intense abreactive emotion. Group catharses regularly occur in which strong emotions well forth leaving a mass of shared experience valuable in its own right and available to be reexamined later in the session or in other more cognitive sessions. Characteristic emotions arising in this technique are rejection, grief, and longing. Feelings such as rage are less frequent and arise more readily in scenes of direct interaction with another person. The first letters are usually more superficial but an emotional escalation tends to occur as the letters move from patient to patient. Each person's willingness to expose his feelings gives courage to the next. What begins as a feeling of empathy for a previous writer often finds a personal source when a patient then writes his own letter. Members report feeling proud that others consider them trustworthy enough to be made privy to facts and feelings which leave the writer vulnerable. They are then impelled to respond in kind.

Many variations of the technique are possible. I have experimented, for example, with a variation in the physical arrangement in which the group lies supine, shoulder to shoulder in a kind of star formation, which lends a note of tolerable intimacy. In another variation, a double is introduced to add a "P.S." after each letter. Following the double's intervention, the writer may respond with a "P.P.S." The device is tempting as a way of injecting interpretive material although it tends to induce anxiety in the subsequent patients in the group. After a protagonist has been selected, it can facilitate a transition to the dramatic phase of the session. Later, an auxiliary ego may be brought in who silently "reads" the letter as it is being written and may later write a reply which evolves into direct dialogue.

The letter writing by no means needs to be restricted to the warm-up phase of the session. Very frequently it helps deepen the feelings during the middle

of the session or provides the protagonist with a context to summarize and clarify his feelings at the end of a scene. The method is also useful in the final phase of the session for stimulating group response. In one such application, conducted in the dark, the group members write letters aloud to the protagonist expressing their feelings in the wake of the session. Sometimes entire sessions are devoted to nothing but the writing of such letters.

The letter writing technique is readily applicable in individual psychotherapy or psychodrama *a deux*. While group effects are not available, the therapist has his full attention to devote to the single patient. I prefer to sit behind the patient since he seems more able to involve himself in the experience when he cannot see me and when he feels that he, especially his face, cannot be seen. Like the school child who lowers his head to his desk when he cries, most patients prefer to hide in the dark or look away. If they are on the couch they turn aside or curl up rather than remain supine, visible and vulnerable. In individual treatment, I feel freer to introduce interpretations by direct doubling or the P.S. Each of the significant relationships can be explored by means of such letters, and the letters may be repeated at different points in therapy. Many patients have benefitted and all have been fascinated to listen back to tape recordings of letters they had written during earlier phases of their treatment.

In choosing the original recipient for their letter in the group, patients occasionally select themselves. Letters resulting from these self-confrontations contain an entire range of feelings from wholesale self-disparagement to defensive self-justification. Letters to inanimate objects or to abstract ideas such as "my future" have usually had a somewhat defensive and impersonal quality but letters to pet animals are sometimes deeply moving and allow the emergence of emotions not permitted toward humans. Once mobilized, it is sometimes possible to explore the human objects of the same feelings.

It would seem at first that the absence of the recipient of the letter is essential to the technique. Rather surprisingly, the device proved applicable as a method of exploring intra-group material by writing letters to people who are actually present in the room. A dramatic increase in productivity and originality of feeling and ideas emerged when this simple device was employed. While the writer was consciously aware that the recipient was present the censoring element accepted the dramatic fiction that the recipient was not present and was only going to receive the letter at a later date. The facilitating effect of the method was even more evident in therapy with quarrelsome families or marital couples. Despite its apparent gimmickry, it seemed to induce a temporary capacity for respectful listening by the recipient and an opportunity for fuller description of feeling for the writer.

Finally, it should be pointed out that any psychodramatic device which effectively increases spontaneity such as this seems to, does not solve the

problem of non-spontaneity. Life is not a psychodrama. Eventually, the issue must be faced as to why the patient can be spontaneous only during the psychodrama and not the rest of the time. Hopefully some clues to the solution emerge from what comes out during the periods of relatively greater freedom during the sessions and that some transfer can be made to life situations.

REFERENCE

Weiner, Hanna B. and Sacks, James M. "Warm-up and Sum-up." *Group Psychotherapy* 22:85-102.

PSYCHODRAMA OF YOUNG MOTHERS

ZERKA T. MORENO

Moreno Institute, Beacon, N.Y., USA

Psychodrama offers systematic action training for the most important role in the world, "the role of the mother." Mother role training is designed to assist the new mother in finding herself in this delicate, entangling and often frightening relationship to the expected new human being, a being in whose creation she has the leading part. The application of psychodramatic methods of diagnosis have taught us that the prospective mother carries in her mind a conscious-unconscious Gestalt of her baby, a "psychological or psycho-dramatic baby." This baby is not merely the result of her pregnancy, but of the entire growth process of a woman. It may have become distorted long before she conceived, even before reaching puberty, while herself a child, playing at motherhood with or without dolls, in a psychodrama of her own making. The psychodramatic method can be usefully extended to mother-infant situations with adolescent girls, long before they go through the actual experiences of marriage and pregnancy, delivery and motherhood. Psycholog-ical babies preoccupy their mind considerably. Psychodramatic techniques can help to liberate them from and correct distorted perceptions. If distorted perceptions, false anticipations and morbid presentiments are left unresolved, they may become the kernel of deep-seated mother-child conflicts later on. Psychodrama with pregnant women may be contraindicated in the normal course of events unless the subject has a special problem to work out for herself, and volunteers to do so. Even so, every precaution must be taken not to traumatize her.

Some of the problem areas uncovered by means of psychodrama are: *anticipation* of a) stillbirth, b) premature birth, c) crippled babies, d) blue babies, e) twins, f) a specific sex—boy or girl, g) looking like cultural proto-types, the Moses baby, the Jesus child, h) resembling father or mother when they were children, i) looking like a phantasmagoria, a monster, a beast or bird, j) rejection of child by father, k) rejection of child by herself, l) rejection of self by husband while pregnant with concomitant delusions as to his sexual behavior and fear of losing him, m) fears that the husband believes the child is not his. We have dealt with such areas as *perceptions* of herself: 1) grotesque-ness of appearance during pregnancy, 2) fear of injury during birth, 3) fear of death in the course of delivery, 4) fear of bleeding to death after delivery, 5) fear of labor starting somewhere and being left unattended, 6) fear of being deserted by husband and having to take care of the child alone.

It is difficult to resolve such conflicts on the verbal level when they are so deeply rooted in the actional framework of the psyche. The motoric aspect of the psyche demands acting out.

Although the more advanced "natural childbirth" programs include lectures and group instruction on the care of the neonate, they cannot bridge the gap which psychodrama can fill in the area of multi-dimensional mother role training.

Psychodrama has been used for diagnostic, therapeutic and training purposes. Space limitations do not permit detailed description but we will attempt to cover to some extent the three areas mentioned.

DIAGNOSTIC PSYCHODRAMA

A young woman came to us with her husband to obtain some counseling, ostensibly because of problems with her mother-in-law. When we began by psychodramatically exploring the marital relationship (the session was conducted by J. L. Moreno), the husband was present and assumed his own role. We learned how they had met, courted and married and how they lived. We were thus able to assess their total relationship up to the present.

Lee, the wife, was tense, unable to warm up freely and, in her anxiety, resisted the development of a session. It became more evident that the mother-in-law problem was only a minor issue. The director decided to use the "double technique." In this technique, the patient and auxiliary ego (or therapeutic aide) are placed side by side on the stage. The patient is told to consider the ego as her double, the invisible "I" with whom she talks at times, but who exists only within herself. This invisible double is projected into space in psychodrama and embodied by an actual person, who is thus experienced as outside the patient. The patient is supposed to represent the deeper, inner levels of experience, while the auxiliary ego acts as double, copying physical bearing in every detail, representing the so-called outer levels. However, the patient usually begins by resisting deeper processes and reveals but the superficial layers of herself; the auxiliary ego's task is then the reverse of the director's formal instructions. It is her job to stir up the subject to reach deeper levels of expression by "peeling off" the outer, social visible "I" of the subject, and by reaching for those experiences and imageries which a person would reveal when talking to herself, alone, in the privacy of her own room.

When the double situation with Lee commenced, the scene was set late at night, the subject and her double were preparing to go to bed. Bedtime is a good setting, it is a time for self reflection and self revelation, and for reviewing the day's happenings.

Lee and her double began to reflect upon how they really felt about her marriage, how she felt often alone, and it suddenly became clear that she was

three months pregnant. This changed the tone of the situation and the double seized upon it at once by including "their baby" into her musings. Lee tried to escape this by calling out to her husband (who was watching from the group), asking him to come to bed, reminding him to turn out the lights when he did, etc. The auxiliary ego did not give up. She continued to reflect on whether the baby would be a boy or girl, whether her husband was happy about the event, whether they wanted the baby, whether the marriage was ready for such a complication, etc. Lee responded to all the double's remarks in a superficial, unrealistic, slightly manic fashion. She stressed only the "good" things in her life, avoiding all consideration of conflict, difficulties and responsibilities. The ego began to press closer, questioning their maturity for parenthood, worrying about the financial situation since Lee would no longer be able to work (her husband was getting his Ph.D. and she worked to support themselves), what the baby would do to her, whether she would be disfigured or incapacitated after the event. Lee persisted in her negative warm-up and responded: "What's the use of worrying about such things?" "we are both so happy that I'm going to have a baby," etc. However, her body no longer conveyed this, her back had begun to slouch and her face was increasingly furrowed and worried.

The director decided to use the future projection technique at this point, to "rehearse" the future, as it were. He stepped in and changed the scene: "This is the hospital, six months from now, labor pains have begun, the baby is about to come." Lee and her double changed positions, from wandering about the bedroom at home, to lying on a bed in the hospital. The director prompted the auxiliary ego to warm up to the pain and suffering. The auxiliary ego followed instructions until suddenly Lee began to sob her heart out, exclaiming: "I don't want to die, I don't want to die."

The post-psychodramatic "shock" interview with the therapist alone revealed the reasons for her fear. Lee, a Catholic, had married out of the faith. Many of her surface problems with her in-laws arose from this. However, she now admitted that she was afraid of what would happen to her if she should lose her life in childbirth, for she was without protection in the hereafter.

The therapist advised the husband that his wife was in need of treatment, to prepare her more adequately for the future. The advice, though sought, was not followed up. Lee's husband was suddenly recalled into military service and they left for the West Coast unexpectedly. We did not hear from them for several months, when a letter came from her husband, requesting us to recommend a psychotherapist out there to him, because Lee succumbed to a violent psychotic episode within two weeks after the child's birth. She was hospitalized for almost a year. The marriage itself was dissolved when the child was three years old. A single session at the beginning of the pregnancy disclosed the roots of the problem and predicted, so to speak, a serious outcome.

The episode illustrates how important it is for many future mothers to undergo a "rehearsal for life," making psychodramatic therapy and training the next step.

PSYCHODRAMATIC THERAPY AND TRAINING

We usually commence our mother-role training with a selected group of pregnant women who volunteer. The most common reason for desiring training is unfamiliarity with newborns, insecurity in handling them; the mothers-to-be state that they do not want to practice on their own babies, they want to have the security of knowing what to do in advance. One declared that she was very impatient and, since her husband was in the navy, she had little to occupy herself with during the waiting time. She wanted to "enjoy" her pregnancy rather than fritter the time away on inconsequential chit chat with neighbors.

To enable our mothers to begin to feel the "reality" of the baby, we decided on the "rehearsal for the future," a scene in which each group member projects herself forward into time, about one year, and warms up to her baby as one which has already been born. As a warm-up scene, the director asked each member of the group to visualize their baby's sex. "Here you are, it is a year from now, your baby is about six months old." "Mary" (to one of the group members), "Would you like to come upon the stage?"
Mary: Steps up.
Director: How old are you?
Mary: I'm twenty-four, oh, no, twenty-five, since this is next year, I forgot.
Director: And your husband's age?
Mary: Twenty-seven.
Director: What does your husband do?
Mary: He is a teacher of mathematics in a boy's high school.
Director: What do you do?
Mary: Before I married and had the baby, I also taught, English, for foreigners.
Director: You say you have a baby?
Mary: Yes.
Director: Boy or girl?
Mary: (Falling out of the future situation, due to her preoccupation with the present) Well, I'm glad that came up because I'm quite disturbed today. Before coming here this morning, my husband told me he "was sure the baby is going to be a boy."
Director: Why are you disturbed? Now that the child is here, what is it?
Mary: Well, I too, want a boy, but suppose it is not?
Director: But the child is here already! You are falling out of the role!
Mary: Yes, I am, that is because I can't seem to visualize it clearly now.

Director: This morning, before your husband discussed it with you, what did you visualize then?

Mary: A boy.

Director: Very well, then, you have a boy.

Mary: (Trying to warm up to the future projection again) Yes, he's a big, husky fellow.

Director: What is his name?

Mary: Carl, after my brother.

Director: An older brother?

Mary: Yes, we lost him when I first conceived, in a dreadful skiing accident, and I wanted my baby to be named for him.

Director: That was too bad about your brother. It's nice that you have a namesake for him now. May I see him?

Mary: Sure. He's in his playpen, trying to crawl, here he is.

Director: I'll tell you what I'd like you to do. We will do a role reversal. You, Mary, be Carl now, and lie down on the floor of the playpen. This way we can all get to know him better and see what a nice boy he is. And I will call our auxiliary ego and ask her to be Mary. (Motions to auxiliary ego who comes upon the stage.)

Mary: (Lies down and crawls, as if in play pen.)

Aux. Mary: Hello, there fellow, how're you making out with crawling? (Bends over Mary who is now baby Carl, crawling and drooling and grinning at mother.)

Carl: Grrh (grins and grabs at mother's hair).

Mary: You know what, Carlie boy? I think you're teething. Hey, let go of my hair and let me pick you up so I can see. (Goes through the motions of picking up the baby.) Open your mouth, honey, and let me see.

Carl: (Grins and grabs at mother's hair again.)

Mary: Baby, dear, let me see, maybe you've got some ivories peeking out. Come on, now (tries to get him to open his mouth, while trying to untangle her hair), say Oooh, or Aaah, or something.

Carl: Grr, da, da, da (continues to play with mother's hair).

Mary: (Cuddling the baby) Oh, well, maybe Mummy is asking too much of you. But we're so proud of you, and Mummy and Daddy love you so much, I thought maybe we could surprise Daddy with the good news when he comes home tonight. (Caresses baby's hair.)

Director: Good. Now, Mary, get up and be Mary again, and you (to auxiliary ego), you are the nurse. Here you are, we are going to do something a little bit different. Now, Mary, let's return to the present for a moment. When do you expect to have your baby?

Mary: In about five months.

Director: All right, here you are, it's June. June the?

Mary: Oh, the 20th, or so.

Director: June 20th. You're in the hospital, the baby has just been born and the nurse is with you and the child. You have not seen it yet. (Prompts auxiliary ego as nurse that the baby is a girl, whispers so Mary does not hear.)

Mary: You are in bed, the nurse comes in with the baby.

Nurse: Well, you have a fine, eight-pound baby. Aren't you proud?

Mary: I sure am! Let me see him.

Nurse: Him? It's a girl! A beautiful, bonny, round baby girl.

Mary: A girl? Are you sure? (Looks questioningly at the director who shakes head affirmatively.

Nurse: (Indignant) Of course, I'm sure. Are you all right?

Mary: Oh, do let me have her, I want to see and hold her. Nurse hands her the baby.

Director: Now you (to auxiliary ego) become the baby. You see, Mary, although the baby cannot speak yet, it is obvious that you are putting all kinds of things into the situation, what the baby might be feeling and thinking. The auxiliary ego will represent the reflection of these things in your relationship to the child. Go ahead.

Baby: (In highpitched voice) Mummy, I do hope you love me.

Mary: Sure, I do, but it is sort of sudden.

Baby: Why? Didn't you expect me?

Mary: To tell the truth, we thought you'd be a boy.

Director: Now reverse roles. Mary, you be the baby and the baby becomes Mary.

Aux. Mary: (Repeats last sentence of Mary to help her warm up) To tell the truth, we thought you'd be a boy.

Mary (as baby): Oh, and I'm a girl. I'm so sorry but I can't change that.

Aux. Mary: Of course, you can't. I don't mean to seem displeased, but I had wanted a boy to name Carl, after my dear brother.

Baby: Uncle Carl?

Mary: Yes, but he is dead, you see. And I loved him very much. I always wanted to be like him; in fact, I wanted at one time to be a boy myself (this is a piece of information not given by the subject, but produced out of the situation, and later supported as true by the subject). Baby: I'm sorry, Mummy, but you could call me Carolyn. That's a nice name?

Aux. Mary: Yes, dear. I never thought of that. A girl? Oh, dear, it is a good thing boys and girls wear similar things these days when they are small, or you'd look like your own brother in all the blue things we bought for you.

Baby: Maybe one day I can have a brother and then you can call him Carl. And I'll help you bring him up.

Mary: Yes, darling, that's a lovely idea.

Baby: And you do love me, don't you?

Aux. Mary: Oh, yes, I do. You're my little girl.
Baby: And do you think I'll be all right with Daddy?
Aux. Mary: I think Daddy will just be happy it's all over and we're both well. Now he'll have two girls instead of one.
Director: Thank you, Mama and baby. Now let's sit down and discuss what has just occurred.

The other members of the group, although they did not have such a traumatic incident to account for it, shared to a considerable degree this rigidity of "future imagery," being tied either to a male or a female child, and unable to shake off the conviction as to the sex of their baby. Needless to say, this future projection is a dynamic approach to this very common problem. Mary was enabled, by simultaneous role reversal, to feel what it means to be a mere newborn, and more or less rejected because of being the "wrong sex." As this problem affected such a large number of the members of the group, we decided to continue the production part of the session, by constructing a few other test-training situations. The second mother, herself the oldest of four girls, admitted always having dreamt of having a boy. But, she stated, her husband wanted a girl. A scene was set up in the hospital, with Nora in bed, and her husband coming to see her and the baby, a girl. In this scene the husband (again enacted by an auxiliary ego) declares his joy at having a daughter and gave for his reason his fear of not being as good a father to a boy as he would be to a girl, because a) he himself had never got along well with his parents, but his sister had much better relations with his parents and b) because he feared the competition for her affection which he assumed a boy would cause. The third mother was placed into a situation with a nosy neighbor who deprecated her boy because "boys are noisy and dirty and so much harder to bring up" (a fear which she herself had expressed and which she had declared made her want a girl). Linda was now forced to defend her boy child. The group members again discussed these scenes and reflected their own feeling in reference to the problems they raised.

There are, obviously, non-private factors involved in these obsessions, cultural values placed upon having a boy, etc. But the private configurations as they affected the members of the group were intense and meaningful conflict areas which lend themselves to deeper exploration by means of the psychodramatic future projection and role reversals.

The fact of having to face themselves in the role of the mothers they are likely to become to their own child, in situ, is often so revealing as to make further analysis irrelevant. The learning in action is of an all-inclusive nature, and matures them for the next step of learning without the need for insight-giving on the part of the therapist.

There are two other applications of psychodrama to young mothers which we have used, namely, that of treating the traumata of the labor itself, and

that of the problem of spontaneous abortion. Regrettably, our physical hospitals are not geared to the emotional needs of patients. This is true in hospitals across the nation. Nurses, aides and even physicians are not trained to deal with the emotional upheavals attendant upon surgery, diagnosis of malignancies, terminal disease, loss of babies, or whatever, and they are terrified of allowing patients their emotional release. The patient is expected to be a "good" patient which simply means submitting him or herself to the dulling routine of the hospital and not making waves, no matter what ill fate awaits or meets them en route.

One such incident occurred when a young mother came to us with her three months old baby boy. She had terrible memories of her labor. She had requested that her husband be allowed to be present at her labor but the hospital in which her doctor worked had no facilities for this. She wanted her baby by natural childbirth, having had four previous ones that way and suffering no ill effect whatsoever. Again, this was denied. Her older children were born in England, whence she had come into this country while pregnant; she and her husband had immigrated six months earlier. She re-enacted first the experience as it was, with all its horrors, isolation, brutal treatment, such as being given medication without explanation, being heavily sedated without her consent and a number of other insults. When she stated her demands, she was told to stop being "neurotic" and finally became so hysterical, that several nurses were needed to hold her down so she could be sedated by injection! We allowed her to ventilate her spleen upon all these torturers and then to re-do the entire process as she wished it would have happened, with her husband present and the kind of non-interference she had expected to be allowed during labor; in fact, to be treated for what she was, a normal, sensitive adult whose needs were respected and met according to her choices. We did not assume the prerogative of knowing more and better what she needed than she did herself. The auxiliary egos were very effective, especially the young man she picked to portray her husband. Her husband, too, had been traumatized by the way he had been shut out; all his efforts to avert this had been met with physical force to keep him out of the labor room. We expected her to have a catharsis and that she would be able to put the whole series of unfortunate events behind her instead of brooding obsessively about them as she had been doing. This did happen. But far more important things happened. She had been so involved with the emotional deprivation she had experienced that she had not been able to warm up properly to her role of new mother. This aspect she had not uncovered before the psychodrama session. Indeed, we assumed that, as she was breastfeeding her baby quite successfully, there were no deeper disturbances in the symbiotic relationship. The protagonist astounded us, therefore, when she reported to us the next day that for the first time since she had her baby she experienced him as

"real." She became aware that he had a body, a presence, a personality. Whereas before she could not experience him, she now had a complete perception of him. There had been a total reorganization of perception since her psychodrama. She felt confident once more in her ability to be the mother she knew herself capable of being. One session was all that was needed to bring this healing about.

Another type of trauma or rather series of traumata we were able to deal with successfully was that of a young woman, who had lost four pregnancies. The last one had been of longer duration than any of the previous ones and the loss was therefore even greater. As she was the wife of a physician, she was expected to perform in the role of the exemplary patient in the hospital and every time she wept at her loss the nurses would chide her and make denigrating, feelingless remarks such as; "Oh, we don't want to cry now, do we?" "This isn't the end of the world, you know. You can always have another one," "Aren't you indulging yourself?" She became extremely depressed and when first presenting herself doubted her ability to ever bear a child to term. We re-enacted the last and most painful loss and when it was completed, permitted her all the grieving she wanted, right then and there. No nurse came and chided her; instead, her doctor, her husband, the family members and friends she wanted around, attended her cherished her, wept and mourned her loss with her. These were all represented by auxiliary egos of her choice, from among the group members present. The end result of this session, again a single one, was that she conceived within the month and has since given birth to a fullterm healthy child.

THE PSYCHODRAMATIC BABY

In the first few weeks of a child's life the need for psychodramatic application is far more urgent and universal because even a normal mother has false apprehensions of what is going on in the child's mind. It is really not only to help the mother, but to help the relationship to the child that we use these methods. The treatment in groups is particularly indicated because these problems are shared by millions of women. Whereas in pregnancy the baby is inside the mother, here the child is already present in space and has actual existence.

A group of young Negro mothers came to the Institute with their new babies, between four and six weeks of age, because they had heard about our group sessions and wanted to learn more about the proper care of their babies. The director, a physician, and an auxiliary ego were present. The mothers held the children on their lap.

Director: What can we do for you? Do you have any particular questions in mind?

The mothers shook their heads negatively—a typical beginning in a session. Unless there is something very pressing, the start of a session is frequently quite slow.

Director: Well, either you have remarkable children or you are all remarkably fine mothers.

This challenge aroused one of the members of the group.

Mother No. 1 (seated at the director's immediate right—physical proximity may accelerate the warm-up): Well, I did have some trouble with my baby. She was spoonfed some vegetables this week and she spit them out.

Director: (looking at the auxiliary ego) What does a baby think of such a situation?

The inner psychological picture here becomes a "psychodramatic baby." which an auxiliary ego or the mother herself acts out, giving it a concrete Gestalt. In this case it was the auxiliary ego who took the role of the baby, spoke in a high-pitched voice, rather softly, weakly and in an appealing tone.

Aux. Baby: Well, those vegetables don't taste so good after the milk. I'm not used to them yet, they are kind of rough on my sensitive mouth. I don't like the feeling, so I spit them out. I don't know what else to do with them, it hurts me to swallow them. After all, I'm only a month-old baby.

The mothers looked at the auxiliary ego, surprised and startled. Slowly, one after another began to smile, particularly the mother who brought the problem.

Director: Do you think your baby could be thinking this?

Mother No. 1: Yes, she could.

Director: Do you think she might resent you if you continue to do this?

Mother: Yes. she might.

Director: What made you start her on vegetables?

Mother: *I* did not start, it was my mother. I had to go to the doctor for a checkup and my mother gave her her meal.

Director: Perhaps the baby is not ready for such food yet. Maybe you had better wait a while until she is ready for solid food, until her doctor tells you she can start on it.

Mother: All right, I'll tell my mother not to try vegetables any more.

The other mothers approved this decision, and several others mentioned that they had considered giving some solids to their babies but had hesitated. Now they knew better.

The warming-up began to take hold now and several mothers simultaneously spoke of feeding problems.

Mother No. 2: I don't give my baby vegetables, and she gets very little milk at one time. but still she throws up, you see? (She holds the baby who she has just been feeding, up for the physician to see.)

Director: Do you burp her sufficiently?

Mother No. 2: I think so.
Director: Well, baby?
Aux. Baby: She puts me down too fast. I can't eat that quickly, so I bring up the milk with the burp.
Director: (Looks at the baby again) Yes, it looks more like a wet burp than vomiting. Why don't you give the baby more time? Now that I see her do it, I am sure that is what she needs.
The mothers smiled at the auxiliary baby and the guilty one looked lovingly and apologetically at her baby.
Aux. Baby: After all, I'm not as much of a hustler as she is and besides, I have all the time in the world. She forgets, I'm still very small and helpless, it takes me some time before I can bring up a burp.
Mother No. 2: All right, I'll take it easier with you from now on. She addressed the baby and the group at one time. The mothers began to smile at the auxiliary ego as if she really were their baby and the talk began to deal with the problem of sleeping.
Mother No. 3: You know, my baby frets all night, although he sleeps beautifully during the day. But at night I don't know what to do with him, he's so restless. I have to get up early in the morning and can't always wake up and caress him and play with him during the night. I'm so sleepy I often can't hold him. Once or twice I fell asleep again before he did and I could hear him cry and fret in my sleep.
Aux. Baby: What is the matter with mothers, I am a little baby. I don't know night from day, whether it is early or late. All I know is that when I wake up and everything is so quiet, I'm lonely. Everyone else is asleep or dead or something and it's dark. Then I get scared and I start to cry. I want my Mummy and I want some companionship and comforting. During the day I see things and people moving and I hear voices of people or grownups or somebody and people come to me. They talk to me, or smile at me, or pick me up and love me. I don't feel the same way at night, only I don't know it is *because* it is night, I'm just scared to be all by myself in the world; I feel so lost.
The mothers shook their heads "Yes." They started to murmur about this, several confirming the fact that during the day their babies were quiet and happy, too.
Mother No. 3: That is true. I guess they don't know day from night.
Mother No. 4: I don't mind taking care of the baby if I'm not asleep or tired. I pick him up and make him feel good, play with him and all.
Director: Maybe you all would not mind turning night into day. Several answered to the effect that they would not mind, "If they could only sleep during the day, instead."
Mother No. 2: (Slowly and pensively) You know, come to think of it, I

myself feel lost at night when I'm not asleep and I wake him up to play with *me*.

This caused general laughter.

Director: How many of you feel lost and alone when you wake up at night and everyone else is asleep?

Quite a large number (there were ten mothers in the group) conceded that they did feel that way, although they "don't always wake up the baby to keep me company."

Mother No. 3: Well, I understand all that, but sometimes my baby cries and I don't always know why, or what to do about it.

Director: Tell us, Baby.

Baby: Sometimes I just like to cry, not because I'm unhappy, but because it makes them pay attention to me. It is not always fun to be left alone. Other times I cry because I'm uncomfortable. I want to turn over and can't do it all by myself. Or my clothes are creased and that hurts my skin, or my diaper is wet, or it rubs me sore. Of course, *they* think it is good for a baby to cry, that it helps his lungs to develop. I don't know about that, I just cry.

Director: What do you think? Could that be how the baby feels when it cries and you don't know why?

The mothers smiled and shook their heads affirmatively again. They were now thoroughly warmed up to the process. Quite unpredictable—and we know that the warming-up process is responsible for this total contagion—one mother, who had all this time remained more aloof than others, blurted out: "I don't know, there have not been any babies in my family as far back as I can remember. I should feel better about her, I was a school teacher before I married, but somehow I just can't seem to get adjusted to having a baby around the house. Everything seems to be going wrong, mostly in the way I feel about her. I can't get used to her at night *or* by day. I sometimes have to go out for some errands during the day and when I return, everything seems to be more difficult than before I left.

Director: Perhaps you had better make an appointment to see me individually, so I can give you more time, and we can go into this further before the next session.

It is doubtful whether this mother would have come to such a quick awareness of her anxieties without the preceding group interaction. The post-session discussion with the mothers brought out that the therapeutic value of the psychodramatic dynamics consists in working out weak and distorted images which the mothers have of their own babies, in an articulate and plastic way. Faced with these images in a dramatic fashion, they are first startled and then they evaluate them, accepting or rejecting them. The auxiliary ego stimulates them, through a triple feeling out of what kind of mothers they are, how they perceive their babies and in what type of milieu they

function: The process starts them thinking and feeling like the baby might be feeling and thinking; it is a "reversal of roles."

Most mothers have a hazy perception of these subtle interchanges and they continue to carry around these half-formed images unless some deep action process is applied. Besides the individual experiences which a mother has of her own particular baby, she has also collective experiences of babies in general. The learning which takes place in the psychodramatic situations as outlined above comes through enacting these collective experiences by trained auxiliary egos. These "action-images" and feelings may differ from culture to culture but the psychodrama is a simple and direct way of teaching them to accept life as it is, in whatever environment, to become more relaxed in relation to their infants and to learn how to help themselves by becoming more effective auxiliary ego-mothers to their own children in life itself.

PSYCHO-OPERA:
A NEW CONCEPT COMBINING OPERA AND PSYCHODRAMA

NORMA M. WASSERMAN, RMT, AND TOBI KLEIN, MSW

Jewish General Hospital, Montreal, Canada

This paper is being written to describe to music therapists, psychodramatists and those in related fields a newly developed technique called psycho-opera, which we believe has a place in psychotherapy. In this paper we will describe how psycho-opera emerged, its theoretical rationale, how it can be used and what value it has in the psychotherapeutic repertoire.

Psycho-opera, which is based on the concept of psychodrama, employs singing as a means of communication rather than speech. As a therapeutic modality it may be used as an experience in and of itself or as an adjunct to other therapies. It is unique in that it focuses on the lighter side of life and stresses having a good time in a group. Humor is present in some form in every psycho-opera.

THE ORIGIN OF PSYCHO-OPERA

Psycho-opera, which is derived from the psychodramatic techniques of J. L. Moreno, was developed spontaneously by Tobi Klein. At the time she was studying psychodrama and in between psychodrama sessions, she played the piano for her own enjoyment. As she was playing and people began coming into the room, they were invited to join with her, singing in a playful way, about whatever came to mind. The directions were sung to those around the piano in a recitative and they responsed in the same manner. Before long all those in the room were involved, either singing, dancing, clapping or beating time to the music.

Tobi sang suggestions to the group for a theme about which they could all sing. As these themes were developed, she continued to play the piano, underscoring the ideas of the singers by her accompaniment, and serving as a conductor from the piano to hold the group together and expand the themes into larger vignettes.

THE THEORY OF PSYCHO-OPERA

In his book on Psychodrama, J. L. Moreno* stated that the development of psychodrama and psycho-music has illustrated clearly how every man, not only the professional, possesses the ability to create and produce drama and music in his own style. Each man uses his own body and his own vocal chords to produce musical rhythms. Psycho-opera is similar in many ways to other psychodramatic procedures; it is a psycho-musical drama centering on four themes. First is the idea of participation wherein the group members become involved and each is able to participate passively as well as actively. Participants develop a social theme and crystallize that theme as an opera. Another area in which psycho-opera resembles psychodrama is in its emphasis on individuality; each participant is able to join the collective without losing his individual characteristics.

The fourth idea which psycho-opera shares in common with psychodrama is that of spontaneous leadership arising from the group. The difference between the two is that in psycho-opera, the leader does not necessarily follow up on problems and enact them psychodramatically. It is possible to use psycho-opera as a psychodramatic warm up and to then progress to regular psychodrama. Psycho-opera may also be used to help people develop their creativity and spontaneity.

The opera form was chosen for psycho-opera because it incorporates the use of voice, drama, movement, dance, solo and chorus. It gives the members of the group the option of singing in a recitative style, while those with good singing voices can use their voices in operatic style. It enables each person to assume a variety of roles, to use humor, sadness, joy or anger as his feelings dictate; to become a sound, to become a stage prop, a chorus member or a leading soloist; or the members can create a scene or change a scene. As Moreno stressed in his writing, everyone has a drama inside of him waiting to be released. One does not have to make up a drama, whether set to music or not—the drama within is based on one's life experience.

Music when used in a group has many advantages in that it can unite the group, and provide a common experience and mood. It can also change moods through the alternation of major and minor modes. Varied effects can be produced through changing rhythms, which may be jazzy, lyrical, slow, fast, jumpy, martial, happy, etc. Using a range of dynamics, the music can be soft and gentle, or loud and dramatic. With the music as a common bond, members of the group can join together, and those who are lacking rhythmic or pitch abilities, or are insecure about their capacity to participate, can follow the stronger members or leaders. They can join in by clapping or

*Moreno, J. L. Psychodrama, Vol. 1, Fourth Ed. (Beacon House, Inc., Beacon, N.Y. 1972).

marching, or sing as part of a group chorus without feeling that their musical shortcomings are showing.

The singing voice is used exclusively throughout psycho-opera for several reasons. Many people, such as aphasics, stutterers, regressed psychotics and the moderately retarded, have severely limited speech, but are able to sing. They can communicate more through their singing voices than through their speaking voices. Greater variety of inflection and expression are possible in the singing voice than in ordinary speech. Dynamic range is expanded in singing, and the element of rhythm in singing, whether slow or fast, helps build up excitement, retain interest, and stimulate the group.

In psycho-opera, the music is combined with a series of scenes, which are spontaneously developed by the participants. All interactions are done with the singing voice, and there is no speaking permitted during the time of the opera. There is no preparation required, because in psycho-opera, a spontaneous opera is created using the innate talents of the group.

THE STRUCTURAL PROCESS OF PSYCHO-OPERA

The format for psycho-opera is derived from Moreno's format for psychodrama. There is a warm-up, then the action, and finally, the sharing. One of the basic distinctions is that psycho-opera does not focus on problems. It can be used to deal with problems, but its primary goal is to help people to develop and rehabilitate themselves and learn to have a good time. In many forms of psychotherapy there is great emphasis on problems, but most therapy does not deal with the capacity of people to enjoy themselves nor does it try to harness their potential creative and spontaneous abilities.

Many of those who take part in a psycho-opera group may be aware of their problems, but they are often unable to come to a gathering, to let themselves go, or have a good time in a social setting. They do not know how to come away from the sidelines and get involved in the action. The use of humor and make-believe in both roles and voices in psycho-opera helps those who are shy, and they find themselves able to interact with others in the group, whereas they may hold back in a more intensive, serious psychodrama.

Although psycho-opera is as serious in purpose as is psychodrama, its primary goal is to help people get involved with other people, and not necessarily to focus on personal problems. The content and themes that arise in psycho-opera may be similar to those in psychodrama, but the manner in which they are worked through is different.

A TYPICAL PSYCHO-OPERA SESSION

Although the leader of a psycho-opera session might work from a piano, guitar, drum or other instrument, both of the authors lead their sessions from

the piano. In a typical session, the leader is seated at the piano playing familiar songs as the participants enter the room. The songs are chosen to create a related, friendly atmosphere in which all can join and feel at ease. Some of the songs are chosen by the leader, while others are suggested by the group. This is the warm-up part of the session and lasts about fifteen minutes. The group can consist of from 15 to 25 members, and they may reflect a variety of ages and backgrounds.

Examples of songs used in the warm-up are: "Go Tell It on the Mountain," "Day is Done," "The Saints Go Marching In," "Spinning Wheel," "Swing Low, Sweet Chariot," "If I Had a Hammer," and "Blowin' In The Wind." However, in working with special ethnic and racial groups, these warm-up songs can be varied by the leader to songs that are familiar and comfortable for that particular group. The· warm-up songs are played with a strong, lively rhythmic accompaniment and as people enter the room they are encouraged to stand informally around the piano while singing or keeping time to the music.

Following the warm-up, the leader asks everyone to sit down on chairs arranged in a horse-shoe shape around the piano. Then the leader explains in song how the session is to proceed, namely, that all communication is to be sung rather than spoken. The singing is generally done in a recitative style with the leader and group members making up any kind of melody that comes to mind, not a known or necessarily repeatable song. The leader, with one or two assistants sings to introduce himself, and then, in a recitative, encourages each person to stand, introduce himself, give his name, or tell something about himself, what he does, or what he would like to do. For example, one person might say, "My name is Joe, I'm a social worker, but I really would like to be a famous violinist." The leader might suggest that he play a make-believe violin and simulate the sounds the violin would play, or that he invite others to come up and join him in forming an orchestra around him. When he finishes his "concert" he would be asked to look around the room and call upon another person whom he would like to meet, and ask that person to introduce himself. This process goes on until everyone present has sung an introduction.

From time to time, the leaders encourage the group members to join in as a chorus, to comment, in echo-like repetition, on some particular phrase or word that has been sung. This response has an effect somewhat like the Greek chorus in the traditional Greek theatre. During pauses in the opera, the leader may take the initiative of carrying on or changing the rhythmic accompaniment, changing the key or dynamics, or varying the mode to keep up the momentum. However, the purpose of the accompaniment is to support and flow out of the opera, not to dominate the action. Regardless of the instrument used, the musical background must be supportive but not intrusive.

In the experience of both of the authors, there are many times during a psycho-opera when a great deal of humor and even comic description arise, along with some more serious feelings. Movement and gestures seem to illustrate the themes and generally follow the singing rather than precede it. A theme which was used with an interesting development was the theme of the meat boycott during the time of meat shortages and price increases.

As soon as the leader suggested the theme of a meat boycott, everyone spontaneously arranged themselves as articles in a supermarket. Each person introduced himself as an item on the shelf. Then they placed themselves in the supermarket according to the departments they belonged in. After the introductions, the strawberry in the fruit department, and the cheesecake in the cake department, wanted to get together. There was a spontaneous love duet between the strawberry and the cheesecake, and the strawberry was invited to move to the cake area to be close to the cheese cake. There was also a duel between the meat and the fish, with the entire group choosing sides, cheering and singing for either the meat or the fish. While this was happening, one person was a popcorn, and kept jumping up and down, not participating with the others. Later during the period of sharing, this led to a discussion of that person's tendency to isolate himself in groups since the popcorn was the only one not joining the group.

Another method for developing a theme is to have the leader ask the group to sit down on the floor in a circle. The leader or the assistants then begin to sing a story, and ask each person to add a verse to the story when it reaches him in the circle. Often these verses turn out to be very humorous, while others are sad, gory, imaginative and/or fanciful. In order to pick up the thread of the story, everyone present must pay close attention to the singer before him, so as to be prepared to continue the tale when his turn comes. While the story may begin very simply, it may take on colorful twists and turns, moving into strange scenes and environments, with many characters being added, some of which are weird and frightening. Others modify the story to make it romantic and beautiful.

Sometimes at the conclusion of the theme section, or story development, the leader may ask the group to lie down on the floor on their backs, with feet together in the center like the spokes of a wheel. Everyone is asked to close his eyes and start to hum, listening to each other, and trying to feel when the others are ready to get up together, first to a sitting position, then to stand, joining hands, and singing words which express how they feel at the moment, or to express the theme of the session which is just being concluded. At the end the leader or an assistant sings goodby to signal the close of the opera.

A typical session lasts about an hour and a half, and is followed by the sharing portion, in which there is a group discussion of what has taken place.

Many in the group often feel quite elated and exhilarated at the end of the session.

THE TRAINING OF A PSYCHO-OPERA DIRECTOR

Because of the combination of skills and interests required to conduct psycho-opera sessions, the number of people who have used psycho-opera as a therapeutic modality is somewhat limited. Whenever it has been used, it has met with extremely enthusiastic response from therapists of a variety of disciplines. Many of these therapists have been the participants in psycho-opera groups, as well as observers.

The combination of skills and training which are essential to therapists conducting psycho-opera sessions are training as a psychotherapist with skill in the use of psychodrama, group dynamics, and experience in the use of music with groups. The leader should be someone who enjoys being with people, who is at ease with a musical instrument, and who likes having fun in a group. Special musical and psychodramatic sensitivity are needed in order to follow the singer, provide mood changes, sustain moods, or give support. The leader facilitates the development of the opera, keeps it moving, and finally brings it to a conclusion. He also encourages members of the group to take on a role, join the chorus, get involved with another actor, or to begin another scene.

While the leader does not need to be classically trained in music, it is helpful if he is sufficiently skilled in both the use of his instrument and relaxed about using his own singing voice so that his playing and singing are secondary to his carrying out his part as the opera leader.

THE ROLE OF THE PSYCHO-OPERA LEADER

One of the chief functions of the leader is to help the members of the group to relax. A leader who has an ordinary singing voice rather than an operatic voice, seems to be able to set the group at ease more quickly. The leader and his assistants serve as models for the session, and if they have a good time, the others will join in with the spirit of the session. The leader provides the structure, makes the connections, and like an orchestra conductor, gives the opera cohesion.

Familiarity with the members of the group is helpful, but with an unfamiliar or new group it is also possible to do a psycho-opera. The leader must be prepared with a variety of topics or themes which serve as the basis around which opera can be developed. However, wherever possible, the participants need to feel that the opera they produce is their own creation. The more the group takes over, the better they feel. If the leaders push a shy member to participate, the sense of spontaneity is lost, and the anxiety level of the group is raised. It is best to have individuals volunteer to perform a role, rather than

coercing someone to participate. There should be a sense that each member is free to change a role or to add to it in any way he chooses.

THE ROLE OF ASSISTANTS

The ideal staff complement for conducting a psycho-opera session is one director and two assistants. With the leader seated at the piano (or occupied with his particular instrument) the auxiliaries are needed because they are free to stand and sit with the rest of the group. They can model and assist those who may be hesitant or shy about getting involved. The assistants help the leader produce the opera. Their function is to assist the leader, carry out his suggestions and wishes while at the same time encouraging participation of group members. If the assistants have never attended a psycho-opera session, it is helpful if they are briefed in advance. It is also useful if they are familiar with the concepts of psychodrama such as: role reversal, double, become the object, and modeling. The idea is that they must know enough of the technique to assist in making an opera develop from a series of small vignettes.

IMPLICATIONS AND APPLICATION

Psycho-opera was first used by Ms. Klein in 1969 and has been used by both authors and others trained by the authors since that time. Initially it was used in a general hospital on a psychiatric ward. To date it has not been used by the authors for long term therapy or on-going sessions; more often it is used as a special therapeutic or training session.

Although psycho-opera has been used by the authors with both hospitalized patients and others, it seems more difficult to conduct with psychotic patients than with other people. It seems most helpful when used with individuals who function well in everyday life, but are socially very constricted and reticent about getting involved in something new or spontaneous. Such a person in unlikely to try new experiences, and is unable to get up by himself and join in a group activity. Those who are most difficult to reach with this technique are people who throughout their lives have felt self-conscious and who often avoid social situations out of shyness or fear.

CONCLUSION

Psycho-opera, based on the psychodramatic techniques of J. L. Moreno, employs music in a new way, and for new purposes. It is more than just a sing-along with music, or a party game. The purpose of psycho-opera is to break down barriers, improve the range of communication, both on the verbal and non-verbal levels, and to reduce inhibition.

One effect of psycho-opera is that a shy, withdrawn member of the group is able to express himself more openly. Since the interaction is sometimes gamelike, the participants can freely exaggerate both their movements and expressions. They can use their voices openly and act less rigidly than in more traditional forms of group therapy.

Psycho-opera can focus on themes of a wide ranging nature that are on the minds of those present. The themes vary from those that are personal, to some that are strictly political or even economic. Although psycho-opera can be considered to be another therapeutic modality to be added to those currently available, it has one unique feature. In addition to the value it has in creating a feeling of group cohesion, and releasing tension and inhibition, it is also a source of fun and pleasant surprises. Psycho-opera may be summarized as a group process which encourages spontaneity, creativity, freer movement, and the use of humor within a musical setting.

PSYCHODRAMA AND HAPPENING

GILBERT TARRAB, PH.D.

University of Montreal, Canada

This is a translation of chapter seven of a work by Dr. Gilbert Tarrab entitled "LE THEATRE DU NOUVEAU LANGAGE"(volume II), published in 1974 by the Cercle du Livre de France at Montréal, Québec.

Dr. Gilbert Tarrab, born August 28, 1940, is a professor at the School of Social Service at the University of Montréal. Among his published works are:

Le Happening: analyse psychosociologique
Revue d'Histoire du Théâtre, CNRS, Paris, 1968-I, 102 pages.
Ionesco à còeur ouvert
Cercle du Livre de France, Montréal, 1970, 102 pages.
Le Théâtre du Nouveau Langage (2 volumes)
Cercle du Livre de France, Montréal, 1973 and 1974, 620 pages.
Mythes et symboles en dynamique de groupe, forward by Jacques Ardoino
Bordas, Paris and Aquila, Montréal, 1971, 220 pages.
Initiation à la pratique du test de Rorschach
University of Montréal Press, 1970, 275 pages.

PSYCHODRAMA AND HAPPENING

"To perform a theatrical work with a therapeutic goal is not psychodrama, it is theatrotherapy. Psychodrama also differs from comedia dell'arte, in which actors improvise on a given theme. In psychodrama, the protagonist *lives his life on the stage* (Moreno, in "Psychodrama I," p. 13, writes "living out his life on the stage") in a sort of commedia dell'arte with therapy as its goal." (A. A. Schützenberger: "Précis de Psychodrame" p. 181-182.)

It would be useful, we feel, to examine the links between the psychodrama and the happening, as well as essential differences between the two. On this subject, we must here express our lively astonishment at the lines written by Schützenberger in her "Précis de Psychodrame," whose only merit, it seems to us, is to illustrate current prejudices or "pre-notions" (Durkheim) cultivated by certain psychosociologists (and some of their readers, in turn) towards the happening.

After having recognized that these "improvisational sessions, with a mixture of types, actions, songs, gestures, movements, approach (. . .) improvisational sessions (sic) and artistic creation," she writes: "this technique, vulgarized by non-psychotherapists and non-educators, is becoming widespread in American and European artistic circles under the name of "Happening," which cannot

be without an element of danger, thus has nothing to do with the psychodrama" (op. cit. p. 123).

As for us, we shall attempt, on the contrary, to demonstrate exactly where the psychodrama and the happening are related, and what differentiates them.

Psychodrama is, first and foremost, a method and, as Zerka T. Moreno says, a "philosophy" (1) whose aim is to cure the ill (usually neurotics) through dramatic and bodily expression, employing techniques which enable them to "objectify" on the stage a system of deteriorated interpersonal relationships, and to make an *active* attempt to enter into new relationships (according to Moreno).

A. Schützenberger describes the psychodramatic phenomenon thus: "In psychodrama, a situation, past, present or even future, is lived out in a group, not by talking about it (as in psychotherapy or in psychoanalysis) but by *improvised action*, in a sort of commedia dell'arte (2) applying to a real life situation. The hero (or protagonist) expresses his true feelings and stages the situation, with the help of all characters essential to the action, who will respond to him. These "auxiliary egos" react spontaneously, based not only on what the protagonist has said about the situation and about the person whose role they are playing, but mainly on the *reactions* or sentiments provoked in them by the principal actor, or following directions given by the "psychodramatist" in charge of the session" (op. cit. p 14).

"We may define the psychodrama as a search for truth, one's own and that of others, by a group of human beings who *freely* discuss their problems and place them into a common pool.

They then act out their problems, putting them into question, and seeing them put into question. In so doing, they place themselves at a distance from their situation and from their involvement in it" (op. cit., p. 30).

Let us immediately distinguish Morenian psychodrama (of which A. Schützenberger has just spoken) from analytic psychodrama (Diatkine, Lebovici, Anzieu): we shall examine in turn these two kinds of psychodrama, but very briefly, as they are of interest only insofar as we can relate them to the different forms of happening.

According to Moreno, who, like Freud, is a physician, but whose theories or "systems" are quite dissimilar, the psychodramatic situation (3) consists of five elements:

1. *The stage* (or the scene of action, circular in form)
2. *The patient* (who must be "himself on the stage") ("Fondements de la sociométrie" p. 35).
3. *The director* (stage-manager, therapist and analyst, or as A. Schützenberger calls him, the "psychodramaturge")
4. *The auxiliary egos* (whose role is to "represent the real or imaginary persons" (op. cit., p. 36) of the drama lived by the patient.

5. *The audience* (who "see themselves, so to speak, as one of the collective syndromes represented on the stage," op. cit., p. 37)

The psychodrama is, in the final analysis, an experience "lived in a group, by the group, and for the group," as stated by A. Schützenberger (op. cit., p. 33). And "the psychodrama succeeds when it establishes and unifies a group in a common emotion, arising from a direct or natural impetus" (p. 37).

It is important to examine at this point the notion of "role" which Moreno requires his patients to enact on the stage. They are never asked "to play a role" (a character, as in the theatre). They are required to maintain "their" own role on the stage in order to achieve "associations of behavior," and not, as is current in classical psychoanalysis, "associations of ideas."

"The role appears even before the emergence of the self. It is not roles which emerge from the self, but the self which may emerge from roles ... In the world of childhood, *speaking roles* do not emerge until well after the appearance and effective operation of psychosomatic roles, such as the role of "eater," of "sleeper" and of "walker," writes Moreno (op. cit., p 29).

We now reiterate, in a sense, what we have previously written concerning the theatre of new language (3a). In the same way that the spoken word in the theatre is not the only language possible, there can exist a form of communication beyond or beneath speech, which is more *authentic* than speech, and which is an intelligible interchange of "psychosomatic roles." The phenomenon of "tele" is this: for Moreno, the "tele" is a feeling projected outside, the simplest unit of feeling (non-decomposable) transmitted from one individual to another. A number of "teles" (or units of feeling) will produce a "complex of feelings" and it is this complex which causes one person to be attracted by another. We obtain the "tele-relation," which Moreno contrasts with the psychoanalytical concept of "transfer," based upon the projection of feeling, rather than upon the attraction or repulsion of X to Y. The transfer, Moreno feels, is merely a psychopathological excrescence of the "tele-relation" (cf. "Psychodrama I," p. 229).

We will not enter further into the Morenian analysis of the phenomena of "tele," of "tele-relation," and of their connection with psychoanalytical transfer. Nor will we discuss Moreno's theories, as this is not our object. We remind the reader once again that we wish only to provide a broad outline of Morenian psychodrama and analytic psychodrama, as these matters are of interest to us only insofar as they relate to the phenomenon of the "happening." In addition, we shall limit ourselves to a simple schematic account of representative psychodramatic techniques.

In the happening, unlike in traditional theatres (which are "artificial environments where *finished* works are preserved," as Anzieu writes in "Le psychodrame analytique chez l'enfant," (p. 5) the purpose is to re-enact on the

stage a human (or inter-human) event which actually happened. The psycho-drama is a situation lived dramatically, an "encounter" (4), here and now, in a common place, of different individuals having certain personal (and real) problems to resolve.

In this collectively lived psychodramatic situation, there is *participation*, in the situation being acted out, of all the elements of psychodrama: the patient, the stage-manager (or psychodramaturge), the auxiliary egos, and the audience. In short, we have here a well-defined structural totality, with regard to whose terms it is the networks of relations which are of primary importance. Thus, the relations of "patient—analyst" (in a psychodrama, "the transfer has no neurotic manifestations, but is due to certain realities incarnate in and repre-sented by other persons," writes Moreno in "Psychodrama I," p. 229), the relations of "auxiliary ego-patient," "patient-audience," are always *first* with regard to isolated entities: Patient, Audience, Auxiliary Egos (4). Speaking of spontaneity, Moreno states: "It is spontaneity which incites man to react in a more or less satisfactory manner to a more or less novel situation" (op. cit. p 18). And further on: "Spontaneity may be defined as the response adequate to a new situation, or as a new response to an old situation" (p. 181).

As in the happening, the accent is placed in particular, with Moreno, on the essential role of spontaneity which "functions only at the instant in which it bursts forth" (p 19), in permitting us "to reveal emotions in a nascent state" (p 182).

We are not far from Bergson and his "elan vital" (life force) (5), the creative thought which transcends the material and explains the world. Like Bergson, Moreno expresses himself through imagery: the intellect is aware of itself, but fails lamentably to understand the living, vital processes. The only solution is in a knowledge "from within," manifested in Moreno by spon-taneity, expressed on the stage by the embodiment of what Bergson called "l'élan vital," which is precisely the bursting forth of the fluidity and the dynamism of the inner life. Thus, the Bergsonian intuition, which is beyond the understanding of the intellect (cutting up, analyzing), is found to be curiously joined to the creative spontaneity posited by Moreno. And through this joining, with Bergson as the hinge, we re-discover almost point for point the theories of Lebel on "creative participation" in the happening.
happening.

At the Second International Congress of Psychodrama (Barcelona, August 29—September 3, 1966) we undertook to question Moreno verbally. He accorded us a very long interview (6), and we take the liberty of reproducing here a short extract therefrom, concerning the links between psychodrama and happening (7). Moreno affirmed to us that it was he who, in 1923, invented the happening, which was not yet called "happening," but "impromptu." At about this time, in fact, he published a magazine "L'impromptu magazine,"

the happening being for him an "impromptu." It is that which is done here and now by a certain number of persons.

"Life must be lived as a series of happenings. By itself, the happening is a superficial "courant de vie," as is the "impromptu." The impromptu originally meant the *immediate*. The happening is therefore a theatre of immediacy, of the immediate life. Thus, the happening may be extremely interesting, or utterly without interest, according to what is occurring here and now. For example, the urge to kill is a happening, because it is a phenomenon *experienced* here and now (immediacy of the phenomenon) by the assassin. The psychodrama is somehting else: it is a *method* and *techniques.*

I have tried to create a scientific model based on the flow of life itself. Thus, you and me, what are we doing, here and now? We are seated, you are taking notes, I am speaking, it is "life." We are living, here and now, a situation which is unique and original, because it is ours. When your work is published, it will be interesting, perhaps, but it will be a "preserved culture," WITHOUT LIFE. And I am against "preserved culture" to the extent that I am FOR LIFE, for ACTION LIVED, always here and now. In a psychodrama, I construct a situation to be lived here and now between the patient, the audience and myself. In classical psychoanalysis all is centered on the "couch" and the mere words which are spoken around it; I feel that the couch is not LIFE, nor are the words which are spoken on it. Life must be LIVED, not spoken. The psychodrama is lived reality. I must also add that the psychodrama, contrary to popular belief, did not begin as therapy, but as happening: this was in the Viennese period from 1921 to 1925. It began then, as a purely "artistic" form, it was "the theatre of spontaneity." Therapy came later."

Moreno, of course, was first a director of theatre in Vienna, then poet, sociologist, writer. In 1924 he published, in the catalogue "Internazionale Kunstausstellung" an article on the "Theatre of the Happening," as well as studies of Stanislavski, Léger, Marinetti, etc. Even now, his wife is experimenting in her Beacon Institute (in the U.S.) with a non-therapeutic form of psychodrama which he called "Aesthetic Catharsis." As a result, he must have been approximating the experiments undertaken by Lebel and his acolytes. And Moreno claims that it is he who originated the international movement of the contemporary happening. We will not discuss this rather hasty claim. Whether this social phenomenon was originated by Moreno, by Lebel, or by the Americans (Kaprow, Oldenburg, etc.) is unimportant to us.

For us, the essential is to apprehend the objectively observable FACT that artists in different fields, as well as renowned therapeutists, today lean very seriously towards this movement as a means of revealing meaningful symptoms characteristic of our civilization.

It seems to us very important to note that for Moreno, the psychodrama was at first a happening, or an "impromptu" (the theatre of immediate action, lived here and now). Is today's happening becoming a form of therapeutic art? We think not, although the question is a valid one.

Moreno continues thus: "Then years before Heidegger, I introduced the concept of the "encounter" in social psychology, a concept which explains the phenomenon of reciprocity, arising from the confrontation between two people here and now. As a matter of fact, as early as 1914, Moreno published, in German, "Invitation to an Encounter," subsequently translated into English. And in 1922 he produced a monograph on the "philosophy of hic and nunc."

We then asked Moreno if he did not believe that the happening could be very useful to actors, whose profession consists precisely in playing roles, by opening to them a dynamic new field, a new dimension, thus providing a new perception of the world and of their role in this world.

"It is true," he replied, "that the central concept in social psychology is one that is borrowed from the theatre. This is the concept of "role," which is an anglicism, as "role" in English means the part played by an actor in the theatre (8).

An individual may fulfill different roles in society without becoming neurotic. Most actors, however, suffer from histrionic neurosis (9): an actor, in order to play all the roles offered to him, must usually prostitute his psyche; he must place himself inside the skin of someone else. These different roles erode his inner psyche, his individuality. He is now Romeo, now Macbeth, now Othello. This is dangerous for his personal identity. Psychologically, he is a professional prostitute. Histrionic neurosis is a sort of penalty he must pay in order to enable himself to be so many people at the same time. I am convinced that the psychodrama is still the best treatment for these actors, in that it permits them to regain their own identities, unified at last, and to become themselves again. For a professional actor, playing himself on the psychodramatic stage is not always easy, because in psychodrama the patient does not submit to his life, he imitates it. Freudian catharsis exists in a shadow-land: the catharsis of psychodrama is bathed in light, for it is above all *theatrical* and therefore a true purification. This, to me, is what makes it so different from the happening, which remains an "impromptu," an episode from the "immediate life," which may be interesting as art, but is inadequate for treating and curing the ill, particularly actors suffering from histrionic neurosis. I have, however, observed that it is actors who engage most in happenings when what they really need is a good psychodramatic cure. I remind you here of what Diderot wrote in the "Paradox du Comédien" (The Actor's Paradox): Extreme sensitivity makes mediocre actors; the absolute lack of sensitivity makes sublime actors." The result is that sublime actors—or

those who believe themselves to be so—are precisely those who totally lack
sensitivity, because they are dispersed, scattered into all the roles they must
play. I believe it is psychodramatic therapy and not the happening (which
aggravates their histrionic neurosis) which will help them to recover *their own*
sensibility. Because the man in the psychodrama is homo-faber, the man of
flesh and blood, he who is born, suffers, dies, eats, drinks, sleeps, the man
whom we see and hear, the brother. There is an ontological difference
between theatre and psychodrama, this is well-known. It is true that life is a
theatre, but if it were ONLY a theatre, there would be no hope. Life is more
than a theatre, or it would be tragic. The theatre, is merely a "representation"
of life, and life, bursting with spontaneity, is more than a representation.

However, and this a fundamental fact, the happening remains a "representa-
tion" (even if the participants take an active part, even if they are at the same
time judges and judged), while the psychodrama is above all a *real* event
which "reproduces" itself before the eyes of audience and analyst, with their
participation in the drama being lived by the patient.

On the subject of the Phenomenon of "representation," we refer the reader
to Michel Foucalt's very pertinent analysis in the opening pages of "Les mots
et les choses" (cf. chapter I, p. 19-31): "Les suivants"), which recalls to us
Samuel Beckett's "Film," which analyses a similar phenomenon in pictures. In
his pages, Foucalt describes, in the style of Robbe-Grillet, a painting by
Velàzquez, where the artist is depicted in his studio, "painting two person-
nages contemplated by the Infanta Margarita, surrounded by duennas, atten-
dants, courtiers and dwarfs . . . It is sufficient to add that the two personages
who serve as models to the painter are not visible, at least not directly; but
they can be seen in a mirror; that there is no doubt that they are King Philip
IV and his wife Mariana (p. 25). Further on: "This helical shell offers the
complete cycle of the *representation*: the glance, the palette, and the brush,
the *empty canvas* (these are the material instruments of the representation),
the paintings, the reflections, the real man (the finished representation, but as
if freed from its *illusory* or real *contents* which are juxtaposed thereon); then
the representation comes undone; we see only the frames and this light which
bathes the paintings from without, but which these must in return reconsti-
tute in their own image as though it came from elsewhere, passing through the
dark wood of their frames" (p. 27).

This "spectacle-in-a-glance" constitutes the essence of all representation:
"What is this spectacle, who are these faces, reflected first in the pupils of the
infanta, then of the courtiers and of the painter, and finally in the distant
clarity of the mirror? But the question at once doubles itself: the face
reflected in the mirror is also the one that contemplates it; that which all the
personages in the painting look upon is also the personages in whose eyes
they are offered as a scene for contemplation. The painting as a whole looks

upon a scene for which it is in its turn a scene. Pure reciprocity manifested in the mirror which looks upon and is looked into, and whose two facets are revealed at each angle from which the painting is viewed: at the left the canvas turned around, producing from the outside view *pure spectacle*; at the right the dog stretched out, the only element in the painting which neither glances nor moves, because it is there only as *an object to be looked at*" (p. 29).

Finally: "Perhaps, in this painting, as in all representations which are, so to speak, the essential made manifest, the utter invisibility of what we see is one with the invisibility of he who sees, despite mirrors, reflections, imitations, portraits. All around the scene are disposed the *signs* and the *successive forms* of the representation; but the dual relationship of the representation to its model and to its sovereign, to its author as well as to the one to whom it is offered, this relationship is necessarily disrupted (...) Perhaps there is, in Velázquez' painting, something akin to the representation of the classical representation, and the new definition of space which it introduces. It seeks in effect *to represent space in all its elements*, with its images, the glances to which it is offered, the faces which it renders visible, the gestures which give it birth" (p. 31).

Free of the chains of its relationship, "the representation can manifest itself as *pure* representation" (p. 31).

This fundamental text on the phenomenon of the "representation" recalls the theatrical representations to which Jean Genet invites us, with their "wheels of being and appearance, of the imaginary and of reality" (Sartre: "Saint Genet, comedien et martyr") which are the characters in his plays. We have already spoken of the theatre of Genet (9a), where all is "a game of mirrors," of lookers and looked upon, of examiners and examinees, where each representation is divided into two, making of itself a representation within a representation (and in a much more accomplished manner than in Pirandello). This is also what Foucault conveys to us in describing the Velázquez painting. In both cases we have "pure representation," but with Genet, there is this in addition: the representations which we attend (participate in) are ritual ceremonies of a sacred nature. We know that, for Genet, the ceremonial of the mass *represents* the "supreme modern drama," the true mythology of our age, with its own peculiar rites and system of symbolism: the perfect "representation."

And it is precisely "pure representation" of which the phenomenon of the "happening" consists, insofar as its objective is to express a "mythical thought." Nevertheless, "the ceremony conducted by the shaman unfolds according to a scheme which underlies a complete ritual, the unfolding of this ceremony is in strict adherence to a dogma, to a cosmogonic theory; the artist who enacts a happening, on the contrary, seeks his cosmogony in *ACTION*.

certainly conditioned by the collective subconscious which is its motivating force, but we can say that the equation man/world is an open-ended one, to which each happening brings a new and evolutionary solution (. . .) Seized by and in the happening in its raw state, *pre-verbal*, the thought is free and undistilled. "Seeking itself, it creates itself" (Lebel, "Le happening," p. 35).

This creation is achieved collectively, in and through a "spectacle," which we present to ourselves. Relations to the "classical stage" and to the "classical auditorium" have shifted, we are now undoubtedly more the "onlooker," and if we are "looked at," we are privileged to "look at" in our turn. The happening remains a "spectacle," however, a purely artistic spectacle, which expresses a "mythical thought." It is also the manifestation of a collective sacramentalization, and its ultimate objective is pure research into "new" modes of expression, the creation of a "new theatrical language." None of this changes its essential nature as "spectacle" or "representation." Jean Duvignaud stresses the ceremonial aspect of all theatrical phenomena from the opening pages of his monumental work "Sociologie du théâtre." He writes:

> "The lights go up, the actors appear, the play begins. A creation of many, it is the result of a playwright's will, of the style of a director, of the interpretations of actors, and of the participation of the public. But it is above all a *ceremony* (. . .) . . . A religious service, in a mosque or in a synagogue, a celebration (. . .) are ceremonies where men *play a role* according to a scenario" (p. 7). And further on, he writes: "In the theatre, the ceremony assumes the same aspect (. . .) the participants have put on the costumes of their roles and act now according to the symbolic idea of the characters which they play, now according to a script which is imposed upon them" (p. 9).

The psychodramatic situation, however, is NOT a "spectacle," as in the traditional theatre, nor as in the happening. It is not a "representation" in the sense understood by Foucault, Genet, or Lebel. It is not a "creemony," as described by Duvignaud. As Diatkine and Gillibert write: "the strength of the psychodrama lies in associating through the "figure"—which is more than movement or the mere passage of time—the moment lived to the "presentifica-tion" by gesture, attitude, the dynamic organization of the body's "relations" (the relation of the corporal to the world). But if the psychodrama is a visible "spectacle" (specular) (10), it is intended to be visible only to the patient. His is the only glance, at once blind and clairvoyant. This visibility, developed for the patient, is visible to him only, and no one other than the patient can be affected by it. The drama of the patient can be affected by it. The drama of the patient is a *spectacle*, but one which can be fully experienced by him only. For this reason, it is not "art," it is not demonstrable as such. It cannot be exposed to the "other" eye, to another perception—that of the public—

without coming undone, destroying itself. In the dissolution of its function and its structure, it becomes intolerable (in "Psychodrame et théâtre," *Esprit*, No 5, May 1965, p. 941).

These lines, for our purpose, add a new meaning to the concept of "spectacle" and "representation": if there is spectacle in psychodrama, it can only be FOR the patient, and it is not, in any event, ART.

As a result, the psychodrama is psychotherapy (II), and that only. Its sole "function" is to heal the sick, or at the very least, to facilitate a more harmonious unfolding of inter-personal relations (sensitization to the Group Dynamic) (12) deficient in certain individuals. The psychodrama does not offer a "re-presentation," it reproduces an everyday reality experienced by the patient, who plays his own role on the stage for strictly therapeutic ends. Patients do not have to get into the skin of another person (as do actors in the theatre, who are usually victims of "histrionic neurosis," according to Moreno), nor learn a written text by heart: they enact THEIR OWN drama, a situation which they have actually experienced (or which they would like to experience in the future, or which they are currently experiencing). However, not all psychodramatic techniques consist only in a personal or collective presentation of the patient's problems. Certainly, the technique known as the "soliloquy" (where the patient performs a monologue in a low voice, improvising according to the reactions aroused by the partner with whom he plays) is the one most in use, but it is not the only one. A. Schützenberger, in her work already cited, mentions sixty classic techniques of psychodrama, but we will not discuss these in detail (cf. pp. 111-155 of the work cited).

We will limit ourselves to the three most important:

1.—The technique known as "role-reversal," in which the patient takes the place of the Other. This enables him to observe his own attitude from the outside and to put himself in the place of other people;

2.—The technique known as "mirror," in which the auxiliary ego plays on the stage the role normally assumed by the patient himself;

3.—The technique known as "double," in which the auxiliary ego takes the patient's place in the action, but at the same time as the patient, in such a manner that the latter can better define his own reaction:

"The role of the double is at the same time to actualize and to bring into the consciousness of the protagonist (the patient) sub-conscious feelings, and to help the psychodramatist to lead the protagonist along a certain path which seems to him to be beneficial. The double strives to *identify* with the principal protagonist and to express his feelings ("Précis de Psychodrame," p. 121).

Genet used these techniques (especially "role-reversal," but at the core of a spectacle constructed, written and conceived in advance) for the purpose of stressing the inter-relational and situational aspect of all human behavior. The He re-invents the world by coming into contact with it (. . .) His action is

roles are inverted (particularly in "The Blacks," "The Maids," "The Balcony") and at the same time their true "function" is made clear. But we should remember that Genet was in no way concerned with group psychotherapy; his principal interest was in the specifically "representational" aspect of theatre, and his aim was to convey its "sense of ceremony." Speaking of Genet's "The Screens," Kustow observes that "in many ways," (the author) achieves the qualities of Artaud's vision—violence, contrasts, illogicality, sense of ceremony —and we find that "The Screens" exercises our theatrical imagination to the limit. ("Sur les traces d'Artuad," in *Esprit*, No. 5, May 1965, p. 961).

We should also mention the study group in *institutional* psychotherapy led by Dr. Francois Tosquelles (13) (with Roger Gentis and Yves Racine), at the Hospital of Saint Alban (Lozère). Dr. Tosquelles is attempting to apply what may be called "structural analysis" to the situation of the institution-integrated patient (14). Thus, in Dr. Tosquelles' "improvised" psychodrama, the patient (and this is true especially of the schizophrenic) must be "placed again" into a parental structure, in which the MEANING of the relation between the terms "father," "mother," and "child" must appear perfectly clear to him, and brought to the surface of his consciousness. The example most often cited: the nurse represents the mother image, the doctor the father image. But in order to avoid any misinterpretation of the meaning of their *role* in the structure, any malfunction, a structural analysis of the hospital's modus operandi must first be made. The patient may then be placed in precise "social structures" in which he can see himself in relation to the other elements, or terms, of the structure. Hence the extreme importance of a structural analysis of the hospital's inner workings.

In this psychodrama the attempt is always to "bring back" all the relations which may occur between the protagonist and the auxiliary ego (or protagonist/physician) to the social level, and thence to the "symbolic positions" occupied at *the interior of the institution* by the patient (protagonist) and the psychodramatist (or the auxiliary ego, who may well be another patient, or even the nurse). We see by this that ONLY the meanings of individuals are modified (at the interior of the institution's structure) and, ultimately, their behavior.

On the other hand, Dr. Tosquelles and his team are attempting to analyze the "role of objects" in social relations (15). They have succeeded in attaching to these objects a meaning other than symbolic, a meaning clearly "imaginary." This suggests that *certain objects* can convey meaning (as a "new language") in irrational exchanges which cannot be effected verbally (verbalization is a barrier to true communication).

In conclusion, from the perspective of the "happening": certain objects "say" more, and thus "mean" more, than the language of words. Certain objects allow an exchange (at the level of the imagination) between individuals

that is much more fruitful than any that could occur through the language of words. This is a "language of non-symbolic objects."

We may sum up by saying that, for Dr. Tosquelles, the institution can be (and must be) considered as a tool, a therapeutic *instrument*. The patient, however, must not be left to congeal within a rigidly monolithic structure. His behavior can only be modified (for his recovery) to the extent that the "meaning" of the relations which the patient has entered into with authority (father, physician, institution, hospital) is itself modified. In order for this authority to appear no longer to the patients as bullying or "alienating," we must, says Dr. Tosquelles, destroy the image of "a rigid monolithic structure, in which human relations cannot occur," and replace it with an infinitely more flexible structure, which will permit the patients to progress towards recovery, not in a hospital seen as a prison, but in a hospital in which they can "feel at home."

If certain psychodramatic techniques are borrowed directly from the theatre (if there is similarity of certain structural arrangements, quite apart from any "meaning"), they do not on this account have the same "functions" (16), they have an altogether different "goal" than plastic research or the exploration of a collective unconscious (in the Jungian sense) or an arche-typical one, as in certain happenings. When we ask the patient to improvise in psychodrama, this technique has nothing in common with the improvisation of participants in a happening (except perhaps, in its effects, as far as the happening is concerned, because although the intent of the authors of the happening is in no way "therapeutic," certain "happeners"—neurotics—may emerge, if not cured, at least comforted).

Lebel is well aware of this: "The principle of integration of stage and audience, the primacy of artistic creation over rational scrutiny, the impor-tance accorded to the environment and to the ambiance—these distinguish the happening from the theatre, as well as from the psychodrama, as defined by Moreno. If the hallucinatory raw material is the same, it is not a question of reducing it into WORDS or into ARGUMENTS, but of transmuting it into IMMEDIATE VISIBLE LANGUAGE. Theatre and Psychodrama do not share the same field of action, and the happening is somewhere else again" ("Le happening," p. 62).

During the course of a recent interview which we had with Lebel, he further clarified his thought on this subject: "The happening questions the "cultural fact" itself. It is a plastic art, a visual art. The psychodrama has its therapeutic preoccupations, which we do not share."

We then asked him: "In your personal experience, can the happening not have a "therapeutic effect" on certain participants?" Lebel replied: "The happening has therapeutic effects insofar as all artistic experience may have such effects, because art seeks to express anguish. But from the beginning, and

above all, the happening seeks the maximum intensification of human sensibility. It is an experience of one's "limits," it is the free play of instincts, it is the festivity of which the theatre has lost the sense, and it is also an instrument of lasting social change."

It is significant that even in the pedagogical domain, this new audiovisual language has given rise to so much research. To mention only one study, Antoine Vallet speaks of the "pedagogy of total language"(17): "the language of *pictures* and *sounds*," he says, "burst forth with special brilliance towards the end of the 19th century, and its spread was aided by the unlimited possibilities of modern technique to the point where it rivalled *the language of words*, or at least appeared to. Whatever happened, it is obvious that modern techniques of image and of sound, assimilating the traditional means of expression—words—gave birth to a NEW LANGUAGE." (p. 36. Our underlining).

Thus, the three systems of signs: pictures, sounds, and words, overlap to form a new method of "speaking," of expressing, of communicating one with the other (and therefore, of "thinking"). For A. Vallet, the three systems of signs are not opposed, but complementary (as far as the new pedagogical method is concerned) and each system of signs "offers possibilities which the others do not possess" (p. 36). And he adds: "It is easy to see that, in certain cases, words are irreplaceable, just as in other cases, music only will do. Words have a clearness of outline, a precision, which makes them a tool for conceptual thought; pictures have a power of *suggestion* and of concrete *representation* which cannot be matched by words" (p. 36-37).

Is the new theatre (and its outer limit, the happening) not becoming more and more a language of pictures, *suggesting* ideas by lighting, the arrangement of objects, the new relationship of the spectator to the "spectacle" (which is no longer merely *presented*, inasmuch as the spectators participate actively in the spectacle in order to PLAY it together, in a group, with the author and the actors, and inasmuch as the spectacle has today become a collective affair). In other words, does the theatre of the new language (thus, the happening) not constitute an element of one of today's social phenomena, the "civilization of the picture"? (18).

We can now see more clearly the essential difference between the happening and the psychodrama.

1. The first is a "social art" (but an ART, above all, or a more or less balanced blend of different artistic modes of expression), even though in reality it eludes all attempts at definition (19). Nevertheless, it remains a "spectacle," whether it is a matter of a ceremony or of a representation (even though there is a relative identity between the "subject" of the spectacle and the "object" of the spectacle: the spectators themselves make this identity in staging the spectacle). And, as Lebel writes, "Contemporary art has long been

groping to rediscover the *magical function* once naturally assigned to it, in order to at last renew its techniques and effectively participate in the transformation of the world" (op. cit., p. 64).

2. The psychodrama is a therapy, whose immediate function is not to change the world, but to heal the sick, to improve their relations with those around them. And this is done *in an institution* (cf. Dr. Tosquelles), one which reflects the norms and laws (and prohibitions) of the industrial and bureaucratic civilization of the outside world. In other words, the function of psychodrama is to improve communication, when it is not a matter of simply making communication "possible," within a society which has itself been reconstructed. From this comes a first contradiction, at the inner core of psychodrama, but we will not attempt to analyze this contradiction.

This fundamental difference between happening and psychodrama overlies a functional opposition. The goal of the happening is to upset the existing social order, and to do this, it begins by upsetting the perceptive (and emotional) apparatus of the participants. The happening is above all, the destructurization of the world (all must be seen anew) and hence: *disadaptation*. It is an art of social protest, it is against all stability, all mental conformity with the established order, no matter what guise this may assume. It is perpetual struggle, it is the essence of negation, and no gain, no discovery (plastic, esthetic, etc.) can be permanent. Ceaselessly transcending, it fails to integrate into itself, to assimilate what it transcends, it fails to establish a solid foundation from which to launch a new flight, to gain fresh impetus (20). It starts always from nothing, ex nihilo: its experiences are unique, original, and do not repeat themselves. In other words, it does not integrate that which it transcends, it does not retain any antecedent acquisition. It is always new, or, to put it better: it is a birth continually renewed, a "nascent state" (Moreno's expression)—always in a nascent state, and never once and for all *born*.

On this subject, Allan Kaprow writes in "Art News" (May 1961): "Unlike the art of the past, happenings have no structured beginning, middle, or end. Their form is open and fluid, nothing in particular is sought and consequently nothing is gained except the certainty of a certain number of occurrences, events to which we are more than ordinarily attentive. It exists only once (or only a few times), it disappears forever and others replace it."

What Lucien Goldmann calls "compartmentalized structurations" scarcely apply here. All is swept away at a stroke after each happening: it is necessary to begin again at zero, to get a fresh start, to "see" things anew. If we had absolutely to pronounce upon the state of the happening (as we are frequently asked "how is it with the theatre in France today?"), we would say that it is in a permanent state of disequilibrium, and has been so from its official beginning (in Japan) until today. But we must also add that inasmuch as its raison d'être, its essence, consists precisely in a perpetual *birth* (21),

then disharmony is its destiny, malfunction its lot. The happening is the "exploding theatre" par excellence. With this distinction, that it strives always to explode, that it asserts itself as explosive, that it assumes the guise of a continual explosion. At this point, the psychodrama and the currently accepted meaning of the term "theatre" (that is, the theatre which is not a happening) come together. While the self-conducting happening is perpetually against order, permanently revolutionary, psychodrama and theatre have in common the characteristic of establishing an order: "Like the theatre, the psychodrama is enacted in one place (. ..) even though it is not cut up into acts or scenes, the psychodrama respects the *temporal order*. The scansion of sequences is controlled by the director. Groups of sequences make up sessions, true units of time in the psychodramatic unfolding" (Diatkine and Gillibert, op. cit. p. 940).

Strictly speaking, we could say that the semi-institutionalized happening (and this is true even more of the fully-institutionalized happening) also respect a certain "order," imposed by the "structurants," but this is not true of the self-conducting happening, which respects none.

This does not mean, however, that it goes against the current, as there is no pre-determined "current," or in a counter-direction, because there is as yet no "direction" for its progress. This means that the self-conducting happening follows its own road, one which has not been previously laid out by anyone (or by a social norm from any well-defined SYSTEM).

Here we see the fundamental opposition to the psychodrama, whose function is precisely to *adjust* and to *adapt* the patient to the surrounding world (22). In Aristotelian catharsis, the spectators of a tragedy are made to feel intimately the passions represented by the actors, and are thus liberated, as if "purged" of their own. In the psychodrama also, the actors (and no longer the spectators), playing their own role on the stage (without a prepared scenario), "purge" themselves of the symptoms of their illness.

"In view of the fact that the fundamental drama of the murder of the father has been brought to the stage by both Sophocles and Shakespeare, we must ask ourselves whether the theatre does not have a certain *cathartic function*," write Diatkine and Gillibert (op. cit., p. 936). They add, however: "Seeing Hamlet, Oedipus Rex or Don Juan performed does not solve anyone's problems, but such spectacles provoke in each one of us an emotional modification which cannot be doubted" (p. 936).

Until now, we have dealt with "Morenian" psychodrama. It is time to say a few words on analytic psychodrama (of Diatkine, Lebovici, Anzieu, etc. . . . .) which embraces the early theories of Freud and Breuer on the "cathartic method" (23). As for Moreno, in opposition to the French School of psychodrama, it is in "acting-out" (24)—the exteriorization in ACTS on the stage—that the patient will be cured. In "Fondements de la sociométrie" (p. 316), he

writes: "The old psychoanalytical couch has been appropriated for the benefit of the theatre of the spontaneous."

But Diatkine and Gillibert reply thus: "It should surprise no one that the mere playing of roles and elaboration of dramatic situations determined by unconscious phantasms is not sufficient to effect a cure. We must investigate the *nature* of these situations and of what the patient can grasp therefrom. Scenes played by the ill provide very meaningful material for therapeutists, but are often totally incomprehensible to the patient. How can we use these productions to allow the subject's ego to mobilize itself against, and to overcome, the defensive positions ranged against it?" (op. cit., p. 938-939).

We stated earlier that the essential function of psychodrama was one of adjustment and adaptation. We must, however, qualify this affirmation somewhat.

As G. Lapassade observes, "spontaneity is not simply energy, or will-to-live. It is also *adjustment*: it reveals itself in the ability of the new-born, who comes into the world without any model for behavior, to react to new situations, lacking an inborn savoir-faire (. . .) But while Freud saw a danger in this original deficiency, which is the basis of neurosis, Moreno sees, on the contrary, a *chance* for the species: human life will then be inventive, *creative*. Whence his formula: "the clearest manifestation of creativity is the child" ("Les fondements de la sociométrie," p. 16) ("L'entrée dans la vie," p. 98). But Lapassade adds: "After describing this behavior from the biological notion of adaptation or adjustment (25), todays psychologists, influenced essentially by Goldstein, have adopted the position of insisting upon the realization of man's *possibilities*, his creative capacities. For Goldstein, in effect, (cf. "La structure de l 'organisme"), the organism which is merely adjusted is a sick organism: It is, for example, the organism of aphasiacs who, forced by their pathological deficiency to live in a "strictured" milieu, limit their *range of possibilities*, avoid situations demanding inventiveness and improvisation and *adapt to a sheltered world*, without problems. The well man, on the contrary, can cope with a much more complex world, can adjust to it, *but can also modify it*." (cp. cit., p. 98-99). And further on: "The goal of the psychodramatist no longer appears to be only to facilitate choices, to develop them, but to facilitate change, to have life accepted as an experience of change" (p. 106).

"The psychodramatist undertakes to liberate the adult by causing him to rediscover his *spontaneity* and his *creativity*, which are from birth the true characteristics of human infancy. In short, for Moreno, to learn to live is to learn to be born" (p. 108).

We can now understand why Marc'O affirmed that his institutionalized happenings were appreciated and "felt" (the term "understood" is avoided, as this suggests the use of the intellect, which has no place in a happening) most

of all by a public consisting of child-participants. Their spontaneity and creativity are given free rein in his first type of happening, solicited "through the nerves and through the senses" (Artaud). Without social obligations of any kind, children are thus capable of spontaneity and of creativity.

Let us conclude by observing that it is true that, upon analysis, the happening and the psychodrama are seen to be fundamentally opposed in their functions, in that the former has essentially artistic preoccupations while the latter's concerns are exclusively therapeutic, aiming at the adjustment of the patient to his social environment, as well as his adaptation to the predetermined role defining the culture in which he finds himself. However, and to the extent that, as Lapassade writes, "on the psychodramatic stage, man lives, far from the gods, his solitude and the complications of his relations with others" (op. cit., p. 111), it remains possible to find a common denominator for these two phenomena. For, while it is true that the psychodramatist is a stranger to all artistic pretensions, it is no less true that both happening and psychodrama (insofar as the latter's motto is "to be normal is to be normative," as Canguilhem writes (26), which is to say that the healthy man's task no longer consists merely in adjusting to a world which has become excessively complex, but also to CHANGE it) are fundamentally concerned with changing prevailing conditions. The happening would transform the world (using its own methods), while the psychodrama claims not only to adapt patients to the socio-cultural norm in which they live, but also proposes that, by a dialectic process, man can modify his relations with the world by modifying the latter and by modifying himself.

They also have in common the fact that the psychodramatic phenomenon, like the happening, aims:

1. to awaken the child in the adult (psychodrama).
2. to awaken the archetypes buried in the collective unconscious of humanity (happening).
3. to rediscover "spontaneity" (or a state of clairvoyance) through the "cultural preserves" of which Moreno spoke.
4. to free men from their chains (whether psychopathological in nature, socio-cultural or socio-economic) by helping them to regain the creativity which was theirs at birth, and which they have developed, with greater or lesser success, throughout their childhood (27).

We have decided that, in order not to burden this work unnecessarily, we will not enter into great detail concerning the differences between Morenian and analytical psychodrama (28). It seems to us useful, however, to cite one of the essential differences between these two kinds of psychodrama. Although, in the main, the dramatic techniques are similar in both cases, "for Moreno TO ACT is, for the patient, a great forward step. In classical analysis, on the other hand, acting-out or acting-in is considered as a sign of resistance,

indicative of regression" (in "Bilan de dix ans de thérapeutique par le psycho-drame chez l'enfant et chez l'adolescent," by Lebovici, Diatkine and Kes-temberg, p. 91).

As we have previously stated, Moreno sacrifices transference analysis in the psychodrama, while analytical psychodrama incorporates it into its corpus of analyses.

"It is thus that, in addition to the transfer, we have been able to study in the same movement the dramatic expression of defense mechanisms. The general course of the treatment is, naturally, modified" (Lebovici et al., op. cit., p. 65).

As for spontaneity, they believe it is achieved when the "actors" are natural, when they have succeeded in forgetting that they are acting. The psychodramatists are "non-directive," contrary to Morenian procedure (Moreno is willingly "directive," preparing the patient before the session, after-wards commenting to the patient thereon, etc.). In the same manner, the technique called "role-reversal" (of whicn we have already spoken), or that called "double," is here never *imposed* on the patient. He is always free to use them whenever he feels the need. We should point out that this is also the technique employed by Lily Herbert in her "T-groups": "role-playing" or "role-reversal" are never imposed by the "leader," they are left to the initiative of the members of the group.

In short, it is syncretism of these techniques which accounts for the symbolic efficacy of analytical psychodrama.

As D. Anzieu and Testemale-Monod write: "The psychodramatist enters into the dramatic action to get it started and to bend it, not to submit to it. He plays the game, but without allowing their game to be imposed upon him by those whose re-adaptation is in his charge" ("Le psychodrame," p. 73).

This is a clear statement that the unique function of psychodrama is, like classical Freudian analysis, to "re-adapt" the patient: psychodramatists "in-flect" the dramatic action in one sense or another, according to the needs of the situation. They are not against analysis *during the unfolding* of the psychodrama, quite the contrary. Consequently, the observations and compari-sons which we made earlier apply much more to Morenian psychodrama, in its relations with the semi-institutionalized happening. For in Morenian psycho-drama, it is the "cure by words" which is criticized above all, in favor of the "cure by action" (even though Moreno never confined his techniques to the latter type of "cure") just as in the happening (even though the "cure" is never spoken of here).

"Moreno is sensitive to the spectacle (29), to seething emotions. Order is unknown, he will not take the time to respect it, the time necessary to understand it. If the secrets do not reveal themselves of their own volition, he knows how to FORCE them to do so. If emotions do not externalize

themselves, he will heat them white-hot until they explode. We sense that his technique consists in rendering the subject no longer capable of resisting . . ." writes Anzieu (op. cit., p. 72).

This observation could be applied in every particular to the semi-institutionalized happening. We have seen how the spectator feels "drained" (nerves shattered, resistance nil) when emerging from the temple where the ceremony of the "happening" has been celebrated. It will be understood, then, why we advanced the hypothesis that this type of happening belongs more (structurally)—the "cure" set aside—to Morenian psychodrama than to analytical psychodrama. For we have seen that a semi-institutionalized happening does not stop "on the way" to "make a point" (or to interpret that which has just transpired), it unreels itself, it is, it happens, it takes place, and that is all. Its ultimate goal is to create imbalance, to destroy the perceptual apparatus. Interpretation, if there is any, is made at home, alone (or in small groups).

In our opinion, it is the last type of happening, the most rarely practiced, the self-conducted happening, which is associated with the analytical psychodrama, to the extent that the latter is an ever-reiterated interpretation of the dramatic situation (of that which occurs "here and now") which is the rule of the "game": all new relations which are established between the analytical team (the "staff") and the patients are neither entirely symbolic, nor entirely real. But they are really *lived*, and consequently, must always be interpreted along with the unfolding of the psychodramatic situation and the relations which it generates between the "stage" (the patients) and the "auditorium" (the analysts and their aides).

In these conditions, the self-conducted happening, in its constant concern with stopping the "game" to "make a point" and to "interpret" (30), approaches, structurally, analytical psychodrama—leaving aside the "cure." "The game, like language, is the product of the pulsations and of what clinical psychoanalysis calls the mechanisms of the self; herein lies its great therapeutic value" (Lebovici et al., op. cit., p. 69).

For these psychodramatists, the dramatic situation created on the stage msut be analyzed systematically, resulting in a restructuring of the fragmented personality of the patient. All psychodrama does not consist merely in Morenian "acting-out," therefore, since this alone cannot effect a cure. The "catharsis of integration" of which Moreno speaks does not seem to satisfy French writers: they feel that true psychotherapy can be achieved only by adding analytical interpretation, during and after the session, to the "acting-out" which Moreno claims can enable the patient "to find himself, to reorganize himself, to gather together the elements which have been scattered by insidious forces, and to integrate them." ("Fondements de la sociométrie," p. 38). The self-conducted happening would also add interpretation to "acting-

out," but with the notable difference *that everyone involved is at the same time participant and analyst*—there are no specializing analysts. There are no privileged individuals, no one "runs the show," no one has the "status" of psychodramatist, of monitor, of psychoanalyst, or even of leading actor. All participants in a self-conducted happening instantly become psychoanalysts (or psychodramatists) and all possess, from the beginning, the same inalienable status.

Before ending this chapter, and by way of conclusion, we quote a few extracts from the study made by Diatkine and Gillibert on the relation between the psychodrama and the theatre. This study does not concern itself with the problem which we have discussed: the relation of the psychodrama to that very special form of the theatre of new language which is the happening. It does, however, provide the interest of a general discussion of an area heretofore largely ignored.

The authors begin by asking:—"What then is this special language which the psychodrama uses and which can, with *words only*, make clear to the patient what could only be imparted by entering into the aberrations of what Freud called, justifiably, "wild analysis"? Can the study of this means of communication shed some light on our understanding of the theatre?" (op. cit., p. 932).

Recalling the importance of the audience to Moreno (in his theatre at Beacon, in the U.S., there was a "public" which observed the progress of the psychodrama and reacted to this so-called "spectacle"), the authors air their own views on this subject: "In analytical psychodrama, the distinction between actors and spectators is more subtle. Each plays both an active and a passive role in the drama. There is neither script nor author, patients and therapeutists improvise, but the actors are simultaneously author and public" (p. 932).

If we ignore the typically psychodramatic distinction between "patients" and therapeutists," we are left only with participants seeking to create in common a new theatrical language, a fresh outlook on the "spectacle" (and here it is a "spectacle"), and to establish new relations with what was in traditional theatre a "scene." We find ourselves, then, right at the center of the happening, if not fully self-conducted, at least semi-institutionalized (31).

Elsewhere, the authors observe: "The therapeutists are immediately plunged into a milieu as yet unknown to them: that of the "imago" and of the subject's unconscious phantasms" (p. 933).

For in the happening, everyone is mingled in the same spectacle, in the same "theatricality" created here and now by each of the participants, who are neither patients (at least their beginning "status" is not such) nor professional analysts (the same applies); it is not a question of exploring the unconscious phantasms of each participant, or of externalizing their neurosis

on the stage in order to cure it, but uniquely to encourage in the group the explosion of a primal spontaneity and creativity, the expression of forgotten archetypes, buried in the collective unconscious of man. The happening is, ultimately, a collective exorcism, bringing to the surface, through certain artistic procedures, that which industrial civilization (where reification is the law) and the socio-cultural "plus-value" has pushed deep into man's unconscious. The happening is thus a "recovery" operation.

As for the relations between analytical psychodrama and the self-conducted happening, Diatkine and Gillibert, without once mentioning the word "happening," suggest them to us in the following lines: the psychodrama is a theatre without art, "the fruit of a continuous creation of the patient and the therapeutist. No one knows what the next reply or gesture will be. This spontaneous reaction acted out in a play gives the psychodrama its authenticity. The patient and the therapeutist may choose not to say or to do what the others expect of them. This is essentially opposed to the dramatic presentation (32), where speech and gesture are rigidly controlled (. . .) The same words, the same gestures lose their meaning in any other context (. . .) The psychodramatic unfolding is fully meaningful only to those who live the very special adventure which is a psychotherapeutic cure. It is as a function of a *global unfolding* that what is spoken and acted out becomes meaningful (. . .) A chance spectator would not understand why it is remarkable that the patient should speak certain words or move away from or approach this or that person. He would see only awkward movements and stammering (. . .) In the psychodrama, there is an intimate dialogue where each participant ends by understanding, from the slightest word or gesture, what the other wishes to convey. The content of this dialogue (33) is not communicable to outsiders—psychodrama is not an art form" (pp. 934-935).

One would suppose that these lines were written about the self-conducted happening, but with this important difference: the happening is not a therapy. And, while it is not communicable to the casual onlooker, being a phenomenon which demands the total participation (spontaneous and creative at once) of all concerned, it nevertheless remains, above all, an ART: an art which runs counter to the currently accepted idea of the artistic phenomenon, a counter-art, in the sense in which Ionesco wrote his "anti-plays" in the 1950's as a rightful protest aginst the "plays" of that era.

Ionesco's anti-plays are today the classical plays of the theatre of the new language. It may well come to pass that the counter-art of the happening will become the new theatrical language of tomorrow.

Diatkine and Gillibert observe that the world of the theatre could gain a whole new approach to its art from the psychodrama, not by merely attending psychodramas, *but by re-immersing itself into that primitive zone of the relation of the phantasmic to the corporal*" (op. cit., p. 942).

Is this not precisely what the happening attempts to accomplish? Is this not wherein lie its researches, still experimental, it is true, but paving the way for the theatre of the future?

This "theatre of shadow and substance," of which Diatkine and Gillibert speak, "where the participation of all its members is total, where the group dissolves when one of its members no longer feels the need to participate, to take part," this "theatre without performances (at least in principle) where only the dramatic unfolding of a new language takes place" (op. cit., p. 942), is it not this of which the happening is the forerunner?

NOTES

1. Cf. the transcription of her lecture of August 20, 1966 at the second International Congress of Psychodrama (Barcelona).
,2. The relations between psychodrama and commedia dell'arte, which form the origin of the happening, are here made evident, from the point of view of "construction" (this note is our own).
3. Moreno reminds us that the word "drama" is transposed literally from the Greek, which means ACTION or ACCOMPLISHMENT (in "Fondements de la Sociométrie" p. 35. This book is the French translation of "Who Shall Survive?", Beacon House Inc., N.Y., 1953). And "psychodrama" (from the Greek) breaks down into psycho (the soul) and drama (action, accomplishment).
3a. Le théâtre du nouveau langage, by Gilbert Tarrab, 2 volumes, le Cercle du Livre de France, Montréal, 1973-74, 620 pages.
4. The "encounter" means, for Moreno, that "two people are not only TOGETHER, but equally and above all they LIVE within each other, each apprehending the other's feelings with all his being" (cf. the interview accorded to us by Moreno in August 1966, published in le Bulletin de Psychologie, Paris, December 1966, 254 XX, 5, pp. 273-275. Cf. also page 2 of his speech "Fonctions des universells; temps, espace, Réalité et cosmos" (Barcelona).
5. Cf. "Les deux sources de la morale et de la religion" by Bergson.
6. Cf. the complete account of this interview appearing in "Le Bulletin de Psychologie," Paris, December 1966, 254, XX, 5, pp. 275-275 in particular.
7. We revert here to Moreno's OWN TERMS which he used during the course of the interview.
8. Cf. on this subject "La notion de rôle en psychologie sociale," by A. M. Rocheblave-Spenlé (PUF, Paris, 1962).
9. From "hystrion": bad actor. Such well-known actors as John Barrymore, John Garfield, Peter Lorre, Franchot Tone, Joan Crawford, John Garfield, et al. . . . were treated psychodramatically by Moreno.
9a. See our "Le théâtre du nouveau langage," Volume I.
10. Specular: a visual hallucination, in which the subject sees his own image as in a mirror.
11. "Although it is widely used in pedagogy and in human relations training, the psychodrama is ESSENTIALLY a therapeutic instrument." (A. Schützenberger: "Précis de psychodrame" p. 13. Underlining is the author's.) Elsewhere: "The psychodrama is always at the same time therapeutic and pedagogical, but the accent may be placed on profound therapy or on pedagogy." (op. cit. p. 32).
12. Cf. on this subject the studies of P. H. Maucorps and R. Bassoul on empathy in "Empathies et connaissance d' autrui." Cf. also our work "Mythes et symboles en dynamique de groupe," Bordas, Paris and Aquila, Montréal, 1971, 220 pages.
13. The psychiatrists working with Dr. Tosquelles are part of the "Getepsy."

14. Cf. his intervention at the Second International Congress of Psychodrama (Barcelona). We base ourselves also on a personal communication which he made to us. us.
15. We here rejoin certain themes pertinent to the happening.
16. "The theatre is not a therapeutic, but a celebration accompanied by a state of joy hardly to be replaced. To see "l'Avare" performed has never made anyone less avaricious. But it can satisfy those who find the egoism of their parents insupportable and help them to feel less alone" (Diatkine and Gillibert, "Psychodrame et Théâtre" p. 936).
17. Cf. his article: "Du ciné-club à la pédagogie du langage total," appearing in the magazine "Etudes" (July-August 1966), pp. 31-45.
18. From the title of Michel FARIN'S article: "L'emprise des images: civilisation de l'image?" (in "Etudes," July-August 1966, pp. 5-17).
19. We certainly cannot subscribe, under the conditions imposed of admitting that the happening is also an art of the avant-garde, to these lines written by B. DORT in 1956 in "Théâtre popularie": "The true function of the avant-garde (...) is a therapeutic one. Whether emptying the stage or revealing the crowded condition of the stage, it detaches the spectator therefrom. It disrupts the *organic unity* of stage and hall which was the source of the certainty and of the common values of an older world. It restores the spectacle to its condition of SOMETHING SEEN, of something to be looked at" ("L'avant-garde en suspens," in "Théâtre Populaire," No. 18, May 1956, p. 47). Now, we have seen that the true "function" of the happening (in the structuro-functional sense) cannot be therapeutic. And furthermore, if it is true that this function "restores the *spectacle* to its condition of something seen," the fact remains that those who watch the spectacle are at the same time, and in the same movement, *seen* by others; in other words, the spectacle is "something to see," it is true, but it is the spectator-participants who are at once subjects and objects of their own regard. Therefore, far from "disrupting the organic unity of stage and hall" (Dort), the function of the happening consists precisely in involving the spectator IN the spectacle, in placing the hall in the stage and the stage in the hall, in such a way that the spectator is himself his own "spectacle," at the same time being a spectacle for others, because in the final analysis, the happening is a *collectively* improvised spectacle.
20. We know that Hegel's "Aufhebung" is defined as a transcendence which is never *suppression* of the previous state, but a fulfillment, a flowering, encompassing the integration of that which is at once transcended and conserved. This "dialectic" process of development has no relation to the happening. Art (and the happening is an *art*) as H. Marcuse so aptly observes, "survives only where it denies itself, where is saves its substance in denying its traditional form, and thereby denying reconciliation; where it becomes surrealist and atonal" (*Eros and Civilization*, p. 132). But also: "The dual function of art is at the same time to oppose and to reconcile, to denounce and to acquit, to allow to burst forth what is repressed and to repress it again, in a purified form." (op. cit., p. 132).
21. We can say that, like man, the happening is essentially *incompleteness* cf. G. Lapassade: "L'entrée dans la vie. Essai sur *l'inachèvement de l'homme*," Ed. de Minuit, Paris).
22. In the psychodrama, there is being introduced progressively "a new organization, thanks to which the subject seems to be brought out of his *chaos*, to free himself from his shackles, to recover his energy, frittered away in useless pursuits. Owing to the action of the various personages introduced into his intimate drama, the complex puzzle of his identifications begins to resolve itself." (Diatkine and Gillibert, op. cit., p. 940).
23. Catharsis, from the Greek: "Katharos," pure. A. Schützenberger defines it thus: "It is a relief after a state of extreme tension, a seething, an emotional peak accompanied by a breakdown of resistance, a thawing of sentiments, an explusion of dross resulting in a liberation from the past and a modification, from which point a

reconstruction is possible, with abreaction, and a threshold is crossed (. . .) The catharsis is thus a total or partial relaxation (. . .) Moreno distinguishes the catharsis of abreaction from the catharsis of integration (total catharsis from partial catharsis), the *psychic catharsis* of the actor in the spontaneous personal drama of psychodrama (even more than that of the participants in the audience) from *mental catharsis*: the individual, placed on the road to a "total life," frees himself from and purges himself of a cultural or mental syndrome" (op. cit., p. 184-186. Underlining is the author's).

24. Acting-out: a procedure whereby the transfer expresses itself *outside* the therapeutic situation, according to the analytical school of psychodrama.

25. We here point out to the reader the fact that Lapassade does not differentiate between the phenomena of adaptation and adjustment. Now, we know that from the psycho-sociological point of view, adjustment is the process by which a behavior or an attitude transforms itself in order to conform more closely to the requirements of the social order, whether it is a matter of seeking a partner, or of the more or less implicit requirements of an institution, or even of the rules of an organization. In other words, it is the transition from an unrestricted behavior to a behavior which becomes more and more restricted, and this is one of the goals towards which the psychodrama is moving. Whereas adaptation is the behavior of an individual or of a group who have succeeded in overcoming or in significantly reducing the tensions inherent in a given situation. Whence: adjustment is the degree of precision to which individuals have progressed in adapting themselves to the pre-determined roles which define a culture.

26. Cited by Lapassade, p. 99. Cf. "Essai sur quelques problemes concernant le normal et le pathologique," by C. CANGUILHEM.

27. Anzieu observes, in "Le psychodrame analytique chez l'enfant": "All has transpired as though Moreno had undertaken to re-invent the notion of the unconscious using the term 'spontaneity' " (p. 23).

28. Analytical psychodrama, as we know, is applied in particular to child and adolescent therapy.

29. We have seen previously that in a psychodrama, of whatever type, there cannot be any question of a "spectacle."

30. We have stated that these interpretive sessions occur *in general* after the conclusion of the happening, but it frequently takes place "right in the middle" of a happening. It is well to remember that there are no rules here, that we are searching, experimenting. This is in contrast to analytical hermeneutics, where certain rules must be strictly observed.

31. In all which follows, we shall deal only with the last two types of happening.

32. We should add "classical," since the authors do not have in mind here the phenomenon "happening." There is a valid opposition between psychodrama and happening, but this opposition is *functional* only (psychodrama and happening having different AIMS), the procedures used in each case being largely similar (but not seeking the same *goal*).

33. Even if this dialogue is entirely mimed, as in certain self-conducted happenings; for the dialogue of gestures is, precisely, one of the elements of the new language of the theatre.

THE AMERICAN SOCIETY OF GROUP PSYCHOTHERAPY AND PSYCHODRAMA
Invites you to an

ALL-DAY INTENSIVE PSYCHODRAMA TRAINING INSTITUTE

Thursday, March 20, 1975 9:30 a.m. to 5:00 p.m.

Prior to the
A.S.G.P.P.
33rd Annual Meeting
March 20 through March 23, 1975

Statler Hilton Hotel, 33 Street and 7th Avenue, New York City
Premeeting Headquarters: A.S.G.P.P., 39 East 29th Street, New York City
(212) 260-3860

THE PSYCHODRAMA TRAINING INSTITUTE
is designed for students of Group Methods and the Social Sciences, as well as for Psychotherapists, Psychologists, Social Workers, Educators and Mental Health Professionals. Each workshop will be conducted by a leading Psychodramatist and will offer a unique opportunity for both didactic and experiential training in Psychodrama.

PSYCHODRAMA
literaly translated means "psyche-in-action," or exploring the human mind through action methods. Psychodrama is a group-oriented process. Psychodrama facilitates the integration of intellect and emotions into life performance. Every human being has a greater potential than is realized in a lifetime. Psychodrama nurtures the development of this potential by providing a climate and a method for the understanding and awareness of one's self and others.

Psychodrama, and the group process methods which include Sociodrama, Role Playing, Sociometry, the Sociogram and Group Dynamics were devised by Jacob L. Moreno, M.D.— University of Vienna, 1917—M.D.; Born: Bucarest, Romania, May 20, 1890; Died: Beacon, New York, May 14, 1974. Morenian philosophy and methods are internationally recognized, and practiced in therapeutic and educational settings throughout the world.

THE 33RD ANNUAL MEETING
follows the PSYCHODRAMA TRAINING INSTITUTE. The Annual Meeting starts Thursday, March 20, 1975 at 7:30 p.m. and ends Sunday, March 23, 1975 at 12:00 noon. Presentations, action demonstrations, panels, papers, etc. will be given in Psychodrama, Group Psychotherapy, other group methods, research and theory. Special events will be planned including the Annual J.L. Moreno, M.D. Lecture, a cocktail party and dance, and an A.S.G.P.P. Membership Meeting.

The A.S.G.P.P. Annual Meeting Preliminary Program will be available in late December 1974.

AMERICAN SOCIETY OF GROUP PSYCHOTHERAPY AND PSYCHODRAMA

ALL-DAY INTENSIVE PSYCHODRAMA TRAINING INSTITUTE

Thursday, March 20, 1975, 9:30 a.m. to 5:00 p.m. Workshop Fee: $40.00 by advance paid registration only.
Each workshop will be both didactic and experiential and will cover PSYCHODRAMA method,
theory, technique and practice.
Workshops will be limited to 25 participants and will be filled in the order that registrations are received.

WORKSHOPS

1. PSYCHODRAMA, THE BRIDGE BETWEEN REALITY AND FANTASY
   Zerka T. Moreno, Dean of Students and Director of Training, Moreno Institute, Beacon, New York

2. FUNDAMENTALS OF PSYCHODRAMA
   Robert W. Siroka, Ph.D., Executive Director, Institute for Sociotherapy, New York City, and President of the American Society of Group Psychotherapy and Psychodrama

3. TECHNIQUES OF PSYCHODRAMA
   Hannah B. Weiner, M.A., Department of Psychodrama, John E. Runnells Hospital, Berkeley Heights, New Jersey

4. THE DIRECTOR'S ROLE
   James M. Sacks, Ph.D., Moreno Institute, New York City and Coordinator of Psychodrama, National Institute for the Psychotherapies, New York City

5. BASIC CONCEPTS AND TECHNIQUES OF THERAPEUTIC PSYCHODRAMA
   James M. Enneis, M.S., Chief, Psychodrama Section, NIMH, Saint Elizabeths Hospital, Washington, D.C.

6. EXPERIENTIAL PSYCHODRAMA: A TOTAL METHOD
   Elaine Eller Goldman, Executive Director, Camelback Hospital Western Institute for Psychodrama, Phoenix, Arizona

7. PSYCHODRAMA IN THE SMALL GROUP SETTING
   Eugene Eliasoph, A.C.S.W., and Robert Singer, Ph.D., Co-Directors, New Haven Center for Human Relations, New Haven, Connecticut

8. THE ROLE REVERSAL AND THE MIRROR
   Leon J. Fine, Ph.D., Clinical Professor of Psychiatry (Group Processes), University of Oregon Medical School, and Director, Seminars in Group Processes, Portland, Oregon

9. PSYCHODRAMATIC TECHNIQUES IN INDIVIDUAL AND GROUP THERAPY
   Meg Uprichard Baumm, Psychodramatist, Horsham Clinic, Ambler, Pennsylvania

10. BASIC PRINCIPLES OF PSYCHODRAMA: HOW DO YOU PUT IT TOGETHER?
    Doris Twitchell-Allen, Ph.D., Professor of Psychology, University of Maine Summer Session, Orono and Portland-Gorham, Maine

11. CHILDREN'S PSYCHODRAMA FOR ADULTS
    Marcia Karp Robbins, M.A., Psychodramatist, London, England

12. TRAINING IN PSYCHODRAMATIC TECHNIQUES
    Tobi Klein, P.S.W., Psychodramatist, Montreal, Canada

13. PSYCHODRAMA: THEORY AND THERAPY
    Ira A. Greenberg, Ph.D., Clinical Psychologist, Camarillo State Hospital, Camarillo, California

14. TOTAL INVOLVEMENT TECHNIQUES IN PSYCHODRAMA
    Martin R. Haskell, Ph.D., California State University at Long Beach, California

15. PSYCHODRAMA IN THE 70'S
    Lewis Yablonsky, Ph.D., Professor of Sociology, California State University, Northridge, California, and Donna Yablonsky, Director, California Theatre of Psychodrama, Beverly Hills, California

16. COMPARATIVE PSYCHODRAMA: EXPERIENTIAL
    Anne Ancelin Schutzenberger, Ph.D., Psychodramatist, Paris, France

APPLICATION FORM
ALL-DAY INTENSIVE PSYCHODRAMA TRAINING INSTITUTE
Thursday, March 20, 1975, 9:30 a.m. to 5:00 p.m.
Workshop Fee: $40.00 by advance paid registration only.

If you are registering more than one person, please attach a list of names, with the information specified for each person.

Name

Address

City   State   Zip Code

Telephone Number: Home   Office

Profession and Affiliation

Return to: Ellen K. Siroka, Ed.D. Program Chairperson
American Society of Group Psychotherapy and Psychodrama
39 East 20th Street New York, N.Y. 10003

For more information call: Stephen Wilson, ACSW (212) 260-3860

REGISTRATION
Number of Persons _____
ALL-DAY PSYCHODRAMA
TRAINING INSTITUTE
(March 20, 1975
9:30 a.m. to 5:00 p.m.) $40.00 _____
Workshop Choice 1st____ 2nd____ 3rd____

A.S.G.P.P. 33RD ANNUAL MEETING
(March 20, 1975, 7:30 p.m. through
March 23, 1975, 12:00 noon)

Non-Member	$20.00 _____
Member	$15.00 _____
Student	$15.00 _____
Program Participant	$12.00 _____

(Make check payable to: A.S.G.P.P.)
Total $ _____

AMERICAN SOCIETY OF GROUP
PSYCHOTHERAPY AND PSYCHODRAMA

CALL FOR PARTICIPATION
AN INVITATION TO PRESENT AT THE A.S.G.P.P. 33rd ANNUAL MEETING

This year's program will include four areas. . .

A. Research and Theory in   B. Psychodrama and Special   C. Group Psychotherapy
     Psychodrama, Group   Applications of
     Psychotherapy and   Psychodrama
     Group Methods.   D. Other Group Methods

If you are interested in presenting, return the attached form by Oct. 15, 1974. Members
receive program preference.
                 (If you have videotape or film presentations, please let us know)
The Annual Meeting program begins Thursday, March 20, 1975 at 7:30
p.m. with an opening ceremony followed by Psychodrama orientation sessions. Approxi-
mately 150 demonstrations, workshops, papers, panels, videotape and film presentations
will be scheduled Friday and Saturday, March 21 and 22, 9:30 a.m. to 11:30 a.m., 1:00
p.m. to 3:00p.m., and 3:30 p.m. to 5:30 p.m. Exact day and time will appear in the final
program. The closing session will be Sunday, March 23, 10:00 a.m. to 12:00 noon. Special
evening events will also be scheduled.

Name_____   I am interested in leading or directing

Address_____   a session or demonstration at the
                                     annual meeting.
_____

                                    Program Interest, please check:
Profession_____   A. Research & Theroy
                                     B. Psychodrama
                                     C. Group Psychotherapy
                                     D. Other Group Methods

Please sedcribe the session you want to present and return by Oct. 15, 1974.

_____

_____

_____

_____

I am interested in the TRAINING   Please add my name to   Please send me
INSITTUTE on March 20, 1975   the program mailing list.   A.S.G.P.P. membership
                                                          information.

The American Society of Group Psychotherapy and Psychodrama

FOUNDED IN 1942
By J. L. Moreno, M. D.

PRESIDENT
ROBERT W. SIROKA, PH.D.
VICE-PRESIDENT
HANNAH B. WEINER, M.A.
SECRETARY-TREASURER
ZERKA T. MORENO

39 EAST 20th STREET
NEW YORK, N. Y. 10003
(212) 260-3860

32nd ANNUAL MEETING

APRIL 25 - APRIL 28, 1974

SESSIONS AVAILABLE ON AUDIO CASSETTES

(Order directly from: The Quik Tape Company, Inc., 351 E. 84 St., Suite 16-C, New York City, N.Y. 10028)

SESSION NO.		UNIT PRICE	QTY.
204	SOCIOMETRIC BASIS OF GROUP PSYCHOTHERAPY: A PANEL BY ZERKA T. MORENO, JAMES M. ENNEIS, ABRAHAM E. KNEPLER, PH.D.		
	(Two 1-hour cassettes)	$10.00	
304	PSYCHODRAMA IN RELATION TO OTHER MODALITIES: A PANEL BY JAMES M. SACKS, PH.D., CARL GOLDBERG, PH.D., LEON J. FINE, PH.D., I.E. STURM, PH.D.		
	(Panelists Only- I hour)	5.00	
	(Panelists and Discussion)	10.00	
504	ACTION METHODS IN EDUCATION: A PANEL BY HOWARD SEEMAN, M.A., ABEL K. FINK, ED.D., GENE SANDFORD, PH.D., RON SIMMON, ED.D.		
	(Two 1-hour cassettes)	10.00	
604	POETRY IN THERAPY, THEORY AND APPLICATIONS: A PANEL BY GILBERT A. SCHLOSS, PH.D., ANTHONY SUMMO, ED.D., JAMES MURPHY, M.D.		
	(Two 1-hour cassettes)	10.00	
619	PSYCHODRAMA AND THE FUTURE OF THE SOCIAL SCIENCES: A PAPER BY JONATHAN MORENO		
	(1-hour cassette)	5.00	
623	ANNUAL MEETING DINNER LECTURE BY MARTIN R. HASKELL, PH.D., "CONTRIBUTIONS OF MORENO TO TREATMENT OF THE OFFENDER."		
	(1-hour cassette)	5.00	

Please add local sales tax and 25¢ per cassette for shipping and handling.

Total Cassettes Ordered——   Amount Enclosed $

Name: (Please Print)

Address:

City: State: Zip:

***   Please note: The directory of registrants at the 1974 meeting   ***
                and A.S.G.P.P. members will be available in
                July. Order from NYC office, 39 E. 20st., NYC 10003,
                $5.00 each. Make check payable to A.S.G.P.P.

INTERNATIONAL ASSOCIATION OF GROUP PSYCHOTHERAPY

Formation of the International Association of Group Psychotherapy

During the Fifth International Congress of Group Psychotherapy at Zurich in August 1973, a new organization, The INTERNATIONAL ASSOCIATION OF GROUP PSYCHOTHERAPY, was formed, a Constitution adopted, and an Interim Board of Directors elected.

The Constitution provides for National Organizational and Individual memberships to join the planning of future congresses and other measures to advance various forms of Group Psychotherapy. Because of your demonstrated interest, we are inviting you to complete the application and join us at this time.

Sincerely,
Samuel B. Hadden, M.D., President

AMERICAN SOCIETY OF GROUP PSYCHOTHERAPY
AND PSYCHODRAMA

1974 Directory of the ASGP&P

This is available at $5.00 per copy. It may be obtained by writing to A.S.G.P.P., 39 East 20 Street, New York, N.Y. 10003.

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.

    1975–76 Dues $12.00 (2 years)

    Contribution $____   Total $____

                    SIGNATURE_____

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

Sixth International Congress of Group Psychotherapy

This Congress will take place in Nice, France from July 12 to 19, 1976. The registration fee is $100. Registration fee should be sent to: Dr. Samuel B. Hadden, 946 Remington Rd., Wynnewood, Pa. 19096.

Name _____

Address _____

City _____ State _____ Zip Code _____

Profession _____

Date _____ Signature _____

MORENO INSTITUTE
DIRECTORS
CERTIFIED SINCE JUNE 1974

Ann Elisabeth Hale, M.A.
Roanoke, Va.

Sharon Hollander, B.S.
Denver, Colo.

Carolyn B. Walker, B.S.
Colorado Springs, Colo.

ASSOCIATE DIRECTORS

Naomi Caplan, M.S.
Washington, D.C.

Frans Huijser
Amsterdam, The Netherlands

Shirlee Gomer
Van Nuys, Calif.

Meinolf Schönke
Münster, W. Germany

James H. Vander May, M.A.
Grand Rapids, Mich.

ASSISTANT DIRECTORS

Freya Caplan, B.A.
New York, N.Y.

Rory Fleming Richardson, M.A.
Portland, Oregon

Michael J. C. Conforti, B.A.
Ashland, Va.

Ella Mae Shearon, M.A.
Deland, Fla.

Per Revstedt
Malmö, Sweden

Hans H. vom Brocke, M.D.
Wuppertal, W. Germany

AUXILIARY EGOS

Alton Barbour, Ph.D.
Denver, Colo.

Jannika Elisabet Broome, B.A.
Lund, Sweden

Dalmiro M. Bustos, M.D.
La Plata, Argentina

Jeffrey B. Charles, B.A.
New York, N.Y.

Jerry Fankhauser, M.S.W.
Houston, Tex.

Anna Feijoo, M.D.
Bronx, N.Y.

Tilak Senarath Fernando
Dehiwala, Sri Lanka, Ceylon

Susan Jacobson
Norfolk, Va.

L. G. Portier
Maarssen, The Netherlands

Kari Poyry
Lund, Sweden

Tannis Silverstein
Downsview, Ont., Canada

Annika Svenbro, M.A.
Lund, Sweden

MORENO INSTITUTE

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. The course will be conducted by Ann Hale, Certified Director of Psychodrama. 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 14 through 20 and September 5 through 11, 1975. Attendance at each training period carries *six points* toward certification. Interested students should contact the Institute. The tuition fee for this course is $420.00, including room and board.

Training Workshop, New York City
Saturday, 12:30 to 2:30 p.m. December 21, 28, 1974, January 4, 11, 18, 25, February 8, 15, 22, and March 1, 1975.

Students become actively involved in the process as protagonists, auxiliary egos, group members or directors during the sessions. Students are expected to acquaint themselves with J. L. Moreno's books. Informal discussions, presentations and evaluation will balance this experiential approach toward training.

Students should attend all 10 sessions (total 20 hours) for *three credits* towards certification.

Enrollment limited to 15, to maximize and intensify interaction and learning.

Tuition: $180.00 for 20 hours
Teacher: Anath Garber.

Correction
There was an error in the listing of Hilarion Petzold in the recently published Directory of the Moreno Institute. Dr. Petzold was listed under Students in Training whereas he is actually an Honorary Director.

Special Workshop for Graduate, Certified Directors
The Moreno Institute is conducting an intensive three-day workshop December 29, 30 and 31, 1974, for Directors who have already been certified in psychodrama.

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

January 10-30
February 7-21
February 28-March 13
April 25-May 8
May 16-June 5
June 13-July 3

July 11-31
August 8-28
September 12-October 2
October 10-30
November 7-30
December 5-25

SPECIAL WORKSHOP FOR GRADUATE, CERTIFIED DIRECTORS
July 4, 5, 6, 1975
December 26, 27, 28, 1975

INTENSIVE COURSE IN SOCIOMETRY
March 14-20, 1975
September 5-11, 1975

Dates subject to change. Please verify at time of enrolling.

Tuition Fees

3 days — $180.00
One week (7 days) — $420.00
Two weeks (14 days) — $840.00
Three weeks (21 days) — $1260.00
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).

NEWS AND NOTES

Journal of Marriage and Family Counseling
Beginning in January 1975 the American Association of Marriage and Family
Counselors will be publishing a new clinical journal for professionals in
marriage and family therapy entitled *Journal of Marriage and Family Counsel-
ing*. Edited by William C. Nichols, Ed.D. of Florida State University, the
100-page quarterly will be oriented toward the advancement of professional
understanding of marriage and family behavior and the improvement of
psychotherapeutic treatment of marital and family disharmony. Toward that
end the Journal will publish articles on clinical practice, research, and theory
in marriage and family counseling and therapy. Subscription rates are $15 for
1 year, $25 for 2 years, and $30 for 3 years. For further information contact
the Journal Business Office, 225 Yale Avenue, Claremont, California, 91711.

Role Playing Course Offered at DePaul University
Elaine A. Sachnoff, M.A., will be teaching a course in role playing at the School
for New Learning, DePaul University, Chicago, Ill. It is to be offered during the
Summer session.

Poetry Therapy Institute Has Workshop at UCLA
Arthur Lerner, Ph.D., Founder and Director of the Poetry Therapy Institute
(16917 Ventura Blvd., Encino, Calif., 91316) announces a weekend demon-
stration workshop *Poetry in the Therapeutic Environment*, November 16-17,
1974 at UCLA. A wide range of topics, including the training of poetry
therapy facilitators, is offered.

Festschrift for J. L. Moreno, 1975
A special issue of Group Psychotherapy and Psychodrama will be published as
a Festschrift for J. L. Moreno. Contributions for this are herewith invited. All
students of the Moreno Institute are eligible to submit their contributions to
this Volume. Contributions should be sent to Zerka T. Moreno, P. O. Box
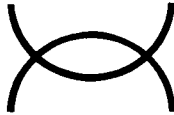311, Beacon, N.Y. 12508.

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