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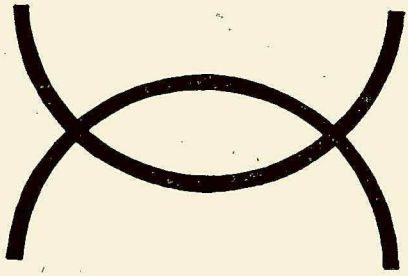

VOL. XXX, 1977

GROUP PSYCHOTHERAPY, PSYCHODRAMA & SOCIOMETRY

Official Organ of the American Society of Group Psychotherapy and Psychodrama

SUBSCRIPTION INFORMATION

Yearly $14. Foreign Postage $1.50 additional

Membership dues in the AMERICAN SOCIETY OF GROUP PSCHOTHERAPY AND PSYCHODRAMA, $15. yearly, including subscription to this Journal.

Published by Beacon House Inc., 259 Wolcott Ave., Beacon, N.Y. 12508.

GROUP PSYCHOTHERAPY, PSYCHODRAMA & SOCIOMETRY

Vol. XXX 1977

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Founded by J. L. Moreno, 1947

EDITORIAL

This issue marks the fourth since Moreno's death. The years have seen a number of changes. The journal's title has been changed to include Sociometry. This was done in 1976 because publishing a separate international journal on sociometry was no longer feasible under present conditions. However, in 1977 there is an added meaning to this inclusion, namely that the American Sociological Association, which had taken over the original journal SOCIOMETRY from Moreno's editorship in 1957, has now decided to change the name of the journal as of next year. Moreno had hoped to perpetuate both the journal and the knowledge of ongoing work in sociometry through that journal. We do not feel it to be fair that this change has been decided upon by the above-named organization and are, therefore, completing the title as designated, so as to maintain the identity of the body of work he bequeathed to posterity.

We herewith extend an invitation to our readers to continue to let us know about their own or others' sociometric work worthy of inclusion.

ZERKA T. MORENO

FOUNDATIONS OF SOCIOMETRY*

J. L. MORENO

(In an era when many sociometrists, to use a phrase from Peter Mendelson's article below, have become "disinterested technocrats ignorant of the underlying philosophy," we feel Moreno's basic exposition of his ideas continues to merit reading.—Ed.)

THE PROBLEM

The discovery that human society has an actual, dynamic, central structure underlying and determining all its peripheral and formal groupings may one day be considered as the cornerstone of all social science. This central structure—once it has been identified—is either found or discernible in every form of human society, from the most primitive to the most civilized: it is in the genesis of every type of society. In addition, it exerts a determining influence upon every sphere in which the factor of human interrelations is an active agent—in economics, biology, social pathology, politics, government, and similar spheres of social action.

It seems to be established beyond any reasonable doubt that the tele factor, the social atom (with its specific types of patterns), the stages which are intermediary between atoms and more inclusive configurations, the psychosocial networks and their patternings, the principle of socio-genetic evolution —all these have always been operating in human society and will continue to do so. These concepts and structures have been either isolated or demonstrated by methods called "sociometric." Every other genuine method bent upon the study of social processes should be able to verify their existence.

In the past, as long as the individuals composing a human society remained passive agents—more or less immobile entities, carried hither and thither by fate or circumstance—these key structures could not be found. Per se, they do not become manifest in a human society. A reagent—a catalyzer—is necessary in order that they may be brought to view. This catalyzer is, on the social level, the spontaneity of all the individuals in the given society. Up to the advent of sociometric exploration of human society, we had seen the social scientist himself beginning to come into contact with the life-situation which was to be explored, but the subjects—the material of the

* From *Sociometry, Experimental Method and the Science of Society.* Beacon, N. Y.: Beacon House, 1951, p. 135ff. The original article, dated 1941, bears the subtitle, "Concepts and Experiments with Rumors."

investigation—had been left out of any participation in the study of this, their own life-situation. This meant shutting off the spontaneity of the subjects—the most important source of information. In other words, the methods used to explore the subjects were those which had been successful in physical, chemical, geological, and astronomical exploration, for example, where—metaphorically speaking—the spontaneity of the subjects studied did not enter into or disturb the experiment. But in human interrelations and in human society, the spontaneity of the individual is the alpha and the omega, the crux, of every social situation and of the whole experiment.

The task of the social scientist is to invent adequate instruments for the exploration of a chosen domain. On the level of human interrelations, this domain is made up of the interactive spontaneities of all the individuals composing it. Therefore, the task of the social scientist becomes the shaping of instruments in such a fashion that they are able to arouse the individuals to the required point on a scale which runs all the way from zero to the maximum. But individuals cannot be aroused—or only to an insignificant degree—by undynamic and automatic means. The individuals must be adequately motivated so that they summon from the depths of their beings the maximum of their spontaneity. Thus, the invention and shaping of methods for social investigation, and the stirring up of the actions, thoughts, and feelings of the people on whom they are used, must go hand in hand.

Finally, knowledge of the central structure of human interrelations is essential to any general planning and construction of human society. In fact, this was well-nigh impossible as long as the key structures remained unknown. Man believed that the genesis of society was outside his province—even more so than the genesis of personality.

Sociometry opened up a new possibility of genuine planning of human society for the reason that the factors of spontaneity, the initiative, and the momentary grasp of the individuals concerned were made the essence of the method of exploration and of the investigation itself. In a sociometric system, the essence of every process of planning is *total spontaneity*—not, as heretofore, the spontaneity of a small number of leaders or individuals chosen at random. The total sum of the individuals, by means of their spontaneities, becomes operative in determining every direction of planning and, in addition, in the selection of every key individual or leader to whom a certain function or action is to be entrusted. Thus, all the peripheral actions and functions—on every level between the periphery and the center—remain under the continuous or recurring control of the key or central structure. The new philosophy of human interrelations, sociometry, gives us a methodology and guide for the determination of the central structure of society and the evocation of the spontaneity of the subject-agents, and these two

factors together supply us with a basis upon which the planning of human society may be undertaken.

HISTORICAL BACKGROUND

It was during the first World War that the idea of a sociometry, in conjunction with a modern, revised theory of spontaneity,[1] had its first expression. Sociometry developed at a moment which had no precedent in the history of mankind—at a moment when, notwithstanding all the advances man had made, the utter futility of his efforts had become evident as being largely because of these advances. In spite of all the magnificent edifices which he had erected so industriously, man saw himself slipping back to the primitive state from which he had begun his rise.

The technology of machines and tools was perhaps the first phenomenon to shock man out of his roseate dream of progress ad infinitum, but the effect of technology upon the spontaneity of the human organism was not studied and remained, therefore, uncontrolled; its influence within our social structure had remained unadjusted. It was realized, then, that the foundations of human society must first be uncovered before any extra-human superstructure (such as machine technology and the technology of cultural conserves) could be fitted to them.

My first definition of sociometry was, in accordance with its etymology, from the Latin, but the emphasis was laid not only on the second half of the term, i.e., on "metrum", meaning measure, but also on the first half of the term, (i.e., on "socius", meaning companion). Both principles, it seemed to me, had been neglected but the "socius" aspect had been omitted from deeper analysis far more than the "metrum" aspect. The "companion", even as a problem, was unrecognized. What remains of a society to be investigated if the individuals themselves and the relationships between them are considered in a fragmentary or wholesale fashion? Or, to put it in a positive way, the individuals themselves and the interrelations between them, in toto, cannot be omitted from any study of a social situation. Can the foundations of human society be reached and, perhaps, uncovered if we do not begin with that aspect of human interrelations which all types of human society, from the most primitive pattern of the past to the most complex pattern of the future, must have in common—the patterns of relationships which human beings form with one another and which persist underground, regardless of what religious, social, political and technological structure is superimposed upon them and rules on the surface?

[1] See the section on the General Theory of Spontaneity and the Cultural Conserve in "Mental Catharsis and the Psycho-drama," by J. L. Moreno, SOCIOMETRY, Vol. III, No. 3.

The technological devices which aroused man's deepest suspicion were the products of the printing press, the motion picture industry and, later, the radio; in other words, of the so-called "cultural conserves." Man, as an individual creator, was outwitted by the products of his own brain—his books, his films, his radio voice. He saw himself being more and more replaced by them. He began to look upon himself as a negligible, archaic entity. At the same time, these identical devices revolutionized all previous methods of interhuman communication of ideas, feelings, opinions, news, etc., to an unprecedented degree. These new methods of communication began to play havoc with the old, natural methods of communication whose laws and configurations had not been studied. Now that they seemed to be in danger of being obliterated or, at least, distorted in their functions, their significance, began to loom on the horizon of man's awareness.

The analysis of technological and cultural conserves, especially of the book, the film, and the radio, was thus an important, albeit negative, theoretical preparation for the development of sociometry. This analysis stimulated the projection of constructs as diverse as the category of the Moment, spontaneous creative actions, the category of the cultural conserve, a social geometry of ideas and things, and the original state and situation of a "thing"—its status nascendi. The theoretical ground was thus gradually laid for a positive beginning of a sociometry which was concerned with the patterns of social structures which *actually exist* in human society. The core of a social structure is the pattern of relationships of all the individuals within the structure. Around this core, influencing the configurations of these patterns, are arrayed many levels of stimuli—economic, cultural and technological processes, for instance. A human society which functions without one or another of these stimuli is conceivable, but one cannot conceive a society functioning without some consideration for the individuals themselves and the relationships between them. The core of a social structure is, of course, never entirely separable from these various stimuli; hence, the study of their stratification and their gradual integration with the core becomes an essential part of sociometry.

The original version of the larger sociometric experiment was that the data obtained in any particular research must have, as a frame of reference, the total pattern of human society in order that these data may be useful as a basis for the construction or reconstruction, for the partial or total readjustment, of human society. In order to enlist every individual's interest during the phrase of reconstruction, the social scientist must, of necessity, acquaint himself, in the research phase, with the individuals themselves and the interrelations between them. Analysis and action, social research, and social construction, are interwoven.

THE SOCIOMETRIC EXPERIMENT

It is significant to differentiate between the major experiment in sociometry and the minor experiments. The major experiment was visualized as a world-wide project—a scheme well-nigh Utopian in concept—yet it must be recalled again and again to our attention lest it be crowded out by our more practical daily tasks in sociometry.

We assumed—naively perhaps—that if a war can spread to encircle the globe, it should be equally possible to prepare and propagate a world sociometry. But this vision did not arise wholly out of thin air. Once we had successfully treated an entire community by sociometric methods, it seemed to us at least theoretically possible to treat an infinitely large number of such communities by the same methods—all the communities in fact, of which human society consists.

The ground is still gradually being prepared for the major experiment. Schemes like Marxism, and others, which have attempted world-wide reorganization of human relationships, have been analyzed and the causes of their failure disclosed. Their failure seems to have been due to a lack of knowledge of the structure of human society as it actually existed at the time of the attempt. A partial knowledge was not sufficient; knowledge of the total structure was necessary. We know that, in order to attain this total knowledge, all the individuals in a society must become active agents. Every individual, every minor group, every major group, and every social class must participate. The aim is to gain a total picture of human society; therefore, no social unit, however powerless, should be omitted from participation in the experiment. In addition, it is assumed that, once individuals are aroused by sociometric procedures to act, to choose, and to reject, every domain of human relationships will be stirred up—the economic, the racial, the cultural, the technological, and so on—and that they all will be brought into the picture. The sociometric experiment will end in becoming totalistic not only in expansion and extension but also in intensity, thus marking the beginning of a political sociometry.

It is a fact that the work to date has consisted in minor experiments and studies. Sociometric investigators have turned their attention away from a general experiment towards a more strategic and practical objective—the refining of old methods and the invention of new ones; the study of every type of children's group, adolescent group, and age group; the investigation of communities, closed and open, primitive and metropolitan. The investigators have been concerned with every aspect of a community—the economic, the cultural and the technological—for which there was found some degree of aspiration or expression within the community. At times a project

was carried to the maximum point of its domain, not only exploring the structure of a community but also applying the findings to the community situations and thus relieving tensions and producing social catharsis. At other times, however, possible upheaval within the political administration of a community and resistance on the part of its citizens hindered thorough sociometric experimentation. Cases have occured where the investigator had to be content with gathering only partial data (and this by indirection) because of the low sociometric adaptability of the population under observation, resulting in studies which were only halfway sociometric. In these cases, the findings could necessarily cover only a peripheral segment of a community, and the application of these data to the people themselves was not considered. Nevertheless, a critical survey of all the sociometric studies which have been made to date, evaluating the methods used and the results obtained in all cases, whether completely sociometric or only partially so, would be of substantial assistance in the preparation of more dependable sociometric procedures for future use.

The result of these small scale experiments has ben twofold. On the one hand, they led to important discoveries in the realm of human relations which were confirmed by every new study, and, on the other hand, they made it possible to put together, like a jig saw puzzle, the pieces of sociometric structure which had been found in various communities and get, with the assistance of these miniature patterns, a bird's-eye view of the sociometric foundation of society at large. The greater the number of valid studies in the years to come, the more accurate and complete will be our psycho-geographical model of the world, as compared with the still sketchy and primitive model which is available to us today.

SOME FUNDAMENTAL CONCEPTS

Two theses spearheaded my original program of research in social science, 1) "The whole of human society develops in accord with definite laws"; 2) "A truly therapeutic procedure cannot have less an objective than the whole of mankind." From the point of view of "system" the two theses led logically to the differentiation between Sociometry and Sociatry.

According to Sociometry, society systems are preference or attraction-repulsion systems. This is claimed to be true not only of human, but also of sub-human societies. It also claimed that human preferential systems cannot be examined adequately by the old methods of fact-finding objectivity as statistical methods and observational methods, but that the methods themselves and the instruments derived from them have to undergo a process of *subjectification* in order to return to the researcher endowed

with a more profound objectivity, having gained a grasp of the social processes on the depth level. This new *sociometric objectivity* can well be contrasted with the old *positivistic* objectivity of Comte.

It is due to this striving of sociometric method towards a superior and more complete objectivity that we gave systematic emphasis:

(a) To the study of social structures in statu nascendi (concept of the moment).

(b) To the shift from the gross examination of social aggregates to minute atomistic events, from the macroscopic to the microscopic method of investigation.

(c) To the development of situational sociology (situation and role analysis).

(d) To operation and measurement procedures, and above all,

(e) To a revolution of the relationship between the investigator and his subjects.

They themselves were thus motivated to be and turned into researchers of each other. A community of a thousand people for instance, became animated by sociometric devices to account for their social feelings and possibly to correct them. Sociometry became then, paraphrasing the famous saying of Lincoln: *the sociology of the people, by the people and for the people.* The operation of sociological research became itself socio (mass) centered instead of individual centered.

The status nascendi.[2] The most neglected aspect of social science is the function of the Moment in a social situation or, in other words, the relationship of a social situation to the moment of its emergence. In a philosophy of the Moment there are three factors to be emphasized: the locus, the status nascendi, and the matrix. These represent three views of the same process. There is no "thing" without its locus, no locus without its status nascendi, and no status nascendi without its matrix. The locus of a flower, for instance is in the bed where it is growing. Its status nascendi is that of a growing thing as it springs from the seed. Its matrix is the fertile seed itself.

Every human act or performance has a primary action pattern—a status nascendi. An example is the performance of eating which begins to develop the role of the eater in every infant soon after birth.[3] The pattern of gestures and movements leading up to the state of satiation is, in this instance, the warming up process. With satiation comes an anti-climax. In the case

[2] See *Das Stegreiftheater,* by J. L. Moreno (1923).

[3] See "Normal and Abnormal Characteristics of Performance Patterns," by Anita M. Uhl, Joseph Sargent, and J. L. Moreno, SOCIOMETRY, Vol. III, No. 3, pp. 38-57.

of a very complex human performance, such as in the creative arts, the status nascendi and the warming-up process take place in the course of the process of creation. From the point of view of productivity, the anti-climax for the artist is reached when his creation is divorced from him and becomes a cultural conserve. The last act in a process—the last creative brush-stroke on a painting, for instance—is to us only as important as every other phase in the process. The common misconception occurs when the last act of production or creation is taken for, or substituted for, the whole process and all the preceding phases in the development are ignored. This last act undergoes a still more significant change when the technological process enters into the situation. The finished painting is removed from its place at the end of the course of creation or production and, by means of various machines, technologically reproduced over and over again, thus becoming a cultural conserve.

In the case of a social situation, as a love relationship, for instance, the status nascendi exists when the lovers meet and begin to warm up to one another. The last phase, the phase before the anti-climax, in a love-relationship (marriage, for example) is all too likely to be a stereotype, and in many social relationships similar stereotyped institutions are the end-products, parallel to the cultural conserve stage in a work of art. Moreover, in the contemplation of, say, the marriage relationship between two people, the consideration of all the phases leading up to it is omitted. It is not to be assumed, however, that processes of human relations cease to exist when a cultural conserve or a stereotyped relationship enters the picture. In either case, a new social situation is begun which requires special methods of investigation.

The social sciences have been too much preoccupied with studies of processes after they have become cold. The status nascendi has been neglected. Most of the studies of man-woman relationships occur when the anti-climax has been reached—when the flow of feeling between the man and woman has dried up and the love which brought them together is over. The study of finished products, of cultural conserves and of stereotypes has, of course, its place and its meaning in a system of social science. The preoccupation with them is not surprising. It is much easier to study a relationship when it is finished and established and when it has the deceptive appearance of being an end-result. Perhaps this is why sociology has been chiefly concerned with the study of the tangible structures in society. But it is from the social situations in statu nascendi that the more important inspirations and decisions come. Their deep impress upon all human interrelations has been demonstrated. The problem has been how to get at these intangible, esoteric phenomena—how to study them. It is, of course, im-

portant that they be studied systematically. A human society without these phenomena in statu nascendi would present a lifeless appearance. Therefore, social research which does not give its main attention to these phenomena must be sterile. Any plan for the betterment of society, for the improvement of human relations, is hopeless without them. Therefore, theories and methods had to be found. It is at this cardinal point that sociometric and psychodramatic studies have stepped into the breach. The results to date are meager, it must be admitted, but the road is now open.

A study of human interrelations proceeding forward from their status nascendi, instead of proceeding backward from their end-product, has great theoretical advantages. A study of this sort is able to do away with the dualistic character ascribed to social processes. There is no true dichotomy between, for instance, underlying and surface structures, or between genetic phenomena and symptoms. Just as every cause is a part of its effect and every effect a part of its cause, every underlying structure partakes of the peripheral and vice versa.[4] This is the case if we begin with the status nascendi of a situation and follow its warming up process through stage after stage. Dual constructions such as cause and effect become, then, illogical.

The "Tele" Concept. The tele concept is not a purely theoretical construction. It has been suggested by sociometric findings. The statistical distribution of attractions and repulsions is affected by some esoteric factor. The normal distribution into which practically all psychological phenomena thus far investigated fit is not followed by attraction and repulsion patterns. The trend towards mutuality of attraction and repulsion many times surpasses chance possibility.[5] The factor responsible for this effect is called "tele". It may explain why there are not as many human societies as there are individuals—a situation which is at least theoretically possible—with all social relations the product of individual imaginations. Tele can be assumed to be responsible for the operation of the multiple foci in any relationship between two persons, or as many persons as compose a given social situation. It is dependent upon both, or all the individuals and is not the subjective, independent product of each person. Out of these operations of the tele factor a product results which has the character of an objective, a supra-individual, system.

Although it is clear that the tele factor operates, nothing is as yet known about its "material" structure. It may have some relation to gene structure

[4] On the sociometric analysis of home groups, for instance, we find that *some* relationships on the formal level are identical with those on the underlying level and vice versa.

[5] See "Statistics of Social Configurations," SOCIOMETRY, Volume I, part I, pp. 342-378.

and sexual attraction. It may be that the study of *tele psychology* will provide clues to a better understanding of occult phenomena, as clairvoyance and telepathy.

The Social Atom. As the individual projects his emotions into the groups around him, and as the members of these groups in turn project their emotions toward him, a pattern of attractions and repulsions, as projected from both sides, can be discerned on the threshold between individual and group. This pattern is called his "social atom". It is not identical with the formal position an individual occupies in the group (his position in the family, for instance). It evolves as an inter-personal structure from the birth-level onward. The size of the social atom of any particular individual cannot accurately be discerned unless the whole community or group in which he lives is sociometrically studied. Sociometric casework of a single individual may be tolerated in practice, but we must be aware that some positive or negative tele may exist in reference to him which cannot be calculated unless all the individuals around him are tested in conjunction with him. The social atom is the first tangible structure empirically discernible in the formation of a human society. It is its smallest unit. Sociometric studies demonstrate clearly that it develops different patterns of varying[6] degree of cohesion, normal and abnormal patterns. Thus, an individual can be diagnosed from the point of view of how his social atom is patterned. A community can be diagnosed from the point of view of what types of social atoms are in the minority. A study of this sort may suggest the optimum pattern for a well-balanced community in which this or that pattern predominates.

The discovery of social atom patternings is an excellent illustration of how sociometric ideas develop and change in accord with the findings. The first construction of sociometric concepts, like the social atom, for instance, was intuitive, suggested by slight, empirical material. "Social atom" was first a purely descriptive term for a social configuration which was evident in every inter-personal relation system of a community, but we did not then know what dynamic meaning it had in its formation. Only later did we suspect that it might be a basic social unit.

In an early phase of sociometry, at a time when we were studying group structures from the outside, as participant observers (watching children at play, or sitting in a spontaneity theatre and watching the formation of pairs on the basis of various roles, noting how certain persons assumed a leader position in respect to certain others and how some were able and others unable to begin or end an action), we were able to determine with some preci-

[6] See "Psychodramatic Shock Therapy" by J. L. Moreno, SOCIOMETRY, Vol. II, No. 1, p. 29.

sion the outer structure of the group.[7] But the deeper structure of the group remained undisclosed and, with it, the social atom. Accordingly, the first charting of inter-personal relation systems showed blank areas. When sociometric tests were applied to a formal group in a public school,[8] the findings permitted an analysis of inner structures, percentages of attractions and repulsions, the number of isolates, pairs, triangles, chains, etc. but the social atom could not yet be discerned—not even on the descriptive level—because the tests were limited to the classrooms. The relationships of the pupils to the families, to the neighborhoods, and to other situations in which they were involved were not part of the study. It was not until a still further advanced phase was reached, when a whole community was approached sociometrically, that the social atom became discernible.

Now that we are able to study social atoms both descriptively and in their dynamic differentiations, the earlier structural analysis of a community as being made up of pairs, isolates, etc., looks rather artificial, although, within its limit, it is still valid. From the point of view of the total community structure, a true pair, for instance, cannot exist independent of relationships with other persons. Our previous procedure of structure analysis may, in the course of time, be superseded by the use of more dynamic patternings of the social atom as a more penetrating guide to the depth structure of a community.

The great theoretical advances which have been made as the result of sociometry become more pointed if we consider them in the light of the contributions of two sociological pioneers, von Wiese[9] and Cooley.[10] From the theoretical distinction between von Wiese's patterns of association and disassociation in human relations to the modern sociometric concepts is a long way. Sociometric concepts had to be constructed anew, as inspired by the dynamics of actual situations. Cooley's concept of primary groups comes close to the realities of social structure. But, although social atoms are certainly *primary structures,* they are not "face to face" or primary groups. To be sure, an individual knows "face to face" a certain number of people composing his social atom—they may belong to his family, home or work group —but he may be ignorant or unconscious of the existence of many individuals who feel strongly about him and there may be some individuals about whom he feels strongly but who are, in turn, either ignorant or unconscious

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[7] See *Application of the Group Method to Classification,* by J. L. Moreno, 1932, pp. 98-103.

[8] See *Who Shall Survive?* by J. L. Moreno, pp. 169-191; also the section on Experiment in *Das Stegreiftheater,* by J. L. Moreno mentioned in Note 4.

[9] See *System of Sociology,* by Becker-Wiese, 1931.

[10] See *Social Organization,* by Charles H. Cooley, 1909.

of this fact. In other words, there are primary social configurations, social atoms, psycho-social networks, and others, which are not primary groups.

Another aspect of the social atom which may stand in need of revision is its relation to the findings which have come to us from spontaneity testing of the individuals comprising it. Originally, we constructed two tests, the sociometric test and the spontaneity test. The sociometric test produced findings which suggested the setting up of the concept "social atom", viewed as an attraction-repulsion pattern. The spontaneity test, aided by psychodramatic procedures, produced findings which suggested the construction of an additional concept, the "cultural atom", which was viewed as a pattern of role relations. Now, in reality, there is but one atom. From the point of view of the actual situation, the distinction between social and cultural atom is artificial. It is pertinent for construction purposes but it loses its significance within a living community. We must visualize the atom as a configuration of interpersonal relationships in which the attractions and repulsions existing between its constituent members are integrated with the many role relations which operate between them. Every individual in a social atom has a range of roles, and it is these roles which give to each attraction or repulsion its deeper and more differentiated meaning.

AN EVALUATIVE REPORT OF A PARTICIPANT APPROACH TO TEACHING GROUP THERAPY TO PSYCHIATRY RESIDENTS

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Various methods have been utilized in training group therapists. Some of the methods reported in the literature are role training and experiential training (J. L. Moreno, 1946); didactic teachings, vicarious experiences (Hadden, 1947); apprenticeship training, seminar discussion groups, participant learning (Ahearn, 1968; Sadock, Kaplan, and Freedman, 1968; Sisson, Sisson, and Gazda, 1973; Warkentin, 1955); and various combinations of the above single approaches (Berman, 1953; Ganzarian, Davanzo, and Cizaletti, 1958; Horwitz, 1968; Ruiz and Burgess, 1968).

J. L. Moreno (1946) was the originator of the experiential mode for training and treatment. His development of psychodrama and sociodrama and his pioneering work in group therapy, having coined the terms group therapy and group psychotherapy (Gazda, 1975), provided the theoretical rationale for succeeding experiential models.

Participant learning, whether used as the sole technique or in combination with one of the other techniques listed above, is believed by the authors to be extremely effective (Sisson, et al., 1973; McMurrain and Gazda, 1974; Ahearn, 1968). The present study was initiated in an attempt to obtain some evidence to support this belief. The senior author's participant learning approach, which he uses with psychiatric residents at the Medical College of Georgia, was the subject of evaluation. The study's unique feature is that it reports the results of a questionnaire administered to current and past group members, in an attempt to validate and improve the participant approach to teaching group therapy. The senior author's particular approach to group counseling/therapy is termed Developmental Group Counseling (Gazda, 1971, 1975).

The authors realize that the actual group situation in a participant learning approach is not identical to the real group situation that the prospective leaders will face. There is at least one aspect of this participant learning situation that needs to be mentioned. That is, the members know that the group is not a real therapy group; they are not emotionally disturbed clients or patients seeking relief. Hence, they may use the simulation aspect of the situation as a defense against involvement in depth. With

leader awareness, the above situation need not be detrimental to the group's development, but if interpreted appropriately, may be conducive to the group's development.

PROCEDURE

Over the years, the groups at the Medical College of Georgia have been typically composed of from 8 to 14 psychiatric residents, with an average of 9 members. Membership in the groups has been voluntary. The groups have been open-ended with each group running from mid-September to June or July. As such, the length of time that each resident was a member varied. Some residents attended for approximately nine months during all three years of their residency, while others attended not at all or for only a portion of their residency.

The goal of the present study was to validate the participant learning approach. A questionnaire, containing 13 items, was developed by the authors to survey the attitudes of former and current group members towards their group experience. Current and former group members were sent or given the questionnaire package. Each package contained a cover letter from the senior author explaining the purpose of the research and soliciting their cooperation. The questionnaire itself and a stamped return envelope addressed to a faculty member at the Medical College completed the package. The faculty member then removed the completed questionnaires and returned them to the senior author. This procedure was described in the instructions given to the respondents to ensure that there would be complete anonymity and freedom to react to the questionnaire without bias.

RESULTS

Twenty-five questionnaires were sent to former group members. Seventeen were returned. Thirteen questionnaires were handed out to current group members with ten being returned. Seventy-one percent of all the questionnaires sent or handed out were completed and returned.

The number of months that residents remained in the group ranged from a low of 2 months to a high of 26 months, with a mean of 11.9 months. Of the 17 respondents who had completed their residency, the mean number of months since completing their residency was 50.1 with a range of from 7 months to 8 years. The time span of a member's participation ranged from 3 months to 3 years with a mean of 19.3 months.

Respondents' evaluations of the group experience were separated into current and former residents. This was done to control for a possible bias among the current members since they were still in direct contact with the

senior author. In addition to the separate figures for current and former respondents, the authors also computed combined percentages.

The questionnaire form allowed the respondents to evaluate their experience on a five-point scale from Very Helpful to Very Harmful. In regard to personal growth, 29% of the former members evaluated the group as Very Helpful, 65% rated it as Helpful and 6% as Neutral. Of the current members, 50% rated the group experience as Very Helpful and 50% as Helpful. When the two groups were combined, 37% rated the group as Very Helpful, 59% as Helpful and 4% as Neutral.

When asked to evaluate the effect of the group experience on the respondent's professional role, 29% of the former residents evaluated the experience as Very Helpful, 65% as Helpful, and 6% as Neutral. Of the current residents, 40% evaluated the group as Very Helpful, 50% as Helpful and 10% as Neutral. Combining the two groups yielded results of 33% Very Helpful, 59% Helpful, and 7% as Neutral.

Concerning the question of whether or not the group experience should be continued as part of the training, 53% of the former residents responded "Very Strongly, Yes" on a five-point scale from "Very Strongly, Yes" to "Very Strongly, No." Forty-one percent of the former residents responded "Yes," and 6% were "Neutral." Of the current residents, 70% responded "Very Strongly, Yes," and 30% "Yes." Once again, combining the groups resulted in 59% responding "Very Strongly, Yes"; 37% "Yes," and 4% "Neutral" when considering whether the group experience should remain a part of the program.

Of the 17 former residents, 59% had practiced group therapy since completing their residency, while 41% had not. Of those that had practiced group therapy, 100% reported that the group experience during their residency had been helpful to them. Finally, 47% of the former residents said that they had sought additional training and/or therapy while 53% reported that they had not.

DISCUSSION

The authors began the research with the belief that the participant learning approach used either singly or in combination with other approaches was an effective and efficient means of training group therapists. One of the advantages to such an approach was that it afforded the group members an opportunity for personal growth. The results would tend to support this since 96% of the respondents found the group experience "Helpful" or "Very Helpful" in facilitating personal growth.

The authors felt that a second advantage to the participant approach was that it increased the future group therapists' empathic understanding

of their own group members. One resident put it quite simply stating that it was an experience "in learning what it felt like to be a participant." Another said, "the experience made me more aware of the needs and feelings of my patients and the processes they are going through during their group growth process."

A third advantage to the participant learning approach is that it allows the group members to experience the force of group dynamics. From the comments of the former and current residents, it would seem that of the three advantages to the participant approach, this advantage was stressed least. However, evidence was there that it was indeed an advantage.

A fourth advantage to the participant learning approach emerged as the authors studied the returned questionnaires. It became apparent that the group experience provided the residents with a forum for solving problems among themselves and thereby increased cohesiveness among the residents. This feeling of "oneness" was valued highly by the residents who were involved in a demanding program.

It would be misleading to suggest that all of the respondents had a positive group experience. Two of the respondents, one a current resident and one a former resident, saw little in the group experience to recommend it. The former resident was particularly critical of the lack of a screening process. The senior author was aware of this, yet he felt that a screening process with the possibility of excluding members would be more harmful in the academic setting of this group than would the lack of a screening procedure. Individual therapy was available to any member who requested it. The current critical resident felt that "relationships in the group were not adequately facilitated" and that "group dynamics and therapy were not taught or demonstrated."

A number of residents, though reporting a valuable group experience, made suggestions at the authors' request that might improve the learning experience. One of the suggestions was for more didactic material. This suggests a combined didactic experiential approach. Another resident suggested a rotating group leadership in which the residents would assume leadership of the group. Other suggestions were for more specific goal statements by the leader and for more discrete demonstrations of various group leadership techniques.

The suggested changes have been incorporated in the current group program. The first 1½ hours of the weekly three-hour program includes a seminar on various group therapies with demonstrations of techniques relevant to the model under study. The second 1½ hours consists of a personal growth-type group experience led by the senior author. Rotating group leaders has also been practiced with very good results.

CONCLUSION

The authors sought, via a questionnaire, to validate the participant learning approach utilized by the senior author in training psychiatric residents in group therapy. The response from former and current residents strongly supported the use of the participant learning approach. Based on the results of this study, the authors strongly suggest that training programs for group leaders include an experiential component. The data suggest that in so doing, cohesiveness and camaraderie are increased, empathic understanding is increased, personal growth often results, and group dynamics come alive in the experiencing of group interaction.

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A RATING SCALE OF ROLE WARM-UP IN PSYCHODRAMA

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REVIEW OF LITERATURE

Moreno (1946) and Sarbin (1954) are role theorists who have delineated the principles by which roles work. Both have focussed on role warm-up or degree of intensity of involvement in roles. The aim of this research was to define the theoretical construct of role warm-up in operational terms. Three categories of role warm-up were selected: role in process of warm-up, role in full state of warm-up, and conflicted role state.

Duval and Wicklund (1972) report a number of experiments to support their theory of objective self awareness which relates to the concept of role in process of warm-up. They defined objective self awareness as consciousness focussed exclusively upon the self so that the individual attends to his conscious state, his personal history, his body or other personal aspects of himself. He is the object of his own consciousness. In subjective self awareness, the individual's conscious attention is directed away from the self so that actions, feelings and body changes provide experiences of peripheral feedback.

Research relating to hypnotic susceptibility has extracted the factor of absorption, the capacity for absorbed and self altering attention, which is related to full warm-up to a role. Tellegen and Atkinson (1974) gave a series of self-report questionnaires to women volunteer subjects. Of the three factors analysed—Stability, Absorption and Introversion—only Absorption is consistently associated with hypnotic susceptibility.

In absorption a heightened sense of reality is involved as the individual, impervious to normally distracting events, directs all representational resources (i.e., perceptual, enactive, imaginative and ideational) towards one experience. Because one part of reality is amplified and other aspects recede from awareness, the state of consciousness is described as altered.

The few research studies in the area of role conflict have found that social caution inhibits action (Efran and Korn, 1969), conflicting expectations inhibit role learning (Wagner, 1968), and uncertainty about evaluation by others produces role stress in migrant adolescents (Naditch and Morrissey, 1976).

RESEARCH DESIGN

Developing the Checklist

Collation of items. A range of items was collected into a role warm-up checklist. These items were chosen on the basis of theory, face validity, and clinical observation. Trainees who had observed several psychodrama sessions while learning role theory were asked to specify criteria for role warm-up on the basis of their experience. Most items were therefore devised from the clinical situation. Other items were chosen from recent experimental literature on role playing. The checklist was selected for use by raters who are familiar with psychodrama terminology and have been trained to observe sessions. This will place restriction on its use.

The Checklist of Role Warm-up

1. Uses first person.
   Pronoun "I" used in sentence structure.
2. Uses present tense.
   Speaks as here and now rather than past ("I remember") or future ("I will").
3. Uses action.
   Acts as well as talks about the here and now experience.
4. Uses posture to express.
   Uses torso and gross body movements to express.
5. Uses gesture to express.
   Uses movement of hands to express.
6. Uses affect to express.
   Words and actions are given emphasis by feeling content.
7. Uses voice tone to express.
   Varies level of voice—pitch, cadence, loudness.
8. Uses facial expression.
   Facial features are expressive of role.
9. Progressively clarifies concern.
   Moves from vague and general statement of problem to specific issue in specific situation. Dispenses with aspects of himself not essential to the situation he wishes to depict.
10. Describes a specific situation in time.
    Gives details of a specific time when interaction occurs.
11. Describes a specific situation in space.
    Uses furniture, people, or objects to build the space in which the interaction takes place.

12. Acts from a unified view of the world (one gestalt).
    Action in the role is from a cohesive pattern of thinking particular to this person. The person employs his own set of constructs about the situation.
13. Movement is fluid.
    Body movement or posture is spontaneous and free.
14. Response is interactive.
    Responds with counter-role in role reversals with other persons or things in the role system.
15. Repeats ideas and phrases.
    Ideas or phrases are repeated to communicate the particular outlook of this person.
16. Reverses out of role.
    Role reverses.
17. Adapts to being a protagonist.
    Maintains a subjective view of his world and leaves the directing to the director of the session.
18. Inhibition of response.
    Response is held back from being freely expressed verbally. (May be seen in asides or made apparent by doubling).
19. Inhibition of movement.
    Body does not express on action level.
20. Withdraws from action.
    Becomes frozen or objective in situation.
21. Talks about role; does not act it.
    Despite directions to act, continues to describe the situation objectively and narrates the action.
22. Laughter in group at the protagonist.
    Laughter is at rather than with the protagonist.
23. Clowning by protagonist.
    Protagonist acts "as if" in the situation, distances from the role, and therefore gives the impression of clowning. Ham acting by overplaying situation without own feelings involved.
24. Incongruence between verbal and non-verbal expression.
    Body language and verbal language do not fit together. Each saying different things.
25. Requires coaching to achieve role.
    Cannot achieve the role without help from the director, who is actively involved in giving directions about the role behavior required.

26. Requires modelling to achieve role.
Cannot achieve the role without help from an auxiliary acting as a mirror to show the protagonist new role behavior.
27. Has prior experience in the role.
From context protagonist gives information about this role taken before in relation to others.
28. Response appropriate to situation.
Protagonist is in touch with expectations of self and others and acts accordingly.
29. Role lacks clear definition and specificity.
Time, place or role expectations not clear.
30. Discrepancy between social role expectations and personal, individual role expectations.
31. Discrepancy between expectations from two roles within the protagonist, e.g. real and ideal roles, mother and worker.
32. Dissatisfaction expressed with situation.
Insufficient time available for spontaneous and free expression.
33. Changes in speech pattern.
Protagonist pauses, stutters, or uses expletives.
34. States own needs for role change clearly to auxiliaries.
Protagonist is able to make clear statement of needs for change to auxiliaries acting as others in the situation.

Validation and Condensation of the Checklist

Raters. Three experienced psychodramatists with over six hundred hours of psychodrama training, and three inexperienced psychodrama trainees with periods of training varying from seventy-three to three hundred and forty-one hours, provided ratings of role states into three categories which comprised the criterion.

Twelve inexperienced psychodrama trainees acted as raters using the unrefined checklist. Raters were persons from the helping professions who had experience in observing interaction in group situations. They were also familiar with the psychodrama method.

Selection of videotaped role situations. From a videotaped psychodrama session, forty role situations were chosen by the experimenter. These included situations which appeared ambiguous as well as situations which fell into clear categories of role warm-up. This procedure maximized the spread of role warm-up situations for statistical purposes and provided material for qualitative analysis. The selected videotape situations were collated onto one videotape in random order.

Control of extraneous variables. In order to control for extraneous variables such as the style of different psychodrama directors, one psychodrama director and one protagonist were used in all situations. It proved impossible to exclude the director from the excerpts without making the situation an invalid one for psychodrama.

In order to minimize variability arising from inaccurate memory or observation, each situation was shown three times with an opportunity to write after the first showing and to check results after the second and third showings.

Instructions were standardized and duplicated for each subject. A practice tape of five situations were provided to orient raters and allow discussion regarding definition of categories.

Criterion of role warm-up. The criterion of role warm-up against which checklist items were assessed was obtained by asking three experienced and three inexperienced psychodramatists to place videotaped situations into one of three categories: Category 1 (Role in process of warm-up); Category 2 (Role in full warm-up); and Category 3 (Conflicted role). The psychodramatists were given the following global descriptions of categories derived on the basis of Moreno's theory in order to minimize variability due to idiosyncratic definitions.

A role in process of warm-up is defined by:

a) the absence of a specific situation, time and/or place; or

b) objective description of a situation.

A role in full state of warm-up is defined by:

a) specification of a specific situation, time and place; or

b) interactive expression through role reversal unfolding the role system; and

c) all of the following:
   protagonist stays in role
   complementarity of roles, i.e. role expectations fit together
   clear, fluid, congruent communication.

A conflicted role is defined by:

a) specification of a specific situation, time and place; or

b) expression through role reversal unfolding the role system; and/or

c) one or more of the following:
   cognitive confusion
   blocking of verbalization
   forgetting

incongruity between verbal and non-verbal communication
stopping the action
lack of complementarity of roles, i.e. role expectations do not fit together
inability to make a clear decision
distancing from the role.

Procedure for validating and condensing the checklist. The checklist, accompanied by a list of definitions of items which acted as a reference manual, was used by twelve inexperienced psychodrama trainees to rate the forty videotaped psychodrama situations. The raw data therefore consisted of ratings of items on the checklist of role warm-up. Computer programme SPSS Discriminant was used to carry out a discriminant analysis of the data. On the basis of the discriminant analysis, items which discriminated best between Category 1 (Role in process of warm-up), Category 2 (Role in full warm-up), and Category 3 (Conflicted role) were selected. These were collated into a revised rating scale of role warm-up.

RESULTS AND DISCUSSION

Criterion of Role Warm-Up

The criterion of role warm-up was arrived at by classifying psychodrama situations into the three categories on the basis of agreement between four out of six experienced and inexperienced psychodramatists. Ambiguous situations where fewer than four raters agreed were eliminated from the criterion.

Thirty-six of the forty videotaped situations passed as unambiguous after this selection. Thirteen situations fell into Category 1 (Role in process of warm-up), fourteen into Category 2 (Role in full warm-up) and nine into Category 3 (Conflicted role). These provided the criterion groups for the discriminant analysis. Four situations (4, 15, 24 and 31) were eliminated.

Agreement between Raters

Hours of training appeared to influence accuracy of rating. The least trained raters made nine and twelve errors whereas those with over 300 hours of training made only three errors each.

An index of percentage agreement was calculated for each group of raters using Johnson and Bolstad's (1973) formula: Number of agreements/Number of agreements + Number of disagreements. All forty situations were used, including ambiguous situations where most disagreement occurred between raters. Experienced psychodramatists achieved 91.7% agreement and inexperienced psychodrama trainees achieved 80% agreement. This compared

favourably with the 80% agreement between two raters suggested by Johnson and Bolstad (1973) for ratings in naturalistic settings.

Discriminant Analysis

Discriminant analysis: procedure. In order to reduce the number of items in the final analysis, an initial discriminant analysis was carried out. In this analysis, variables were raters×items (N=480) over situations (N=33). Twelve items (Items 2, 4, 6, 8, 9, 13, 14, 15, 16, 18, 21 and 28) were selected for the final analysis on the basis of their high standardized discriminant function co-efficients.

After the selection of the twelve items, a second analysis was carried out using Osgood's (1957) procedure of summing across raters. A frequency count of the number of times raters used items was therefore used in the final discriminant analysis of items (N=11) across situations (N=33).

The discriminant analysis involved two operations. Firstly, one or more linear combinations of items were formed, and discriminating functions which maximally discriminated between categories of role warm-up were derived. Each item was then assigned a discriminant function co-efficient on each of the discriminating functions. A rated item plus the assigned discriminant function co-efficient can be called a discriminating variable. Secondly, all data from both ambiguous and unambiguous situations was analysed using the discriminant variables. This provided a check on the adequacy of the discriminant functions.

Discriminant analysis: functions derived. Two functions were necessary to maximally discriminate between the three categories of role warm-up. The statistical basis of this choice has been recorded in Table 1.

Table 1

Statistical basis for choice of two functions:

Number removed	*Eigen-value*	*Canonical Correlation*	*Percent of trace*	*Wilks' Lambda*	*Chi-Square*	*D.D.*	*Signifi-cance*
0	8.3	0.94	83.9	0.04	90.6	24	.000
1	1.6	0.78	16.1	0.39	27.1	11	.004

The eigenvalues and their associated canonical correlations denoted the relative ability of each function to separate the categories of role warm-up. They measured the variance accounted for by the discriminating functions. Of the total variance accounted for, Function 1 accounted for 83.9% and Function 2 for 16.1%

Wilks' Lambda and the associated tests of significance related to the power in the original variables (i.e. items) which had not been removed by the discriminating functions. The very low lambda indicated that little variance was left unaccounted for.

Since both functions were significant in accounting for the variance in the discriminating variables, the maximum number of functions (N=2) for three groups was used.

Discriminant analysis: factor loadings of items on the derived functions. The standardized discriminant function coefficients for each item have been recorded in Table 2. These can be seen as weighted scores given to each item on the rating scale.

Table 2

Standardized Discriminant Function Co-efficients:

Item	*Function 1*	*Function 2*
2	.85	−.61
4	−.33	.84
6	.91	−1.10
8	−.22	.13
9	.15	.40
13	.08	.04
14	1.10	−.07
15	.08	.41
16	.09	.56
18	.58	−.80
21	−.29	−.28
28	.57	.27

These loadings can allow the items to be graphed in a space defined by the two discriminant functions (see Figure 1). The configuration suggested that further items were required to define the negative pole of Function 1.

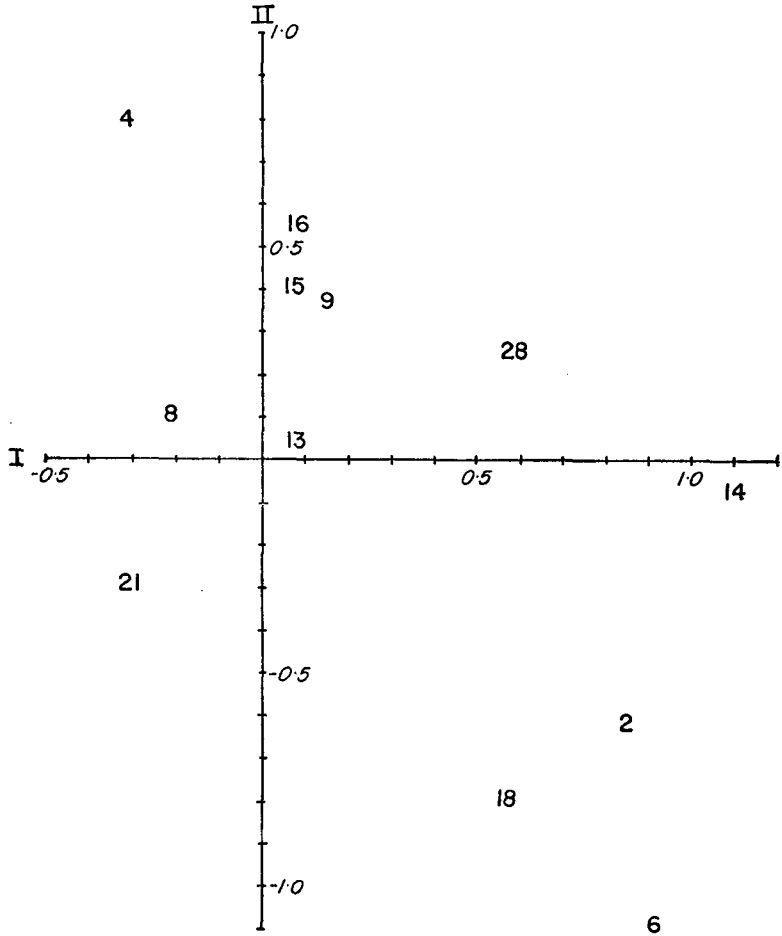
The items can also be listed in order on the discriminant functions (see Tables 3 and 4).

The item with the highest positive loading on Function 1 was Item 14 (Response is interactive) and the highest negative loadings were assigned to Item 4 (Uses posture to express) and Item 21 (Talks about role; does not act it). This function was therfore labelled Interaction.

On Function 2 the highest positive loading was assigned to Item 4 (Uses posture to express). The highest negative loadings were assigned to Item 6 (Uses affect to express) and Item 18 (Inhibition of response). This function was labelled Use of Body.

Figure 1.

Graph of Items in Space Defined by Discriminant Functions.



Discriminant analysis : classification of total data. The classification of all forty situations using the discriminant variables provided a check on the adequacy of the discriminating functions. In this procedure the actual assignment by experienced psychodramatists was compared with the predicted assignment on the basis of items checked on the rating scale. Results of this classification were recorded in Table 5.

The analysis indicated that 97.2% of all situations were classified correctly using the discriminant variables. This suggested that the discriminant functions and the discriminant variables had a high predictive power.

Table 3

Items ordered on Discriminant Function 1:

Standardized discriminant function co-efficient	*Item Number*	*Item Name*
—.33	4	Uses posture to express
—.29	21	Talks about role: does not act it
—.22	8	Uses facial expression
.08	13	Movement is fluid
.08	15	Repeats ideas and phrases
.09	16	Reverses out of role
.15	9	Progressively clarifies concern
.57	28	Response appropriate to situation
.58	18	Inhibition of response
.85	2	Uses present tense
.91	6	Uses affect to express
1.10	14	Response is interactive

The re-assignment of situations in Category 4 (ungrouped or ambiguous situations) indicated that raters had most difficulty in assessing conflicted roles. Of the four ambiguous situations, two fell into Category 3 (Conflicted role). Further weight was given to this finding by results in Category 2 where one situation was misclassified by experienced and inexperienced raters. The situation misclassified (Number 6) and those which were judged ambiguous were re-examined on the videotape. Observation suggested that in Situation 15 the protagonist was actually in a role transition state. She was talking with the director about her past behavior as depicted in the psychodrama

Table 4

Items ordered on Discriminant Function 2

Standardized discriminant function co-efficient	*Item Number*	*Item Name*
—1.10	6	Uses affect to express
—0.80	18	Inhibition of response
—0.61	2	Uses present tense
—0.28	21	Talks about role : does not act it
—0.07	14	Response is interactive
0.04	13	Movement is fluid
0.13	8	Uses facial expression
0.27	28	Response appropriate to situation
0.40	9	Progressively clarifies concern
0.41	15	Repeats ideas and phrases
0.56	16	Reverses out of role
0.84	4	Uses posture to express

Table 5

Classification of situations using discriminant variables:

Actual Category	*No. of cases*	*Predicted Category Membership* *Category 1*	*Category 2*	*Category 3*
Category 1: Role in process of warm-up	13	13 (100%)	0 (0%)	0 (0%)
Category 2: Role in full warm-up	14	0 (0%)	13 (92.9%)	1 (7.1%)
Category 3: conflicted role	9	0 (0%)	0 (0%)	9 (100%)
Category 4: ungrouped	4	1 (25%)	1 (25%)	2 (50%)

and during the interview was exploring changes in behavior which seemed necessary to her. The interview situation contained elements which fitted Category 1 for instance, "talks about the role; does not act it" but the non-verbal intensity and her warm-up to her previous behavior suggested full warm-up to the role.

This finding raised the question whether any other situations also represented role in transition. Two other situations (27 and 37) appeared to fit this category. In three other ambiguous situations, the protagonist exhibited non-verbal inhibition of response while maintaining fluent speech. In the other situation the protagonist froze and was unable to respond either verbally or non-verbally to the sexual conflict between her parents.

These findings suggested that a further category "role in transition" needed to be defined in the rating scale and that conflicted roles were difficult to observe when two mediums of expression were in direct opposition.

Discriminant analysis : warm-up categories in space defined by discriminant functions. Figure 2 provides a territorial map of the three warm-up categories in space defined by the two discriminant functions. This plot was obtained after classification of all situations in the discriminant analysis.

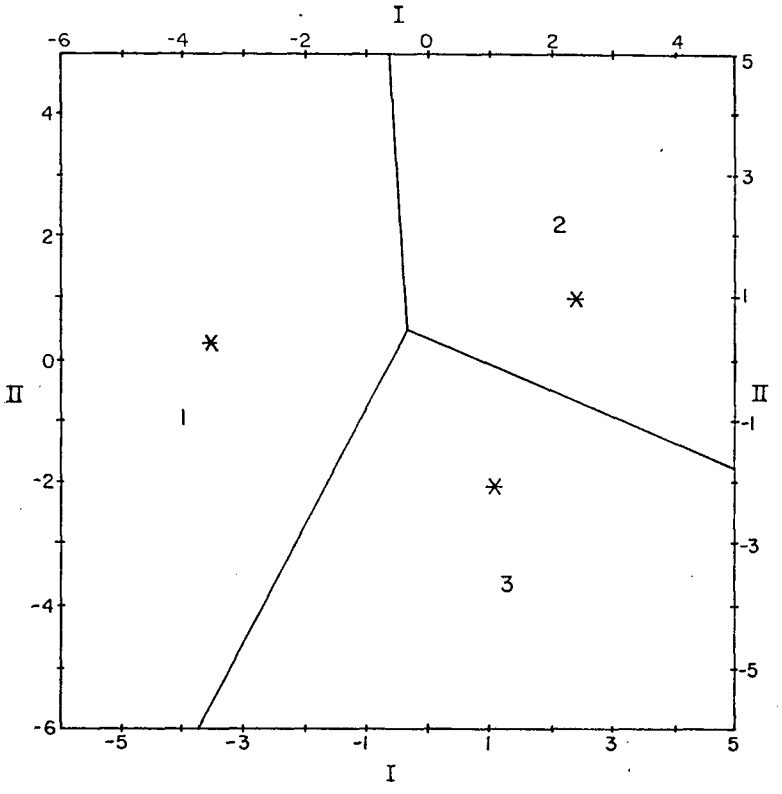
This figure provides a basis for classifying situations once discriminant function coefficients have been calculated on the basis of terms used on the revised rating scale.

Revised Rating Scale

A revised rating scale of twelve items (Appendix 1) has been devised on the basis of research results and comments by raters. Raters commented that some items, for example 13 (Movement is fluid) and 18 (Inhibition of response) were poorly worded so that some changes are made in the wording on the revised scale.

Figure 2.

Role warm-up categories in space defined by the two discriminant functions.



✳ CENTROID

Discussion of Results

Ratings by experienced and inexperienced psychodramatists. Despite the fact that both ambiguous and unambiguous situations were included in the videotape, experienced and inexperienced psychodramatists were able to reach a very high degree of agreement in classifying them into the three categories of role warm-up. This would suggest that the concept of role warm-up in psychodrama is a viable one and can be used with confidence in rating observed behavior.

Results comparing experienced with inexperienced raters suggested that inexperienced trainees can be taught fairly quickly to observe states of role

warm-up. Because of the small number of raters no analysis was carried out on the effect of hours of training on accuracy of observation, but results suggested that a relationship existed and that global rating of role behavior in research studies may be influenced by the expertise of raters.

One possible confounding variable may have contributed to the very high agreement between experienced raters. All experienced psychodramatists were trained at the same psychodrama training institute. It is possible that psychodramatists completing their training at other institutes would not use the same criteria in their classification. If psychodrama is to be assessed as an objective method, the relationship between place of training and agreement between raters will need to be assessed.

According to Johnson and Bolstad (1973), observer agreement does not constitute observer reliability. To be reliable in this sense it would be required that the instrument obtain the same results if the same rater rated the same situations at another time. High observer agreement may imply a drift towards a common idiosyncratic definition. The actual design of this research, which allowed for discussion of rating categories on the practice videotape, may have contributed to a spuriously high agreement between raters.

Difficulty in classifying conflicted role states. Where ambiguity was reflected in the ratings of experienced psychodramatists, most cases fell into Category 3 (Conflicted role). Results placed three out of five unclassified or wrongly classified situations in this category. This suggested that it was more difficult to differentiate conflicted roles from roles in process of warm-up or roles in a state of full warm-up. Theoretically this would follow since role conflict by definition involves the simultaneous warm-up to two roles each of which inhibited the other. If, for example, the protagonist gestured firmly with her fist while assertively making the statement "I'll do it," the gradual weakening and collapse of the fist movement would indicate that she had taken back her initial verbal response. In this case her dependent child role would be in conflict with her assertive self-carer. One role would be expressed verbally and the other non-verbally, so that the role conflict would be difficult to observe. It is suggested that the category of role conflict will require further research in order to define it more clearly and assist raters to make more accurate judgments.

The two functions. The two functions appeared to represent Interaction and Use of Body. These labels would seem to be theoretically sound in view of the definition of warm-up used in this research. Warm-up was defined as the extent to which a protagonist can enact in the present moment a set of behaviors relevant to a specific situation, time, and place.

Interaction would be the focus of psychodrama in analysing situations using the cultural atom. The progression by the protagonist from one role to another as the auxiliaries take the counter role would provide the role constellation. Many options may be available as interventions, and the one chosen would depend on the protagonist. If the problem was unresolved then the protagonist would warm-up to the same situation again.

On the Interaction function the protagonist talking about his behavior was contrasted to the protagonist in action with auxiliaries. Where a protagonist was able to interact with other persons or things and to role reverse fuller warm-up was observed. The differentiation between role in process of warm-up and role in full warm-up appeared to correspond to Duval and Wicklund's (1972) states of objective and subjective self-awareness. When the protagonist was talking about a role a state of objective self-awarness could be postulated. During full warm-up to a role involving interaction with other persons or things it could be postulated that consciousness was turned away from the self and a state of subjective awareness occurred.

Warm-up to a role appeared to equate with absorption, a trait of openness to absorbing and self altering experiences studied by Tellegen and Atkinson (1974) in relation to hypnotic susceptibility. Full warm-up to a role appears equivalent to total absorption in the situation enacted. So that, in Tellegen and Atkinson terms, total attention or "full commitment of available perceptual, motoric, imaginative and ideational resources to a unified representation of the attentional object" (p. 274) occurs. Conflicted roles prevent this process occurring. Tellegen and Atkinson also state that thoughts about the attentional object constructed from memory are not present when absorption is total. This differentiates role in process of warm-up from role in full warm-up.

Use of Body defined a dimension in which total rather than partial body expression was used. Posture was defined as movement of the whole torso and this appeared to be inhibited first in role conflict and in partial warm-up in psychodrama. It was possible to use affect, gesture, or voice in role conflict states or partial warm-up but in full warm-up to a role the whole body was involved in psychodrama. Theoretically partial use of the body would reflect less warm-up. Warm-up has been described as proceeding from an initial body starter to full warm-up which produces action in a situation.

Research in the area of social caution would tend to substantiate this function. Efran and Korn (1969) found that socially cautious subjects looked, felt and sounded more inhibited in tasks construed as social and/or verbal but could function well in other areas. In their study inhibition was observed in body expression.

The revised rating scale. Limitations imposed by the design of this research apply to the use of the revised rating scale. The scale was designed for use by trained raters who are familiar with psychodrama terminology and the psychodrama method.

The design allowed for leisurely viewing of situations using videotape. It is possible that the scale would need modification for use *in vivo*.

All situations were chosen by the experimenter. Should the scale be used *in vivo* a further problem would be to clarify units of the drama to be rated. Often rating is carried out by time sampling but in psychodrama this would be artificial as roles emerge with varied timing depending on the situation and the absorption of the protagonist in the situation.

Complexity of social interaction. The functions do raise the issue of the complexity of social interaction. Research studies in the area of role training in social skills (Eisler, in press) have already documented the difficulty in measuring in this area.

The results of this study suggested that it was possible for observers to classify accurately using role warm-up categories. Observation using warm-up or absorption as a variable to record the quality and process of social interaction may be productive in further research.

Research relating to parameters of role. Despite clinical observations by Moreno (1964) and Sarbin (1954) regarding role warm-up or intensity of involvement, little research relating to role warm-up has been carried out. The results of this research suggested that further study aimed at defining concepts used in role theory may be productive.

Further Research Questions

This research raised many questions which might be considered in future research:

a) Does training of psychodramatists improve the ability to observe and/or the ability to classify role states?

b) Do psychodramatists trained at different institutes observe and classify the same role phenomena in the same way?

c) What criteria do different psychodramatists rely on for placing roles in categories while directing? Does increasing the time allowed for observation change the categories used?

d) How many hours of training are required before trainees achieve skill in classifying role states accurately?

e) Does rating without prior discussion of the categories affect observer agreement?

f) What objective criteria can be used to differentiate role conflicts more clearly?

g) Are role transition states another category which need to be added to this rating scale?

h) How reliable is the final revised rating scale of role warm-up?

i) What is a unit to be rated in the live psychodrama situation?

Conclusions

This research has taken a concept postulated by personality theorists using a role theoretical approach. It has described the concept of role warm-up in concrete observable terms used in psychodrama. A revised rating scale of twelve items which maximally differentiate states of role warm-up has been constructed.

One conclusion from this research is that the concept of role warm-up is a viable and measurable concept which can be used by trained raters.

A further conclusion is that the revised rating scale is usable under conditions of leisured (video playback) viewing for purposes of training. As a research instrument the rating scale requires further refinement especially in differentiating role conflict states and testing of reliability.

APPENDIX 1

THE REVISED RATING SCALE OF ROLE WARM-UP

The Rating Scale

Manual for raters. The following manual has been designed for use by raters on the basis of the research and comments by raters. It provides definitions of items used in the rating scale.

MANUAL FOR RATERS

Rating Scale of Role Warm-up (Clayton, 1976)

Instructions:

The rating scale has 10 items. Each item is defined below. Observe the protagonist in a psychodrama. Fill out the rating scale for each scene viewed. Check the item only if the behavior is present in the protagonist in the scene you are viewing.

Definitions:

1. *Talks about role; does not act it*

The protagonist describes the situation objectively and narrates the action; or

2. *Response is interactive*

   The protagonist responds to other persons or things in his role system (not the director). The protagonist responds with counter roles in role reversals in his role system.

3. *Movement is expansive*

   Body movement or posture of the protagonist is spontaneous and freely expressed; or

4. *Response is inhibited*

   Response of the protagonist to other roles in his role system (not the director) is restricted from free expression or negated. Inhibition may be seen in asides or non-verbal behavior or be made apparent by doubling.

5. *Uses affect to express*

   Words are given emphasis by the protagonist's feeling content. Body gesture but not posture may be used to amplify the feeling; or

6. *Uses posture to express*

   The protagonist uses movement of the whole torso as well as the body extremities.

7. *Uses present tense*

   Speaks as here and now rather than past ("I remember") or future ("I will").

8. *Progressively clarifies concern*

   Moves from vague and general statement of problem to specific issue in specific situation. Dispenses with aspects of himself not essential to the situation he wishes to depict.

9. *Repeats ideas and phrases*

   Ideas or phrases are repeated to communicate the particular outlook of the protagonist.

10. *Reverses out of role*

    Role reverses.

11. *Uses facial expression*

    Facial features are expressive.

12. *Response appropriate to situation*
    Protagonist is in touch with expectations of self and others and acts accordingly.

Rating scale of role warm-up. The following format has been devised on the basis of research results and comments of raters.

RATING SCALE OF ROLE WARM-UP (CLAYTON, 1976)

	Role Situations									
	1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*
1. Talks about role; does not act it										
OR										
2. Response is interactive										
3. Movement is expansive										
OR										
4. Response is inhibited										
5. Uses affect to express										
OR										
6. Uses posture to express										
7. Uses present tense										
8. Progressively clarifies concern										
9. Repeats ideas and phrases										
10. Reverses out of role										
11. Uses facial expression										
12. Response appropriate to situation										
For scorer's use only:										
Function 1										
Function 2										
Situation										

SCORING PROCEDURE

Obtaining weighted scores. Where items have been checked on the rating scale calculate a weighted score for each situation on each discriminant function using the standardized discriminant function coefficients in Table 6.

Table 6
Standardized discriminant function coefficients for items on revised rating sale:

	Standardized discriminant function coefficients	
Item	*Function 1*	*Function 2*
1	−.29	−.28
2	1.10	−.07
3	.08	.04
4	.58	−.80
5	.91	−1.10
6	−.33	.84
7	.85	−.61
8	.15	.40
9	.08	.41
10	.09	.56
11	−.22	.13
12	.57	.27

Obtaining the role warm-up category. The position of each item as defined by the discriminant functions can be plotted on Figure 2. Figure 2 represents the role warm-up categories in space defined by the two discriminant functions: interaction and use of body.

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PSYCHODRAMATIC PRODUCTION OF DREAMS: "THE END OF THE ROAD"

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J. L. Moreno to Sigmund Freud (1912): "You analyze their dreams. I try to give them the courage to dream again."
—*Psychodrama, Vol. I,* page 6.

INTRODUCTION

From prehistoric times, man has apparently been fascinated by his own dreams. Originally this preoccupation was focused on attempts to predict future events from dreams, or, in the earlier days of the "period of enlightenment," with the debunking of such notions. Sigmund Freud, declaring the dream the "royal road to the unconscious" shifted the emphasis from the future to the past and sought understanding of his patients' deeper, darker impulses through analysis of their dreams. To the psychodramatist, dreaming is a creative process and the dream can be thought of as representing the early stirrings of creative impulses. As such the dream may both reflect past experiences as well as point to future directions in the dreamer's life.

Dreams that eventually become psychodramatized tend to possess one or more of three characteristics. They are nightmares, they are repetitive, or they seem important but puzzling to the dreamer. The goal of psychodrama dream production is to "extend the dream beyond the end which nature has set for the sleeper or at least the end which he remembers" (Moreno, J. L., 1951). In doing this, the protagonist may be assisted 1) in confronting the fears underlying the nightmare; 2) in working his way through resistances to finishing the processes underlying the repetitive dream, or; 3) in exploring the meaning of the perplexing dream.

CASE STUDY

The dream presented for this discussion illustrates the classical procedure for psychodramatic exploration of a dream described by Moreno (1951) some years ago. It is of interest in that it is both a nightmare and a repetitive dream occurring regularly for a period of 15 to 16 years.

The drama occurred during an intensive one-week residential psychodrama training workshop. The protagonist, during a discussion of psychodramatic

production of dreams, had indicated her desire to explore a repetitive dream and the group, about 11 individuals, had agreed to schedule this session for her.

DIRECTOR: Well, Jean's been preparing herself for this evening's session, I suspect. Why don't you join me up here? (*JEAN joins DIRECTOR on stage.*) You have a dream that keeps recurring. (*JEAN nods.*) Recurrent since when? How long have you been having this dream?

JEAN: For the last 15 or 16 years.

DIRECTOR: And what was going on in your life when you began to have this dream?

JEAN: Nothing unusual. Nothing that I know of that could have caused me to have the dream.

DIRECTOR: All right. Now, Jean, I don't want you to tell me the dream, but I do want to know some things about it. Is it a nightmare?

JEAN: Well, actually it starts out sort of pleasant. But it turns into a nightmare before it is over.

DIRECTOR: I see. Now, you've said it is repetitive. Are there any variations to it or is it exactly the same dream every time that you have it?

JEAN: It's exactly the same dream every time. Over and over. Nothing varies in it. Every detail is just the same.

DIRECTOR: And how often do you have the dream?

JEAN: Oh, once a week, on the average. It is getting more frequent all the time. And it is growing in proportions. It is on a larger scale, it seems.

DIRECTOR: Once a week. When was the last time you had it? Have you had the dream since you've been here?

JEAN: No. The last time was a week ago Monday night.

DIRECTOR: About eleven days ago. O.K., let's begin right there. Where were you then, when you had this dream?

JEAN: At home. I live in a trailer home.

DIRECTOR: What we want to do to help you warm up to having this dream is to see you as you go to bed. What time is it? What are you doing as you get ready to go to bed? Let's set up the scene for your bedroom.

JEAN: All right. Here is the bed.

DIRECTOR: Single or double?

JEAN: Single. And here's the dresser. The room is paneled in wood colors.

(*She spontaneously sets the scene describing the furniture and decor of the room.*) And over here is a desk and chair.

DIRECTOR: Oh, this room also serves as your office?

JEAN: It is where I live. (*Continues to describe the room and set it up.*)

DIRECTOR: O.K. Lets see how you prepare for bed.

JEAN: I lock the front door. Turn out the lights. (*She is pantomiming as she describes herself.*) Come into my bedroom. Turn on the lights.

DIRECTOR: It's all right. Just show us. (*JEAN continues to pantomime taking off her clothes, going into the bathroom and taking a shower. Then she puts on a nightgown and goes to bed. She is lying on her side.*) Is this the position you go to sleep in?

JEAN: Yes. (*DIRECTOR finds her a pillow, which she puts under her head.*) I keep a night light on. I sleep on top of the covers.

DIRECTOR: Fine. Now, let's soliloquize, Jean. Let us hear the thoughts that may be going through your mind as you lie here going to sleep.

JEAN: I'm *so* tired. It seems that the more I do, the more I have to do. There are so many things that I want to get done.

DIRECTOR: And your feelings. Would you soliloquize your feelings?

JEAN: I'm too tired to think about work. I'll try to think about something nice instead.

DIRECTOR: What do you think about that is nice?

JEAN: Last weekend was the best in nine months with Holly and Heather. We really had fun and just enjoyed ourselves.

DIRECTOR: The best weekend in nine months. And it is with thoughts about the weekend that you go to sleep?

JEAN: Yes.

DIRECTOR: All right. Relax. Take a deep breath. As you let it out, let the tension in your body go with it. (*Pause*) Again. And let yourself go to sleep. Feel yourself drifting off to sleep. (*After a long pause to let JEAN relax.*) How long after you have gone to sleep does the dream begin? Is it early in the night, or later?

JEAN: Right before I wake up in the morning.

DIRECTOR: All right. Go ahead and sleep through the night. (*Another long pause.*) It is getting toward time to wake. What time is it?

JEAN: Around five.

DIRECTOR: Let the dream begin, Jean. Just have the dream again. Watch it in your mind's eye. Let me know when it is over. (*Director has placed a hand on JEAN'S arm. He watches her closely, noting that she trembles during the dream, perspires, and her foot moves slightly. She opens her eyes and has a troubled look on her face.*)

DIRECTOR: Does the dream wake you?

JEAN: Yes.

DIRECTOR: All right, Jean. Now we want to see the dream in action. Let's go to the first scene. Is there more than one scene?

JEAN: Well, it changes as we go along.

DIRECTOR: Let's begin at the beginning. Where are you?

JEAN: I'm in a car on a country road.

DIRECTOR: O.K. Let's set that up. (*Chairs are placed to represent the car. Jean sits in the driver's seat, holds on to "steering wheel".*) What kind of car is this?

JEAN: A big black one.

DIRECTOR: Are you alone? How fast are you going?

JEAN: Yes, I'm alone. I'm going along pretty fast. I'm anxious to get there.

DIRECTOR: Where are you going?

JEAN: Home, it is Christmas.

DIRECTOR: And what time is it?

JEAN: It is night time.

DIRECTOR: (*Has lights turned down until room is rather dark.*) And what is happening?

JEAN: Well, I'm driving down this black-top road. And I know in a minute when I go around this curve that I'll be able to see the house. I know that my kids are there. It's Christmas and I have a lot of packages in the car. It is cold.

DIRECTOR: And now what happens? What do you see?

JEAN: Now I am up to the fence, a white board fence. I can see the house over there. (*Points ahead of herself and to the left.*) I can see the lights, the Christmas tree lights. The kids are still up. I am driving along and I know that pretty soon I'll come to the gate. And I know that the gate will be open for me. They've left it open for me. (*She continues driving, then begins to look perplexed.*)

DIRECTOR: Yes? What happens?

JEAN: There's just fence here. No gate. I should have gotten to the gate. The fence keeps going on. There is no gate!

DIRECTOR: Lets here your thoughts. (*Doubles*) "Where is the gate? What's going on here? Something is wrong!"

JEAN: (*Nods desperately*) I can't get home!

DIRECTOR: Again. Let's hear that again, the way you feel it.

JEAN: I CAN'T GET HOME!!

DIRECTOR: What happens next? Have you passed the house?

JEAN: No, the house kind of stays in the same place. I keep driving looking for the gate. (*Director has group become the fence posts moving past the car.*)

DIRECTOR: What do you feel? Is there more to the dream? What do you want to do?

JEAN: I want to put on the break (*pushes with her foot*) but the brake doesn't work. I take my foot off the accelerator, but the car doesn't slow down. The door won't open! (*Becomes increasingly agitated.*)

DIRECTOR: Brakes don't work. Door won't open. What are you going to do?

JEAN: I'm helpless. I take my hands off the wheel. The car is driving itself. The house is receding. A hill is coming up. I am going to go up the hill. And when I go over the hill, I know that there will be nothing there. (*She is very upset.*)

DIRECTOR: O.K. Jean. Let's go up the hill now. (*He tips her chair backwards.*) Up the hill. (*Pause.*) Now we come to the top (*pauses*) and now we go over. (*Waits a moment.*) What is it like? Are you suspended in space? Are you falling?

JEAN: I don't know. I'm just there. I am suspended.

DIRECTOR: O.K. Show us what it is like. (*Jean gets out of chair and curls up on the floor.*) What is the feeling of this?

JEAN: I don't know what this place is. I don't know how I got here. I don't know why I'm here. (*Pause*) And now I start falling.

DIRECTOR: Let yourself feel that. Let yourself fall. Are you scared again. (*Jean nods.*) Do you feel like screaming? Do you want to scream? Go ahead. (*He puts a hand supportively on her head.*)

JEAN: (*Screaming*) NO! NO! NO! NO! NO! NO! NO!

DIRECTOR: (*Doubling for the protagonist*) "NO! I don't want. . . ."

JEAN: (*Hesitates*) No, I don't want to die.

DIRECTOR: (*After a period of silence.*) Is this the end of the dream? Do you awaken now?

JEAN: (*Nods*)

DIRECTOR: Fine. Open your eyes then. Soliloquize.

JEAN: Damn! Will that never stop? Will I ever get used to this?

DIRECTOR: (*After a few moments silence*) Well, Jean I'll tell you what we are going to do. We are going to let you have this dream all over again. Only this time, I want you to change it in any way and at any time that you want. O.K. Get back in the car. We'll begin at exactly the same place with you in the car on the blacktop road. Do you want to change anything? What kind of a car are you in?

JEAN: It is a big black Lincoln. And it is just full of presents.

DIRECTOR: O.K. Now we are coming to the fence. (*Has group form the fence.*) Do you want to change anything?

JEAN: (*As she drives along*) Yes. The gate is there and I turn in. (*The "Fence" makes a gap and JEAN turns in.*) And I drive up to the house. I can see the Christmas tree through the window.

DIRECTOR: How big is the Christmas tree?

JEAN: (*Smiling*) It's really big.

DIRECTOR: I thought so. What happens next?

JEAN: Holly and Heather run out. The twins.

DIRECTOR: How old are Holly and Heather? Let's pick some auxiliaries. (*Two members of the group become Holly and Heather.*)

JEAN: They are ten. (*To the girls*) There are presents for all of you in the back of the car.

DIRECTOR: Yeah. Take them in the house and put then under the tree.

JEAN: Then the rest of the family come out. (*Auxiliaries are picked up for the other four children. They come out and there is much greeting and excitement getting presents out of the car and into the house.*) And then Bob comes out.

DIRECTOR: This is the man in your life these days?

JEAN: Yes. (*Another auxiliary is picked for BOB. He and JEAN embrace.*)

Then we all go into the house, into the living room where the tree is. (*All do so.*)

JEAN: (*Suddenly*) I don't like this living room. Now I remember where it is. It is my grandmother's living room.

DIRECTOR: Well, let's change it then! Make it any room you want. (*As JEAN is thinking this over*) O.K. What's next?

JEAN: Well, now what I would really like is to sing some carols and then exchange gifts.

DIRECTOR: Of course! (*He asks auxiliaries to take it from there, using their own spontaneity. They sing carols. Then unwrap packages and generally produce the happy excitement of Christmas time. They follow JEAN's lead as she produces cues for them. Finally, the activity slows down.*) Well, Jean. Now that you have all the kids here, is there anything you would like to say to them?

JEAN: (*Thinks a moment.*) Just that I'm so proud of each one of you.

DIRECTOR: It must be about time for the kids to go to bed, isn't it? Time for JEAN and BOB to have some time together?

JEAN: Yes. (*She shoos the kids off to their rooms.*)
(*To BOB*) Christmas is my favorite time.

BOB: Yeah. I think it's my favorite time, too.

JEAN: I'm so glad you are here to share this with me. It means so much to me. (*JEAN and BOB continue to chat cosily. Finally the DIRECTOR speaks.*)

DIRECTOR: Looks to me like it may be time for Jean and Bob to go off to bed too. (*They laugh and the group joins them. The DIRECTOR dismisses the auxiliary and has JEAN re-set the scene to her bedroom in the trailer, where the original dream had taken place. She lies down on the bed.*) I'll bet this dream doesn't wake you up. Go ahead and dream it as long as you want. Then wake up when you are ready.

JEAN: (*Lying alone. After a period of time wakes up.*)

DIRECTOR: The sun's come up. (*Asks for lights to be turned up. Has JEAN join him in center stage.*) Shall we stop here? How do you feel?

JEAN: Relieved. Lighter. Hopeful. I think I also feel more confident. I can't integrate all this right now.

DIRECTOR: No, I don't expect you to. You've done a lot of work. I think we should stop here. We could explore more, but I think you have done

enough for this evening. We will save the rest for another time if we need to. My bet is that you won't have this dream again. And if you should, let me know. I have my ideas on what else could be done. But for now, let's let your natural processes take care of things for a while.

Now is the time to share. (*Group members do so.*)

DISCUSSION

Moreno (1959) identifies four stages or phases of psychodramatic dream production. They are:

1. The original dream.
2. Psychodramatic re-enactment of the dream.
3. Psychodramatic extension of the dream.
4. Post-psychodramatic effect on the dream.

Let us examine Jean's dream from this structure.

The status nascendi of the original dream is in the mind of the dreamer during his sleep. The production is solitary, unshared by others. The dream may, as in Jean's situation, be repeated over and over again, reminiscent of a broken record. One gets the impression that it has not been finished. This phase has happened before the psychodrama proper begins, of course.

The second phase typically occurs in two parts. First, the protagonist is warmed up to the moment in which the dream was originally dreamed. Moreno writes (Moreno, J. L., 1969, p. 157):

> In a psychodramatic dream presentation we say to the protagonist "Don't tell the dream, but act it out." We don't mean it only in a sort of superficial way. Let the protagonist go to bed. Let him re-enact every detail . . . The protagonist goes first into the role of the sleeper before he can be a dreamer . . . We try to recapitulate the natural process of living, instead of just analyzing in an unrelated way. That's concretization of the situation in which the dream is presented in the here and now.

This process is apparent in Jean's drama as well as in Moreno (1951, 1969). This procedure serves to develop and increase the "warming up" to the psychodramatic enactment of the dream itself, the next step.

The depth of production is enhanced by avoiding a verbal account of the dream. "Telling" the dream, putting it into words, tends to conserve it. As sociologists have pointed out, an individual's language system is highly colored by the culture in which he learned it. The psychodramatist's goal is

to go beneath the language to the "actional level" and foster communication from there. At the same time, the director may need some information about the dream in order to assist the protagonist in staging it effectively. In Jean's drama, the director explicitly tells her what kind of information he wants and asks her *not* to relate her dream. This principle is also observable in the dreams presented by Moreno.

The protagonist is asked to set the scene, select her auxiliaries, and produce the dream in action. Although every psychodrama is a unique event and the choice of particular dramatic techniques must be consistent with the protagonist's needs for expression, there are some general principles which are specifically applicable to dream production. The first of these has to do with the very personal aspect of the dream. All the spontaneity in a dream is one's own. There is no counter-spontaneity as there is in interaction with other individuals. Therefore, although auxiliaries are used quite freely, even to represent apparently inanimate objects, such as the white board fence in Jean's dream, it is extremely important that the protagonist's perception of the dream be followed as minutely as possible. In the enactment of the dream, the auxiliaries do not alter or expand the roles into which they are cast as is often allowed or encouraged in the enactment of an encounter.

The third stage, the extension of the production of the dream, is probably the most crucial and important phase of the entire process. Here, if the principles of spontaneity are appropriately applied, is where the repetitive dream may be laid to rest, the nightmare expurgated, and the "important dream" integrated. On occasion, the direction in which to take the drama is obvious. One simply continues on from the point at which the protagonist indicates that the dream ended when it was originally dreamed. At other times this procedure is awkward or the director may feel that some aspect of the dream should be altered in order to allow the protagonist relief (catharsis) from the experience. Here, the procedure is to start from the beginning with instruction to the protagonist to change anything about his dream that he wishes to change. This is generally a very pleasing task for the protagonist and the director can expect him to take to it with enthusiasm. Sometimes, however, the protagonist may be primarily avoidant towards the dream and his modification of it consists of replacing strong or threatening aspects with bland ones, or he will simply try to eliminate and cut out action which he did not like. The effectiveness of the drama will be enhanced if the director encourages the protagonist to expend at least as much energy in producing the modified dream as he did in producing the original.

During this phase, auxiliaries' counter-spontaneity may be released to a greater extent. This allows the director, if need be, to use this resource in

warming the protagonist up to his task. It is still, however, the protagonist's dream.

In Jean's drama, both extension and modification of the original dream occurred. Extension occurred at the point in the drama when the protagonist began going up the final hill into some kind of a void. This is the point at which she always awakened when experiencing this as a night dream. The director took her on, into the void. Here a significant meaning of the dream emerged. It was obvious that the dream reflected some concerns regarding the protagonist's own death.

The director also felt that it would be most helpful for the protagonist (and the group) if she were allowed to re-do the dream in a different manner. Hence he asked her to return to the beginning of the dream and to make any modification in it that she wished. He was relatively confident that she would complete the fantasy in keeping with the original happy direction in which it seemed to have started.

THE FOURTH PHASE

Moreno's "fourth phase" deals with the effects of having psychodramatized a dream. It raises the crucial question which all therapeutic interventions must face: What has been achieved by the procedure?

Because both Jean and the director are members of the same university community and belong to an ongoing psychodrama group, there has been a chance for considerable discussion between them on this question. During the first few weeks following the drama, Jean reported that the dream had not returned. She was sleeping longer and sounder for which she was grateful since she had developed a lung infection and required more rest. She didn't believe, however, that the dream would not return. She would settle, she said, for just a few weeks of freedom from it.

Later, approximately two months after the psychodrama, she reported that she had looked back over the notes that she and one of the group members had made of the session and she found that she did not want to spend any time thinking about the experience. She related that the whole thing seemed kind of distant, and although she knew very well that it had happened, it didn't seem so real. As she was talking, she said, "You know, I think I am beginning to believe that I am through with that dream."

Approximately four months after the drama, the protagonist and the director discussed in detail the changes that had taken place in her life following the drama. She identified four areas of her life in which she had made significant modifications.

The day following the conclusion of the workshop, Jean had walked into her trailer with her daughter who remarked, "This is like living in a

terrarium, Mom." Jean was immediately struck by the fact that her house was entirely decorated with browns and earth tones. "It was like living underground," she commented, "like in a tomb." That had seemed all right until then, but it suddenly became distasteful to her and on that very day, she found another place with bright colors and moved.

The second change involved patterns of sleeping. All of her adult life, Jean stated, she never seemed to need more than 6 hours. This changed immediately and she began to sleep 6, 7, even 8 hours. "The time that I slept 11½ hours was just unbelievable," she said. She also found that she could, for the first time since a child, take naps in the daytime. Associated with this was a general decrease of tension.

The third difference that she noted was in driving. She stated that she had not been aware of it, but suddenly realized that when she was driving, especially in unfamiliar areas and on unfamiliar roads, she was apparently always looking for, always expecting to come upon that stretch of road which she had traveled so many times in her dreams. She stated that she now realized to what lengths she had gone to avoid driving an unknown road at night. Since the drama, she said, her confidence in driving has increased manyfold and she was no longer afraid of going anywhere, any time.

The most important alteration in her behavior was a rapidly developing self-assertiveness which manifested itself especially with respect to her job and to her ex-husband. She found herself getting irritable, more demanding, and "even aggressive" in both situations. For the past year, Jean had invested herself heavily in her new job. She realized, she said, that she had done so largely for her own "therapy." Suddenly she was aware that she was devoting entirely too many hours a week and too much of her energy to the mental health agency for which she worked. In response to some threatened cutbacks in funds, which would have affected her salary, she resigned, re-wrote her job description for two people, and some weeks later accepted one of the new positions.

Jean had left her marriage in some desperation, knowing that there was something unhealthy about the relationship between her husband and herself. She had, however, never quite been able to deal effectively with her ex-husband's expectations that she would some day return to him. She knew that she did not want to, but being unable to rationalize her feelings, she still retained some uncertainty and some feeling that he just might be right. Following the drama, she reported that for the first time she had felt real anger toward him. This was sufficiently bothersome to her to explore it further psychodramatically. Following this, she began bringing about some closure to that relationship. She noted that "I had always managed to ex-

cuse Jerry because I knew why he acted that way. I could never get angry at him. Now I can. I don't have to go on making excuses for the way he behaves."

The "meaning" of the dream remained a puzzle for some time. Although it was obvious that the "message" of the dream had something to do with death, Jean was unsure of what it might be since she had had occasion to reconcile herself to dying some years previously. She related that she expected death to be very much like the "void" in her dream, and even though she didn't want to die, she did not really fear it particularly. Eventually, she decided that the dream probably reflected her fears of a "living death," of not living her life as fully as she possibly could. In light of the changes she made following the drama, this interpretation made a lot of sense.

After four months, Jean had not had a recurrence of the dream.

The dramatic impact of her drama upon Jean's life raises questions about how psychodrama works, as well as the relationship between dreams and daily behavior. Although the marked changes in her behavior are not simply the result of a single psychodrama session but reflect a readiness on her part and probably a long period of preparation, it is also apparent that the session played a major role in catalyzing and unblocking, allowing Jean to put into action desires and needs that had previously been unfulfilled.

CONCLUSION

Because dreams are so very personal and come from the innermost parts of oneself, the psychodramatization of a dream is frequently a very intense, meaningful experience for both protagonist and group. The basic rule for the director is "handle dreams with great care and gentleness."

The results of dream production tend to be great. Repetitive dreams seldom return. A sense of relief and catharsis accompanies dramatization of a nightmare. A new understanding of the processes underlying dreams is common. But the most important feature of psychodramatic dream production, which distinguishes it from earlier approaches to dreams, is that it gives the individual a chance to experience his dream in a greater reality, and in so-doing, to gain autonomy over his dream patterns (Moreno, Z. T., 1965).

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INTERPERSONAL SKILL TRAINING THROUGH A DATING FEEDBACK GROUP*

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A recent trend in social skill training has been the focus on the treatment of adult infrequent daters. Systematic investigations of such treatment have often been focused on the treatment of males (Bander, Steinke, Allen, and Mosher, 1975; MacDonald, Lindquist, Kramer, McGrath, and Rhyne, 1975; Martinson and Zerface, 1970; McGovern, Arkowitz, and Gilmore, 1975; Rehm and Marston, 1968; Twentyman and McFall, 1975). Furthermore, while there is much research evidence documenting the prevalence of dating skill deficits and social anxiety among young adults in our society today (Borkovec, Fleishmann, and Caputo, 1973; Martinson and Zerface, 1970; Segal, Phillips, and Feldmesser, 1967), the sample populations have frequently been college student volunteers (Bander, et al., 1975; Christensen, Arkowitz and Anderson, 1975; Martinson and Zerface, 1970; McGovern, et al., 1975). An objective of the present study was to extend dating skill training to male and female subjects who more closely approximate a clinical population than have populations of previous studies. For the purpose of this study, clinical population was explicated by the following criteria: 1) subject identified infrequent dating as a primary problem, 2) subject voluntarily sought treatment for problems related to dating either independently or through therapist recommendation, 3) subject viewed infrequent dating and lack of social skills as having a pervasive, detrimental effect upon his life (i.e., subject viewed problems as significantly diminishing self-satisfaction and limiting his ability to function in various work and social settings), and 4) subject verbally committed himself to group treatment.

Treatment of infrequent daters has varied in orientation including the following: 1) anxiety reduction—altered self-reinforcement (Hokanson, 1971; Rehm and Marston, 1968), 2) dissolution of dating misconceptions (Martinson and Zerface, 1970), 3) interpersonal skills development through behavioral training (McDonald, et al., 1975; McFall and Lillesand, 1971; McGovern et al., 1975; Twentyman and McFall, 1975), and 4) social skill

* Revised version of a paper presented at the 34th Annual Meeting, American Society of Group Psychotherapy and Psychodrama, March 1976, New York, New York. This research was partially supported by an Organized Research Funds Grant from the Graduate School, University of Texas at Arlington.

development through practice dating (Christensen and Arkowitz, 1974; Christensen et al., 1975). Each of these treatment approaches has been reported as attaining varying degrees of effectiveness. Intrastudy comparisons of effectiveness are highly difficult due to population variables and varying outcome criteria. The trend recently, however, has been toward the development of interpersonal skills and away from a focus on anxiety reduction.

Interpersonal skills development has been addressed through the provision of group treatment experiences and through practice dating without therapist intervention. In treating the problem of heterosexual inhibitions among college males, McGovern et al. (1975) achieved success utilizing female confederate social skill trainers. These female trainers met with subjects in treatment group, facilitated group discussions, gave feedback and information about effective dating behaviors, and participated in behavioral rehearsal. Recent experiments by Christensen and his associates (Christensen and Arkowitz, 1974; Christensen et al., 1975) have indicated that practice dating without therapist intervention is effective in treating socially inhibited men and women. However the investigators stressed precaution concerning the implications of their findings for the treatment of clinical subjects.

The clinical population of this study in comparison to student research volunteers were viewed as different in two ways. First, it was expected that the population of the present study would possess social skill deficits in greater degrees and would likely have had fewer actual dating experiences than student research volunteers. Second, the motivation for participating was different for the present population. Neither was there research credit offered nor was there any form of secondary academic gain provided. The population was, in fact, 50 percent non-student.

In this study, social skills training, practice dating, and dating feedback were collectively employed. Rationale for utilizing this treatment methodology included 1) the greater social inhibition/skill deficits of the population and 2) a conviction that either social skill training or practice dating experiences would constitute only a partial treatment of those problems confronting the population (i.e., subjects were viewed as behaviorally unprepared for effective practice dating without social skills training, and social skills training alone was considered to have limited effect upon anxiety reduction and skill development without the benefit of practice in vivo).

METHOD

Subjects

The subjects were 10 males and 10 females who responded to multimedia announcements of a dating feedback group for infrequent daters.

Radio, television, newspaper, mimeographed flyers, and verbal announcements in college classrooms were used to inform the community. Additionally, private social agencies and private clinical practitioners were directly informed of the group. The experience was described as designed for nondaters or infrequent daters with a focus on dating anxiety reduction and the development of dating skills.

Twenty men and 13 women were screened for the two groups. Screening was conducted through personal interviews and selection criteria included: 1) self-reported high dating anxiety; 2) a desire to change present behavior; 3) freedom from comprehensively dysfunctional emotional problems which might endanger other participants; 4) willingness to attend all treatment sessions; 5) low dating frequency; and 6) dating identified as a major problem area. After screening, 15 men and 12 women comprised a pool from which subjects were randomly assigned to the treatment or treatment control group, five men and women to each group.

Although a random number table was used to select the participants and assign them to the groups, there were differences between the two groups. The treatment group subjects had a mean age of 21.5 years, a mean self-reported dating frequency of 1.4 dates per month (one subject had a dating frequency of 6 while all others ranged from 0 to 3); six were students and four were employed. Five treatment group subjects had been therapist-referred. The treatment control group subjects had a mean age of 26.1 years, a mean self-reported dating frequency of .75 dates per month; four were students and six were employed. None of the control subjects was therapist referred. All subjects paid a $10 fee and posted a $10 deposit refundable after completion of the program. Shortly after the project began, two subjects (one male and female) dropped out of the treatment control group.

Assessment Measures

Subjects were administered the following self-report questionnaires at screening and upon completion of the treatment program; Social Avoidance and Distress (SAD) scale and the Fear of Negative Evaluation (FNE) scale, both developed by Watson and Friend (1969); and State Trait Anxiety Inventory (STAI) developed by Spielberger, Gorsuch and Lushene (1968), which was modified to reflect individual responses to the dating situation. In addition, subjects completed a dating frequency form. This form was also used to establish dating frequency at one and two month posttreatment.

Dating Feedback Treatment Group

The authors served as co-therapists for each group session and were jointly responsible for leading the discussion, directing the skills training activities,

and providing feedback. The treatment group met for two hours weekly for six weeks. Treatment activities included subject or leader initiated group discussion, modeling, behavioral rehearsal, practice dating, dating feedback, and videotape feedback. Social skills training was initiated with elementary behaviors and each week progressed to more complex skills considered requisite to effective dating. Interpersonal skills training included the following:

Nonverbal Skills
- Smiling
- Facial Expressions
- Physically Approaching
- Establishing and Maintaining Eye Contact
- Body Posture

Verbal Skills
- Initiating Conversation
- Initiating a Date (by telephone or in person)
- Giving and Receiving Personal Compliments

Advanced Skills
- Refusal and Being Refused
- Initiating Physical Contact
  - Arm Around Shoulder
  - Hand Holding

Subject anxiety level was not strictly monitored during treatment. However subjects were asked to report subjective anxiety levels (Subjective Units of Discomfort on a scale from 0 to 10) immediately after behavioral rehearsal. Later in the group process a pulserater was used to provide physiological measurement of anxiety.

Each week subjects were matched with an opposite-sexed subject with whom to conduct a practice date before the next group meeting. Every group meeting after the first session, each subject provided verbal feedback to his dating partner regarding the practice date. Subjects were provided feedback forms to facilitate the recording of their thoughts regarding the date. Feedback was focused on 1) subject's reflection on his own feelings and behavior—i.e., when pleased, when anxious, and behaviors which he wanted to change; and 2) subject's feedback to his dating partner—i.e., partner behaviors that were comforting and pleasing, and suggestions for behavior change. Dating feedback was often the basis for behavioral rehearsal thus accomplishing a more direct relationship between social skills

training and actual dating experiences. In order to facilitate generalization, subjects were matched each week with a different group member thus ensuring subjects one practice date with each opposite-sexed subject.

Treatment Control Group

Subjects in the treatment control group experienced only practice dating with feedback. Subjects were matched each week for five weeks with a different subject of the opposite sex with whom to have a practice date. Both male and female subjects were mailed the name, phone number, and address of their date for the week. The responsibility for initiating contact rested with both dating partners. Details of the dating arrangements were left totally to the subjects.

After each date, each subject completed dating feedback forms identical to those used by the treatment group. One form focused on the subject's own feelings and behavior and included, "I was pleased with myself when . . .", "The behaviors I displayed on the date which I would like to change include:", and "I felt anxious when . . .". Feedback to the partner included, "I felt comfortable when you . . .", "I was pleased when you . . .", and "To become a better date, I make the following suggestions to you:". The feedback forms were returned to the researchers and were then forwarded to the appropriate subject.

Since two treatment control subjects dropped out after the second week, some subjects experienced four instead of five practice dates. After completion of posttreatment measures, a group meeting was held with treatment control subjects to assess their desire for further treatment and to gain feedback concerning the experience.

RESULTS

All subjects in the treatment group completed all requirements of the program. Since two subjects in the treatment control group dropped out, their pretest scores were eliminated from the analysis of the program.

Pretest Comparison of Treatment Group to the Treatment Control Group

In order to determine the initial differences in the groups, a one-tailed t-test was computed on all the pretests between the groups. There were no significant differences among the groups on any of the five pretreatment assessment measures (State scale and Trait scale from the STAI were analyzed separately). Table 1 provides intragroup comparisons. The mean scores of the control group were slightly higher on the questionnaires and

slightly lower on dating frequencies. Thus the control group subjects indicated slightly but not significantly higher interpersonal inhibitions and less frequent dating behavior than treatment group subjects.

Table 1

Means, Standard Deviations and t-test Analysis of Pretest Treatment and Treatment Control Groups

Measure	Treatment Group	Treatment Control Group
Social Avoidance and Distress Scale		
Mean	13.20	15.75
Standard Deviation	8.54	9.41
t-Value	−.60	
Probability one tailed	.28	
Fear of Negative Evaluation Scale		
Mean	17.60	21.13
Standard Deviation	9.18	7.85
t-Value	−.88	
Probability one tailed	.20	
State Anxiety scale		
Mean	48.70	52.00
Standard Deviation	12.16	13.00
t-Value	−.55	
Probability one tailed	.30	
Trait Anxiety scale		
Mean	46.00	44.88
Standard Deviation	9.98	12.07
t-Value	.21	
Probability one tailed	.42	
Dating Frequency		
Mean	1.40	.75
Standard Deviation	1.96	.71
t-Value	.97	
Probability one tailed	.17	

Between Group Comparisons

Gain scores were determined for the pretest and posttest in each group (posttest − pretest = gain), and t-tests were computed (Table 2). The treatment group showed significant gain over the treatment control group on only one of four self-report questionnaire scores, FNE ($p < 0.05$). While not

statistically significant, two of the three remaining instruments showed gain in the expected direction (State Anxiety and Trait Anxiety, $p<0.10$).

Table 2

Analysis of Gain Scores on Self-Report Questionnaries Between the Treatment and Treatment Control Groups

Measure	Treatment	Control
Social Avoidance and Distress scale		
Mean	−1.90	−.50
Standard Deviation	4.38	5.45
t-Value*	−.59	
Probability	.28	
Fear of Negative Evaluation scale		
Mean	−2.50	1.75
Standard Deviation	5.48	5.04
t-Value*	−1.71	
Probability	.05	
State Anxiety scale		
Mean	−6.80	−.62
Standard Deviation	10.54	7.44
t-Value*	−1.45	
Probability	.08	
Trait Anxiety scale		
Mean	−1.60	3.50
Standard Deviation	9.44	6.16
t-Value*	−1.38	
Probability	.09	

* Separate variance estimate/one-tailed test.

Within Group Comparisons

To determine treatment effects, one tailed t-tests were computed for each group on each pre- and posttest measure. As indicated in Table 3, in the treatment group, although all the self-report questionnarie measures were in the predicted direction, only the State Anxiety Inventory was significant at the .05 level (SAD and FNE, $p<.10$).

In the treatment control group, none of the self-report questionnaire measures achieved significance. In two of the four scales (FNE and Trait Anxiety Inventory) movement was counter to the expected trend.

Table 3

Within Group Means, Standard Deviations, t-Values and Probabilities for Treatment and Treatment Control Groups on Self-Report Questionnaries

Measure	Group Treatment (df=9)		Treatment-Control (df=7)	
Social Avoidance and Distress scale	Mean	S.D.	Mean	S.D.
Pre	13.20	8.54	15.75	9.41
Post	11.30	10.39	15.25	8.55
t-Value	1.37**		.26	
Fear of Negative Evaluation scale				
Pre	17.60	9.18	21.13	7.85
Post	15.10	8.40	22.88	6.60
t-Value	1.44**		−.98	
State Anxiety scale				
Pre	48.70	12.16	52.00	12.99
Post	41.90	14.68	51.38	12.67
t-Value	2.04*		.24	
Trait Anxiety scale				
Pre	46.00	9.98	44.88	12.07
Post	44.40	15.33	48.38	10.16
t-Value	.54		−1.61	

* $p < .05$.
** $p < .10$.

Dating Frequency

Dating frequency forms were completed by each subject, pre- and post-treatment, in both groups. Posttest dating frequencies included practice dates during the month the posttest was administered and, as a result, are not included. To determine change in dating frequency with self-initiated dating partners, dating frequency data were obtained at one month and two months posttreatment. Treatment group analyses were based upon N=9 because one subject was unavailable at follow-up. A t-test computed on pretest frequency and one month posttreatment follow-up yielded nonsignificance. However, one female subject in this group reported a frequency of twelve dates in the follow-up (an increase of ten over pretest). A modification of Tukey's Test for significance of a straggler (1949) was computed and, as a result, the subject was treated as a deviant case and removed from the population. Recomputation (N=8) failed to yield a significant increase in dating behavior in the treatment group between pretest and one month posttreatment follow-up ($t=1.42$; $df=7$; $p<0.10$). However, a highly

significant increase in dating behavior was found between pretest and two-month posttreatment follow-up ($t=2.97$; $df=8$; $p<.01$).

In the treatment control group one subject was unavailable at posttreatment follow-up. A t-test ($N=7$) failed to yield a significant increase in dating behavior between pretest and one-month posttreatment follow-up ($t=1.75$; $df=6$; $p<0.10$), but yielded significance between pretest and two-month posttreatment follow-up ($t=2.53$; $df=7$; $p<.05$).

DISCUSSION

The results indicate that both practice dating and practice dating with feedback group are effective in increasing dating frequency with a clinical population of infrequent dating men and women. The group receiving social skills training and group experience showed greater gain on the paper-pencil assessment measures used than did the treatment control group, although only one scale yielded statistical significance.

While the results tend to support the effectiveness of both groups in increasing dating frequency, the attrition rate in the treatment control group may have been an important factor in the achievement of significant increase in dating frequency from pretest to follow-up. Furthermore, although the treatment group showed significant increases in dating frequency at posttreatment follow-up, even higher dating frequencies may have been attained had the timing of the study been different. The month immediately following termination of the treatment group extended over semester break which likely negatively affected the dating frequencies of the student subjects in the group.

While this study provides evidence supporting change in dating frequency through practice dating there was no evaluation completed on the actual quality of posttreatment dates. Dating frequency, while widely accepted as a valuable criterion measure of improvement in social inhibition, may not be a valid indicator of improved interpersonal communication or enhanced ability to effect social relationships characterized by positive mutual reinforcement.

Furthermore, while both groups yielded significant changes in dating frequency, treatment control group subjects indicated subjective dissatisfaction with the experience. As indicated, soon after the treatment control group began, two subjects dropped out. Both had expressed extremely high anxiety about dating and outwardly appeared anxious during screening interviews. After completion of the dating experiences remaining treatment control group subjects expressed a desire for training in altering their behavior consistent with the feedback received on feedback forms. Subjects indicated a greater awareness of their dating skill deficits but expressed an

inability to develop more appropriate behaviors independently. Five of the eight subjects requested referral to a treatment group in which dating skills could be learned. These responses suggest that while both intervention methods yielded increased dating frequency by subjects, practice dating with feedback only fails to facilitate development of social skills supportive of effective interpersonal interaction.

The design of this study is not consistent with Campbell and Stanley's pretest, posttest treatment control group design (1963). This was a conscious decision for two reasons. Previous research in the treatment of social inhibition has demonstrated that any treatment is better than no treatment. Secondly, the objective was to compare social skills training combined with practice dates and feedback to practice dates with feedback. The latter, already shown to be effective in treating socially inhibited student volunteers (Christensen et al., 1975), was selected to serve as the control group.

In future research the incorporation of a variety of changes in research design may eliminate some of the problems encountered in this study. First, an increase in the size of the population from which the sample is drawn would alleviate the non-random appearance of the groups. Secondly, the use of behavioral measures of change may more accurately yield the effects of the treatment approaches implemented than the self-report measures employed in this and similar studies. Thirdly, utilization of a single subject design analysis would alleviate the difficulty of achieving group design statistical significance with the relatively small number of subjects. Increasing the N size of the treatment group would be difficult while maintaining optimal group treatment effectiveness.

The treatment of the socially inhibited adult is an area worthy of further investigation. While the findings of this study tend to support the effectiveness of both treatment approaches, future research incorporating the above observations may result in more conclusive data regarding the efficacy of each approach for the treatment of social inhibition.

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TRAINING MENTAL HEALTH PROFESSIONALS THROUGH PSYCHODRAMA TECHNIQUES: BASIC ELEMENTS*

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The educational bias which places high priority on linear learning and low priority on behavior/attitude learning encumbers the training of most mental health professionals. Traditional education has long prized linear learning—the written or spoken word—and the reasons are logical. Results are measurable and words are part of our daily life. We read a book and go from line to line. We think in linear patterns as the mind rhythmically abstracts concrete objects, catalogues them, and stores them as pieces of information. The learning of behavior and attitude has been deposed by an ever increasing body of professional knowledge. It is as though the price of attaining a professional role is at the expense rather than with the help of behavior and attitude learning.

Beyond an occasional instance, mental health training programs labor beneath endless lectures, note-taking, and recall of factual information. But the linear influence runs deeper. Most psychotherapies rely on a linear process. Clients, whether individuals or groups, sit down and produce words, ideas, thoughts, and memories in a linear sequence. The ultimate goal is enlightenment on the part of the client who transforms knowledge into behavior once he leaves the therapy environment. The linear process is reinforced continually throughout professional training both in ends and means. Minimal attention is given to the behavior and attitude dimensions of professional development. Little wonder that aspirants to the mental health field find it difficult to change from a linear mode of thinking to a behavioral mode of helping.

One ballast for this dilemma is to extend the use of psychodrama in training mental health professionals. The indication is clear. Clinical practitioners intervene on a behavior/attitude level as well as on an intellectual level. Doctors, social workers, nurses, psychologists, and mental health technicians are distinct from those who function on a fixed amount of linear knowledge such as engineers, accountants, and chemists. Practitioners exercise additional role prescriptions which frequently affect the outcome of service. Meaningful intervention depends on more than amassing factual

* Paper presented at the 35th Annual Meeting of the American Society of Group Psychotherapy and Psychodrama, New York, N. Y., April 22, 1977.

knowledge as clinicians are aware. What we need is to give greater attention to behavior and attitude as a component of training mental health professionals.

The following material offers some basic elements for including psychodrama as an adjunct to the mental health training experience. The conceptual design is meant to assist instructors who train mental health aspirants in daily interactions within the clinical setting. It is particularly geared to the practicum instructor who is disposed, but somewhat reluctant, to try action methods due to a lack of extensive background in psychodrama.

Psychodrama is a form of learning in its own right. It reverses the linear approach and begins with behavior/attitude aspects of human experience. As a therapeutic method or learning style, psychodrama relies on the action principle that when people convene, they behave rather than simply talk. The feelings, words, voice intonations, and movement dimensions of participants are made present in such a way that alternate responses to new or old situations can emerge. The psychodrama experience uniquely explores behavior, attitude, and intellect simultaneously within a learning environment. Learning has no time lapse and behavior rehearsal need not be postponed. Participants in psychodrama experience a fuller or cosmic dimension of their own conflict reality as it is felt as well as understood. Learning through psychodrama transcends the single linear dimension.

The founder of psychodrama, J. L. Moreno, took great care to develop a technical procedure for eliciting these dimensions of behavior and attitude. His method sharply contrasts with the psychoanalytic school and their views on persons they purport to help. "Historically, psychodrama represents the chief turning point away from the treatment of the individual in isolation, to the treatment of the individual in groups; from the treatment of the individual by verbal methods to the treatment by action methods."[1] Moreno's subject matter—human conflict—is still the guidepost of those who employ psychodrama. Whether a pure modality or ancillary to other action approaches, his methods have great popularity among mental health professionals. Clients typically deal with interactional or intrapersonal conflicts which may be precipitated by a change of social status or the acquisition of new role demands. Practitioners continually find treatment applications within hospital settings, probation departments, rehabilitation programs, industry, research and education.

Psychodrama's distinct advantage for the mental health instructor is in being able to explore group conflicts around a common role aspiration. Davies summarizes: "If the method is modified so that social roles are

[1]Moreno, Jacob L., *Psychodrama, Vol. I.* Beacon, New York: Beacon House, Fourth Edition, 1972, p. 10.

focused upon rather than individual personalities (the sociodramatic as opposed to the psychodramatic approach) it can be used to catalyze a social system without excessive disturbances to its equilibrium.[2] Professional role clarification is a dominant issue in mental health training since the reciprocal social roles of client and the reciprocal roles of client and staff are dependent on how the staff role functions in behavior and attitude. For instance, nurses are required to perform behaviors such as managing a certain patient type, supporting a particular patient through illness, and dealing with the social network of the treatment staff. The variations and consequences of behavior associated with the role of nurse are seldom tested beyond the actual situation. Nurse-patient problems, interactions which involve co-workers, supervisors, instructors, or relatives and friends of clients all need a degree of training if preparation for the professional nurse role is to be complete. Trainees from all disciplines should be familiar with some dimensions of role demands as well as a range of feelings on both sides of the role transaction. For the instructor, the focus is not how a personality can function in a professional clinical role, but what behavior and attitude ingredients constitute a specific clinical role.

A selected review of the literature on the use of psychodrama in professional training gives few conceptual guidelines for the instructor wishing to supplement instruction with action methods. The technical model outlined by Moreno often appears too complex for direct application by instructors. Consequently, a busy instructor familiar only with the mechanics of action techniques may find it difficult to conceptualize what action might be appropriate for his particular group. Situation replay is the usual outcome which may or may not resolve conflict issues. Without some model an instructor is limited in how he perceives the action.

The instructor who attempts action methods around issues of professional roles must do more than set scenes in motion. He must maintain an organized sense of where the group is for that moment in time while keeping to a theory framework. Regardless of the depth of action, his job is no less than that of director. As Weiner and Sacks advise of the director: "His job is divided partly into freeing the individual or individuals for action, partly to concentrate on some conceptual framework."[3] The instructor must do more than impart linear knowledge; he must allow behavior and attitude to develop. His goal is not therapeutic in the usual sense of the word, but

[2]Davies, Martin H., The Origins and Practice of Psychodrama. *British Journal of Psychiatry,* 1976, 129, p. 205.

[3]Weiner, Hannah B., and James M. Sacks. Warm-Up and Sum-Up. *Group Psychotherapy,* Vol. XXII, 1969, p. 85.

educational. He must guide his trainees to an action appreciation of their perception of a professional role.

An action model for clinical instruction can originate from many directions. One viable framework for training mental health professionals is the systems approach. A systems approach proposes a multiple causation and interrelatedness of forces to explain individual behaviors.[4] It is particularly useful since trainee groups bring before the instructor a degree of prearranged structure by their sharing a common goal. Moreno interprets this as a type of culture. By utilizing this prearranged structure or culture, an instructor can speculate on underlying sources of strain which influence the interactions.

Working within a systems framework, Moreno posits that in groups with a common role aspiration, the subject of conflict is not a person but the relatedness of a group. "It is therefore incidental who the individuals are, or of whom the group is composed, or how large the number is. But as the group is only a metaphor and does not exist in itself, its actual content are the interrelated persons composing it, not as private individuals but as representations of the same culture."[5] The interrelatedness of social roles is what the instructor investigates throughout the action. The convergence of the educational culture, the aspired professional culture, and the client culture generates the stress felt by trainees. The resultant conflicts in behavior and attitude arise from the impact of each culture upon each. This can be recreated when a trainee group convenes and what psychodrama is specifically designed to handle. Training groups all share the commonalities of meeting clients, dealing with superviors, and seeing others practice new roles.

To help an instructor interpret this multi-cultural impact, he must first analyze the structure of the social system and then interpret some possible origins of conflict. It is not unusual for common elements to arise when training groups discuss difficulties concerning their professional role relations. Smelser and Smelser[6] cite four areas of conflict with a social system which serve as an initial guide for instructors sorting out group conflicts. The list is by no means exhaustive. The conflict areas they associate with interaction are: (1) ambiguity in role expectation for both trainees and clients, (2) conflict among roles where behaviors are perceived as incompatible, (3) discrepancies between professed social values and actual situa-

[4]For a discussion of behavior through systems analysis see: Chapter I, Systems and the Analysis of Functions. In John A. Seiler, *Systems Analysis In Organizational Behavior.* Homewood, Ill.; Dorsey Press, 1967, pp. 1-22.

[5]Moreno, p. 354.

[6]Smelser, Neil J., and William T. Smelser, (Eds.). *Personality and Social Systems.* New York: John Wiley and Sons, Inc., Second Edition, 1970, p. 10.

tions, (4) widespread conflicts of values in a system. An instructor may see any of these conflicts within his group either singly or concurrently. Once an instructor senses role struggle within the group, he should focus the core conflict rather than a tangential concern. Action themes may begin to emerge as the group brings their own particular content into discussion.

After the conflict area is isolated, an instructor's second task is to note the educational stage within which the students are immersed. This is rarely considered. Specifically, the instructor must know whether students are in the beginning, middle, or final stage of their clinical (practicum) experience since each has singular concerns.

All trainees aspiring to mental health professions seem to experience recurring role struggles at calculable stages. The struggles may be more a function of the education process and should be dealt with through this context. Regardless of the discipline, students feel apprehension around mobilizing unfamiliar behaviors prescribed by a professional role at specific stages.

It is suggested that four universal sources of strain are built into the practicum clinical experience which trainees from all disciplines encounter.[7] Briefly stated the sources include: (1) orientation and management of a new clinical setting or social system, (2) interviewing, (3) problems in direct service delivery, and (4) termination. The role conflicts outlined by Smelser and Smelser can predictably emerge when a trainee encounters each of these educational stages. (See Table I).

As students enter each stage there arises a kind of anxiety which Moreno describes as "a separation of the individual from the rest of the universe—the result of being cut off."[8] The feeling is shared throughout the group although the experiences are individual. As each expands professional role behaviors, each encounters a struggle. The instructor's preliminary to action is to locate the educational stage and relate the specific type of conflict. Students then have structural boundaries and are free to focus spontaneity on the central conflict.

The paradigm suggests the instructor be sensitive to the educational development of the students by anticipating developmental sources of strain. Together with the conflict areas outlined by Smelser, the instructor should

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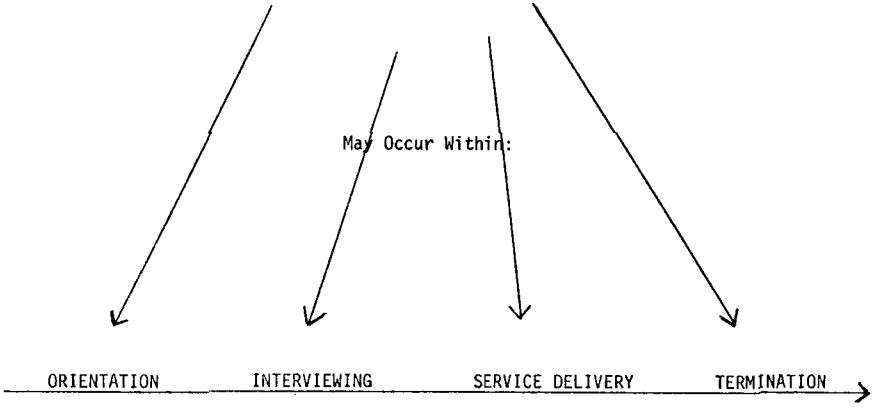
[7]This extends the work of John E. Mayer and Aaron Rosenblatt, Sources of Stress Among Student Practitioners in Social Work: A Sociological View. *Journal of Education for Social Work,* 1974, Vol. 10, No. 3, pp. 56-66.

[8]Moreno, Jacob L. Global Psychotherapy and Prospects of a Therapeutic World Order. In Jules H. Masserman and J. L. Moreno (Eds.), *Progress in Psychotherapy, Vol. II, Anxiety and Therapy.* New York: Grune and Stratton, 1957, p. 6.

Table I

TYPES OF CONFLICT IN A SYSTEM

1. Ambiguity in role expectation.
2. Conflict among roles perceived as incompatible.
3. Discrepancies between professed values and actual situations.
4. Conflicts of values in a system.



more accurately perceive an action theme.[9] The goal of action is to explore behaviors and attitudes of professional roles which the students feel are self-satisfying as well as adequate. Issues may repeatedly emerge, but the instructor simply guides the group through variations on the same theme while trying to help the group work towards a resolution.

The instructor must carefully decide which stage the group is currently experiencing and what the group sees as its central conflict. At times the instructor may need to shift the frame of reference so students may rework a prior conflict. Likewise the group should not concentrate on a peripheral issue or anticipate an action situation appropriate to another educational stage. For example, social work trainees doing field training at a prison may be over-concerned with the conflicts involved in building a therapeutic rela-

[9] Reference is made to the approach developed by James Enneis at St. Elizabeth's. His quadradic psychodrama is a unique integration of the basic Morenean contributions of Role Theory, Sociometry, and Group Dynamics with Social Systems Theory.

tionship with individual offenders. The instructor may wish to expand an identified conflict area to a larger issue such as how a social work trainee functions when he and the client are part of a very closed and structured social system. Earlier issues should be dealt with in the first stages of the practicum. Advanced issues should not be dealt with prematurely even though it may appear more "spontaneous" to let the group go where it chooses. The method has been stated many times: "While the process activities are structured, the particular content considered at any session is completely unstructured and dependent upon the interest and readiness of the individuals involved."[10] The instructor should allow a productive winnowing process by letting each culture emerge through the behavior of the trainess within a "safe" action environment. The intent is to clarify student perceptions and assimilate those behaviors and attitudes which contribute to a helping style of intervention. The following material discusses how the educational paradigm can facilitate an instructor's guide to action.

(1) *Orientation to a new clinical setting or social system:* Even though this is the age of computers, inputs, outcomes, and feedback, the social system concept is difficult for a clinician to grasp and even more difficult to retain as part of practice. Yet the first phenomenon all mental health trainees encounter at the practicum level is the new social system or the interrelatedness of persons encultured within a specific hospital, correctional setting, institution, clinic, or agency. Two observations are often made by trainees after a brief time at the practicum setting. First, there appears a certain equilibrium to the social relations network regardless of the type of clinical setting, and secondly, the network operates smoothly without him. His role as trainee is the least defined within the system and usually commands a nebulous status. These observations are further compounded by the temporary nature of being a student which gives tenuous social anchorage within an already existing equilibrium. Unless the trainee's perception is challenged early in the clinical placement, his static view of the clinical setting will remain indefinitely.

Orientation is crucial to trainee perception. An illustration clarifies the point. A group of student nurses was midway through the first day of their psychiatric training in a large psychiatric hospital. On their way back from lunch, a patient approached one of the students and struck her in the face for no apparent reason. Whatever the cause, that incident could very well confirm the trainees' stereotyped perceptions of psychiatric hospitalized patients. It is extremely important that this incident and others

[10] Fine, Leon J. Action Group Processes and Psychodrama In Residency Training. In G. Abroms and N. Greenfield (eds.), *The New Hospital Psychiatry*. New York: Academic Press, 1971, p. 123.

be managed by the instructor and student perceptions explored within the action setting.

Humans in general tend to think that effects have single causes; students in particular are products of the single cause method of learning. Orientation for student nurses and others should alert trainees to the movements of a social system. Instructors should guide action sessions toward a more dynamic appreciation of the causes and consequences of behavior within a social system. Initial anxiety felt by trainees is not an anomaly nor attributable to a sheer lack of linear knowledge. Rather, it is a function of role. The student needs a place to sort out initial perceptions, attitudes, behaviors, and anxieties. He needs to experience what unidentified sources generate strain within the social system. All of these will ultimately affect the nature and strategy of his future intervention.

Management of the clinical system is an ongoing source of strain as trainees interact with clients, friends and relatives of the clients, supervisors, staff personnel, and each other. Conflicts arise at all interaction levels given the nature of a social structure. Some typical concerns felt by students throughout the practicum experience which instructors may wish to focus include: How far can one try to enter a family or institutional system which appears closed? What may a patient be feeling? How may one respond to rejection? What attitude is involved in a commitment to human service and what experiences affect it? What behaviors should remain outside the professional role function? The instructor should pay careful attention to how the trainee perceives and manages his role in the assigned clinical setting. Behavior and attitude are most pliable during this early educational stage.

(2) *Interviewing:* Between all who work in mental health and clients served, a kind of synapse exists. This is where two persons stand face to face while services and needs are exchanged through behavior. The term "interviewing" describes any interaction within mental health services where roles are prescribed within a helping framework. For example, nursing assistants observing someone on suicidal precaution, a psychiatrist desensitizing someone with a phobia, or a counselor helping someone confront alcoholic behavior all fall under this use of the term interviewing since role behaviors are involved. The duration of interaction is of little consequence. The focus is that both trainee and client are thrust together at a particular moment and are expected to interact. A whole range or relationships can emerge during their face to face exchange.

As students exercise their role behaviors in an interview, the resulting relationship may be very threatening. The conflict felt by all trainees in relationship is closeness and distance. The anxiety around how close to

become to the client, and vice versa, may appear in an assortment of ways. How much of my personal life should I reveal? What if he walks out? Does the family trust me? Does he know I care? What if he misinterprets what I say?

This issue of closeness and distance routinely emerges after a period of orientation and needs to find expression and resolution. This can be a most productive area for group interaction. Each has experienced closeness and distance in his personal life and action themes should be relatively easy for the instructor once a role conflict is identified. A trainee group shares similar role concerns and can supply numerous alternatives from their personal perspective. The whole purpose of mental health training is to establish alternative avenues for offering help. Although threatening, students are usually quite receptive to action around the notion of interviewing.

(3) *Problems in direct service delivery:* Closely related to the interviewing stage in educational development is how a student can help a person in need when the student cannot fully identify with the professional role. Establishing a positive relationship is the first step, but most mental health workers are expected to provide something more. The student may feel somewhat frightened when giving service since the specifics are often unspecified. Mayer and Rosenblatt focus the problem. "Students worry over the fact that troubled persons are depending on them for help, and they question their ability to supply it. Moreover, their anxieties are compounded by the fact that their performances are under the constant surveillance of their supervisors—who can substantially influence their future."[11] The conflict is unique in that some service is expected to be rendered through the relationship. This sharply focuses the helper/helpee roles. Students often have difficulty deciding what service they are expected to give and how to go about effectively giving it.

Services to clients can be given either in a custodial or humanistic fashion. The contrast is best seen through action. Whether supporting a schizophrenic patient through an acute episode, interpreting psychological test results, contracting for long-range therapy, or locating money to pay utilities due that day, a service should accompany the professional clinical relationship. Students should have little trouble selecting typical or unusual conflicts for action as they learn the behaviors which accompany rendering service through a clinical role.

(4) *Termination:* Termination has special significance for the mental health trainee due to his unique social status. The student may vacillate between gladness that another training phase is complete, and sadness that

[11] Mayer and Rosenblatt, p. 56.

no one will continue his individual kind of service. Fact to face encounters should have taken on new dimensions which the student must now break. The literature is replete with issues around ending face to face engagements. Essentially, termination is the final "letting go" in a relation in which a student has invested a great deal of time, skill, and personal concern. This educational stage is unique as students leave practicum training, but the process will repeat itself as long as they assume the professional role. Instructors often minimize this stage, since so much energy is spent on the previous stages.

The issues in termination crystallize what has occurred in earlier stages. Intimacy, a recurring theme, is felt by all but differently by each. When termination moves into action, the instructor should allow individuals to find their own resolution to intimacy as they feel it. Remember they are working for the entire group. Rehearsing prior to actual termination is often very helpful to trainees and not utilized enough. Termination for the trainees often contains different elements than will be experienced as a professional. Adequate closure for individuals in the group should complement the period of orientation.

SUMMARY

Linear learning prepares mental health trainees with intellectual skills; it does not teach sensitivity and role behavior. Both are essential to a clinician's intervention arsenal. Practitioners need training in the behavior/attitude dimensions of human problems. Psychodrama provides a combination of linear and behavior learning in a creative environment.

Most instructors who train mental health professionals are committed to extending both linear and behavior knowledge. The theoretical framework presented above can assist instructors familiar with the psychodramatic or action approach. The education process is similar in all trainee groups and once the process is identified by the instructor, the challenge role conflict resolution through action is made easier.

All training groups are not alike, but the process of professional socialization contains common elements. Human interaction has defined and predictable patterns, and in this sense is not unique. Repetition is part of the human condition. But the process can be creative in discovery, and each person makes it creative through his individuality. This is the essence of spontaneity. Psychodrama offers trainees a creative experience which can enhance professional training. The development of sensitivity is the anticipated fruit of the experience. Hopefully this fruit will become a wellspring for helping others.

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SOCIOMETRY AS A LIFE PHILOSOPHY*

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To the extent that one exists, the formal philosophical structure of sociometry is at best ponderously vague and ambiguous. Conceivably this is a pleasant state of affairs for those people who are "formally" philosophers, inasmuch as their livelihood depends upon deciphering the often barely intelligible meanings of highly esoteric arguments. But, for most of us, the nicety of this task is of little concern. Few of us are overly preoccupied with the questions of formal ("academic") philosophy. Rather what we want from philosophy is a set of guidelines, or principles, which concern themselves not with the ultimate meaning of the universe, but rather with *how* we should live. Essentially we want our philosohpy to deal with the existential questions which unrelentingly confront us.

The degree to which the products of formal philosophical theorizing have been of value to the common man is problematic. The fact is that formal philosophers have most frequently concerned themselves with constructing abstract metaphysics. But these metaphysics are intrinsically different from the constructions most of us use operationally in everyday life. The pre-reflective theorizing with which we handle mundane exigencies has its counterpart *not* in the construction of abstract metaphysics, but in the construction of what may be called "everyday metaphysics" or life philosophies. The distinction which I am making is this: A life philosophy is not so much a philosophy *of* life (a metaphysics) as it is a philosophy *for* living. Where an academic reflexive metaphysics is abstract, a life philosophy is pragmatic and action oriented. Indeed, its elegance is less important than its practicability. Ultimately a life philosophy may be conceived of as an "everyday metaphysics" which, in Alvin Gouldner's phrase, is "a conception of how to live and a total praxis."[1] In the final analysis it is functional and praxis oriented rather than speculative and insight oriented. This shift in viewpoint thus corresponds to our sociometric emphasis on taking the view of the creator instead of simply inquiring, at any level, into the nature of pre-existent things.

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* Paper presented at the 34th Annual Meeting of the American Society of Group Psychotherapy and Psychodrama, March 18-21, 1976.

[1] Alvin W. Gouldner, *The Coming Crisis of Western Sociology*. New York: Basic Books, Inc., 1970, p. 504.

Although the philosophy of sociometry can be discussed in terms of either a reflexive (abstract metaphysical) dimension or a pre-reflective (life philosophy) dimension, it is the pre-reflective, praxis oriented aspect of the life philosophy which is the most salient feature of Moreno's sociometry. Moreno's philosophy was a distinctive brand of existentialism. When Moreno's belief system is examined with reference to Braaten's (1961)[2] insightful list of the main existentialist themes which define a contemporary humanistic life philosophy, this conception is clearly borne out. The main themes which Braaten identifies as comprising a humanistic-existential belief system may be expressed as follows:[3]

(1) Man, you are free, define yourself
(2) Cultivate your individuality
(3) Live in dialogue with your fellow man
(4) Your own experiencing is the highest authority
(5) Be fully present in the immediacy of the moment
(6) There is no truth except in action
(7) You can transcend yourself in spurts
(8) Live with your potentialities creatively
(9) In choosing yourself, choose man
(10) You must learn to accept certain limits in life

These ten themes also comprise, at least to a noteworthy extent, the belief system which articulates Moreno's life philosophy. Yet although it is rather easy to declare by fiat that these themes are implicit in the philosophical infrastructure of such and such a theory (or of this or that particular theorist), such facile declarations are of little value. The contention itself does not diminish the burden of illustrative proof.

MORENO'S EXISTENTIAL HUMANISM

Using the thematic statements outlined above, I believe that it is possible to demonstrate the existential foundations of Moreno's sociometric life philosophy and the humanistic values which undergird and support it. In demonstrating the precise manner in which these themes are expressed in Moreno's work, it will undoubtedly be beneficial to review them one by one in the course of explicating their development. With only minor modifications, all of these themes find full realization in Moreno's seminal theory. These ten themes are articulated in the following ways:

[2] Reference is made to the revised version found in Albert Ellis, *Reason and Emotion in Psychotherapy*. Secacus, New Jersey: Lyle Stuart Inc., 1962, pp. 124-125.
[3] *Ibid.*

(1) *Man, you are free, define yourself.* Moreno, in developing sociometry, claimed that he "sought a 'technique of freedom,' a technique of balancing the spontaneous social forces to the greatest possible harmony and unity of all."[4] But of course, freedom, in the abstract, is an elusive state. What does it mean to say, "Man, you are free"? For one thing, such a statement clearly implies an antideterministic orientation. But on another level freedom must be seen as the presence of something positive. In the sociometric system, spontaneity is the operational manifestation of freedom. Spontaneity, in mobilizing nascent creativity, is that force through which man individuates himself from the collective, while simultaneously freeing himself from a private and collective past. A novel response to a new and unprecedented situation is by definition a "free" response; spontaneity and freedom are, if not identical, at least correlated: to have one without the other is unthinkable.

The prototype of the un-free nonspontaneous entity is the robot. The robot is entirely a responsive or reactive entity. To say that it is programmed means that it functions according to a past design, that its behavior is conserved. The robot does not define itself through its acts, for its acts are programmed into it *a priori.* In contrast, man is free precisely to the extent that he repudiates conserved behavior. Man, in contrast to the robot, has a *choice* in all matters, and the choice itself is an expression of man's existential freedom to say yea or nay.

The proactive model of man is tangibly embedded in Moreno's sociometry. Man, with inherent freedom operationally expressed through acts of spontaneity and creativity, is a *being* in the process of *becoming.*

Human freedom is the first postulate of sociometry. Its first two correlates are spontaneity-creativity and the inevitability of self-definition through existential choice. From these irreducible bases the rest of the sociometric belief system derives. But, as we shall see, this belief system is a closely knit thing, and there is a great deal of thematic interpenetration among parts. This will undoubtedly become obvious as we move on to the second major theme posited earlier.

(2) *Cultivate your individuality.* Although it is necessary in the sociometric system to recognize that man is free, this recognition alone is not sufficient. It is also necessary to recognize that there is a strong temptation to escape from the inevitable burden of freedom by trying to find identity with the cultural conserve, to escape into the routinization of everyday life. Here again is the primal choice: to be, or not to be.

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[4] J. L. Moreno, *Who Shall Survive? Foundations of Sociometry, Group Psychotherapy and Sociodrama.* Beacon, New York: Beacon House Inc., 1953, p. 8.

Of course even when one opts "to be" there are manifold ways of being. One can be as a robot, programmed and reactive. Or one can be as a god, spontaneously creating and proactive. Again we are brought back to the unparalleled importance of the spontaneity factor in Moreno's sociometric theory. Inasmuch as one of Moreno's great achievements was to develop the means whereby man could increase his spontaneity, there can be no doubt that the cultivation of individuality stood as one of sociometry's most important operational principles. The vehemence with which Moreno resisted the advent of a society of human robots had its counterpart in the extent to which he propagated and preached individuality, and the extent to which his whole theoretical system was constructed so as to enhance individuality. Man, not as a preprogrammed zoomatic,[5] but as a proactive individuated agent, stood in the very center of Moreno's whole system. However, as we shall see, it was quite evident that man did not stand there alone.

(3) *Live in dialogue with your fellow man.* For Moreno, the world of the isolated man was circumscribed. To him it appeared that man developed his potential to the fullest only insofar as he interacted and truly communicated with other men. Recall, it was Moreno himself who first developed the seminal and now popularized principles of *Begegnung* or encounter. Accordingly, it may be worthwhile briefly to review this principle within the context of the present exposition.

Encounter, in Moreno's view, entailed two or more persons meeting "not only to face one another, but to live and experience one another—as actors, each in his own right."[6] In his view it could be thought of as "the preamble, the universal frame of all forms of structured meeting, the common matrix of all the psychotherapies . . ."[7] In essence, the encounter was the primordial form of all synergistic human relations. In bridging the distance to another, the individual actor enhanced the self-confirming, self-transcending impact of the meeting; in that respect the individual achieved a "realization of the self through the other"[8] which is elusively denied to the isolated individual.

(4) *Your own experience is the highest authority.* For Moreno, to live in dialogue clearly did not mean to abandon one's own self. On the contrary, dialogue was intended to *enhance* the self. However, to proclaim one's own experience as the highest authority entails something even more important. Essentially, trusting one's own experience entails adopting a

[5] *Ibid.*, p. 599.

[6] Moreno, "Philosophy of the Third Psychiatric Revolution, with Special Emphasis on Group Psychotherapy and Psychodrama," in Frieda Fromm-Reichmann and J. L. Moreno, *Progress in Psychotherapy 1956*. New York: Grune and Stratton, 1956, p. 27.

[7] *Ibid.*

[8] *Ibid.*

basically empirical attitude in which truth is verified only insofar as it is in accord with one's own sensing. Conserved answers, passed on from one individual to the next or from one generation to the next, are thus inherently specious insofar as the source of their validity is removed from the concrete experiencing of the actor.

In positing one's own experience as the highest authority, Moreno advanced an ethos of democratic humanism in diverse spheres, ranging from the political to the scientific to the therapeutic. On the political level, a basic egalitarianism was postulated which stood in stark contrast to the "father knows best" attitude of totalitarian regimes of whatever political persuasion. In Moreno's view the concrete experience of the individual actor alone was the highest authority upon which he could profitably rely. On the scientific level, the dictum to trust one's own experience resulted in an attitude of implicit skepticism toward conserved scientific paradigms which did not fit experientially or empirically with the world-as-experienced by the scientist in his roles of actor and observer. This attitude, potentially at least, served as a stimulus for the scientist to construct paradigms which were congruent with his own world experience regardless of the prior "history" of his science. Most importantly however, on the therapeutic level the credo that the actor's own experience is his highest authority catalyzed the development of a set of procedures which explicitly recognized the existential reality and validity of the patient's world as he experienced it.[9] Operationally, this meant that the patient was not informed by an authority higher than himself that his world or worldview was delusional; rather the patient was asked to construct the world as he experienced it, and to rely upon his experiences in his world (as dramatically structured in the therapeutic milieu) in order to achieve finer mastery over the everyday world from which he had become estranged. Those therapeutic gains which accrued developed not from the therapist's esoteric understanding of the patient, nor even from the patient's esoteric understanding of himself, but rather from the patient's actional experiencing of himself as the validated creator and director of his own universe. The patient, recognizing his own experience as the highest authority, was transformed from a conflicted actor into a creative actor, into a producer of his own life story. As actor and producer, his focus was thus no longer on the distant past or an imagined future, but on the here and now of life.

(5) *Be fully present in the immediacy of the moment.* In the contemporary idiom this belief is expressed in the popular injunction, "Live in the here and now". Yet surely it is ironic that this seemingly contemporary

[9] See the treatment used in the "Hitler case" reprinted in Moreno, "Philosophy of the Third Psychiatric Revolution," pp. 39-44.

idea was advanced by Moreno over fifty years ago as one of the fundamental principles upon which his entire philosophy and theoretical system was based. Moreno, you may recall, developed a "philosophy of the creator": a philosophy which articulated man's nascent powers to construct and produce the world in which he lived. And you may recall that having developed a philosophy of the creator, Moreno came to believe that its main category must be the "category of the moment" in contradistinction to the 'present', which was a purely formal category. In Moreno's view the moment was a dynamic and creative category, one which attained its dynamic meaning through the spontaneous-creative processes.[10]

In warming up to the moment, man warmed up to the spontaneity state which catalyzed creativity. In living in the here and now, man achieved mastery over his immediate existential world, over his immediate productions. Instead of reaching after the past experiences or causes, or future expectations or dreams, man invested himself concretely in the tasks of the moment. It is worth recalling the manner in which Moreno berated Freud and Nietzsche for dismissing the importance of the moment:

> To them the *"now and here"* seemed superficial. They did not know what to do with the moment. They did not take the moment in earnest, they did not think it through. It seemed to them that the only thing to do with the moment and its conflicts was to explain them, that is, to uncover the associations back to their causes. The other alternative would have appeared an absurdity to them: to live, to act out in the moment, to act unanalyzed. It would have seemed to be the end of pyschology and of the psychologist. Spontaneity and spontaneous acting would have been refused by them because it appeared to be an affirmation of immaturity, or childhood, of unconscious living, a dangerous disregard for just that which the psychoanalyst tried to illumine. But *there is an alternative: to step into life itself, as a producer, to develop a technique from the moment upward in the direction of spontaneous-creative evolution, in the direction of life and time.*[11]

(6) *There is no truth except in action.* An appreciation of this dictum is of the utmost importance in arriving at any proper understanding of Moreno's belief system and life philosophy. It is operationalized on a variety of concrete levels in the Morenean system of sociometry.

First, sociometry is the one social science which most adequately utilizes action methods and action research to explore the most central features of

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[10] Moreno, *The Theater of Spontaneity*. Beacon, New York: Beacon House Inc., 1973, p. 44.

[11] Moreno, *Who Shall Survive?*, p. 9.

group structure and group dynamics. Sociometric research is of the sort which compels the scientist to "get his hands dirty" with his data, disdaining the illusory objective disinterest propagated as an essential feature of "good" research by more positivist types. In regard to their actional basis, the methods of sociometric research are socio-creative and socio-curative to an extent which purely observational methods can never be. Moreover, the sociometric researcher does not deny himself the actional and creative qualities which he attempts to stimulate in the human subjects of his research.

Finally, on another level, the general praxis orientation of Moreno's sociometry was a manifestation of his conviction that ultimately no truth existed unless it was expressed in action. This was exemplified by the fact that he, unlike most other American sociologists of the time, was not content merely to describe and analyze the world—indeed, the point of sociometry was precisely to change the world, to positively transform social structures and to liberate human potentialities. Sociometry was envisioned and developed not as a tool of description but as a technique of actualizing change in the concrete social world in the direction of greater freedom, spontaneity and creativity for all human actors. In that respect the proactive view of man was again embedded deeply in Moreno's orientation toward social change and the radical transformation of man and his world. However, as we shall see shortly, this proactive view also operated on another qualitatively different level in Moreno's system.

(7) *You can transcend yourself in spurts.* On the ideographic level too Moreno's view of man as a being in the process of becoming prevailed. Moreno posited that man was a creator, and that as such man created himself, at least existentially. But, on an empirical and operational level, Moreno's theory was, rather obviously, considerably more refined than just this.

Essentially, when Moreno intimated that man transcends himself in spurts, he implied something like this: that as man mobilized his spontaneity to meet the challenges of the universe, he activated the attitude and inherent power of a creator in redefining the universe, and in so doing he transformed both himself and his mode of being in a manner congruent with his works—articulating in the process a praxis which was by definition both creative and expansive.[12] The attitude of the creator was thus inevitably related to the transformation and development of the self, with, as Moreno saw it, the development of the self paralleling the development of the creator's attitude and abilities. That man himself vacillated between the role of the creator and the role of the robot was, perhaps, inevitable,

[12] Obviously a creator whose operational attitude is routinized and constricting is a contradiction in terms.

owing to the seductive attraction of routinized living engendered by the cultural conserves; but this vacillation only highlighted the fact that man's transformation into a creator was developmental and not, metaphorically speaking, "sociogenetically" determined and invariable.

(8) *Live your potentialities creatively.* If Moreno's credo had to be reduced to four words, perhaps "live your potentialities creatively" could be chosen as an appropriate capsule statement. The problem of creativity was at the very center of Moreno's universe, and indeed he always made it perfectly clear that the problem of creativity was the very hub upon which the survival of mankind turned.[18] It is crucial to be consciously aware of the fact that to Moreno the question "Who shall survive?" does not evoke naturalistic, historic, or demographic analyses focusing on the survival of select populations; rather it evokes a treatise on the meaning of survival itself, contrasting the "survival" of a world of robots and zoomatons with the "survival" of a world of active creators, of self-enhancing and synergistic beings in the process of becoming. The unstated question inextricably linked to "What shall survive?" is: Survival as what? For Moreno, a world populated by human robots indicates not the survival but the death of mankind. The survival of man is inescapably linked to the survival of man's spontaneity and to his creative powers.

When Moreno intimates "Live your potentialities creatively," he implies the necessity for man to transcend the narrow strictures of the conserved past and the cultural conserves. To live one's life creatively is tantamount to living one's life freely, to acting as opposed to reacting, to living spontaneously and inventively as opposed to surrepitiously mimicking or unconsciously repeating routinized rituals which stand in the way of actual being and becoming. To live one's life creatively is to make of oneself all that can be made, treating one's own life as a work of art, bridging the gap between the esthetic and the existential.

(9) *In choosing yourself, choose man.* Perhaps Moreno projected his self image as a creator onto all other men, thereby endowing them with potentialities not intrinsically theirs. Would it matter if he had done so? Do not many of us cast mankind into our own image of ourself? The important point is not whether Moreno saw himself reflected in mankind's image, or mankind reflected in his own image; rather the important point is to clarify the essential existential link between man and mankind.

So early in his career as a social philosopher did Moreno postulate man's *co-responsibility* for the universe, for all men, things, events and activities, that in many respects this fundamental belief must be seen as being con-

[18] Moreno, "Philosophy of the Third Psychiatric Revolution," p. 28.

stitutive of the bedrock upon which many of his later theoretical superstructures were constructed.[14] Man, in Moreno's view, was not simply an actor, but a co-actor; not simply a performer, but a co-performer; not simply a creator, but a creator among creators, not simply a god, but a god among gods. And each man-god, as a creator, was not simply responsible for himself, but for the whole of creation, a creation which included others, just as others' creations included him.

With man's capacities as a creator came the inherent and inevitable existential responsibility for the creation, for *his* creation, for his universe. But in a society of creators, all became co-responsible for the shared universe they produced, just as stage actors are co-responsible for the success of the theatrical performance in which they are engaged. In choosing oneself, one had no choice but to choose man, for in Moreno's view man and mankind are inseparable. The inherent nascent powers of every man are shared by all of mankind, just as the praxis of the individual inevitably affects the ultimate conditions of his fellows. Man is *of* mankind, a part of a being ultimately greater than himself, inseparably bound to it. In the final analysis, neither man as an individual nor mankind as a universe could continue to exist without man choosing to invest himself fully, unconditionally, and creatively in both. The life and welfare of the individual is inextricably bound to the life and welfare of mankind, the maincurrents of both inseparably flowing in the same direction, either toward life and time or toward death and stasis. And man, as an actor and creator, is co-responsible for the sweep and swerve of these currents. However, as we shall see below, man alone can not always single-handedly determine their course.

(10) *You must learn to accept certain limits in life.* Man's powers as a creator are real, not metaphorical. But obviously man is not a creator in exactly the same sense as is a biblical god, who starts *de novo,* for the substance upon which man exercises his creative powers (namely the constructed world) confronts him at once as a substantially formed object. As such it—or more precisely, its cultural conserves and those who have a vested interest in its present structures—resists even his most creative attempts to transform the world radically. Thus the creative individual meets resistance in the already created world.

The extent to which the already established world can be radically altered by the creative actor is undoubtedly contingent upon many variables, among which might be included the creator's power to enforce his new creative definition of the world situation, the prior history and probable

[14] See J. L. Moreno, *Das Testament des Vaters* (*The Words of the Father*). Berlin-Potsdam: Gustav Kiepenheuer, Verlag, 1920.

futures of the world, et cetera. But to acknowledge this is only to acknowledge the undeniable: that all actors are constrained by certain limits in life, by history, power, prestige and so on. These limits derive from the structure and power arrangements of the established (conserved) world order and consequently they are no less real than is the creator's ability to transcend the conserves. However, an element of struggle enters here, and the outcome of any particular struggle between an established and an emergent world order is at best problematic.

There is no reason to think that Moreno underestimated the force of the limits imposed upon the creative actor; however, there is some reason to think that Moreno never truly believed that one must learn to *accept* these limits. Of course certain limits have to be accepted, among them—death. But other limits—to accept them without attempting to overcome them is never to know if they could have been overcome. On a pragmatic level, Moreno surely recognized that certain limits had to be accepted, yet on an existential level the premature acceptance of such limits foreclosed possibilities and doomed one to become no more than a second rate creator. With philosophical resolve Moreno might have said that man must learn to accept certain limits in life, but it would undoubtedly have been characteristic of him excitedly to say that man must learn to accept all the challenges of life, to learn to live creatively, and in so doing to creatively transform both himself and his universe.

MORENEAN VALUES AND SOCIAL THEORY

Before leaving this subject, I should first like to turn to a second dimension of Moreno's value system, namely that which concerns itself with the value postulates of sociometry as a social theory.

In a recent Presidential Address to the American Sociological Association, Alfred McClung Lee has superbly redirected attention toward the differences between the conventional and humanistic perspectives by establishing a seven point schema which differentiates them. Inasmuch as I am going to discuss many of these points shortly with reference to Moreno's sociometry, it may be helpful to list Lee's schema straight off. According to Lee, a humanistic sociology should be:[15]

(1) people centered, not nature centered

(2) egalitarian, not elitist

(3) ethical, not ethically neutral

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[15] Alfred McClung Lee, "Humanist Challenges to Positivists," *The Insurgent Sociologist*, VI, 1, (Fall 1975), 45.

(4) on the side of human responsibility, not the responsibility of impersonal methods and of machines

(5) "oppositional" and critical, not supportive and "clarifying"

(6) on the side of social change, not "system" maintenance

(7) on the side of intimate observation and creative ferment, not carefully trained professionals.

I shall now illustrate how Moreno's social philosophy falls within the humanistic mold established by Lee.

People centered vs. nature centered. Let us begin by discussing Lee's first point with reference to the value structure of Moreno's sociometry. Lee argues that, in a humanist view, sociology should be people centered, not nature centered. He says:

> While many sorts of supernaturalists and nature-determinists claim to be "humanists," to be concerned chiefly with human welfare, their search for a substitute for human responsibility is usually clear enough in their writings. And with that shift in responsibility goes a belittling of the worth and dignity of humanity.[16]

Clearly, however, as I have pointed out before, Moreno was hardly guilty of dismissing human responsibility by seeking refuge in the fatuous "inevitability" of biological, environmental, or societal determinants. In fact, the determinist point of view, which placed responsibility for human affairs "out there" on some uncontrollable exogenous force, was rejected outright by Moreno, for he claimed decisively that every individual was ultimately co-responsible for the entire universe. Indeed, instead of abrogating responsibility, as Lee's positivist sociologist was wont to do, the Morenean sociometrist viewed man's reowning of his existential responsibility as an indispensable first step in recapturing control of both himself and his universe.

Related to this rather general philosophical orientation was Moreno's proactive image of man. Inasmuch as Moreno viewed man not as a consequence but as a cause, the flight from responsibility engendered by the positivists was anathema to him. Further, Moreno's praxis orientation operationalized the implicit belief that man not only *could* repossess control of the universe, but that he was ultimately *obligated* to do so. In his view the abrogation of responsibility paved the way for a society of robots orchestrated by a small minority of controllers, a totalitarian state of affairs which Moreno fundamentally despised. In the final analysis Moreno took

[16] *Ibid.*

the position not that "God's will ought be done", but rather that man himself must take the responsibility of God in creating and controlling the universe. Thus Moreno squarely placed man, both burdened by responsibility and simultaneously liberated by it, back in the very center of the human universe. And there, in the humanistic view, was precisely where man belonged.

Egalitarian vs. elitist. Lee, in further differentiating between the value structures of humanistic and traditional sociologies, goes on to argue that in a humanist view sociology should be egalitarian, not elitist. In a sense I have already touched upon Moreno's orientation toward this question previously. I pointed out that Moreno rejected a totalitarian society of robots ruled from above by an elite who rather perversely assume the responsibility of all.

Sociometry's basic egalitarian position manifests itself insofar as rigid sets of procedures are avoided, just as rigid methodologies and conserved theories are avoided, all because it is recognized that every individual's personal experience is his own highest authority, and because the presence of a select elite who ostensibly know all the answers and who do all the research and who serve as the gatekeepers of the sociometric armamentarium is seen as being no less pernicious than the conservative notion of a status hierarchy of creators. In the sociometric perspective, every man is viewed as a creator, equal to all other creators; every man is viewed as his own methodologist, technician, and theorist. Those who are sociometrists philosophically, and not just technically, resist elitist traditions, including the ethos of the rigid cults of conservative scientism; rather they seek dissemination of knowledge of the people by the people and for the people—not merely from the elect to the select.

Ethical vs. ethically neutral. Conservative, positivist, or traditional sociology, according to Lee, purports to be ethically neutral; in contrast a humanistic sociology is guided by values and actions of an explicitly ethical character. This frank acknowledgement of the ethical basis of the scientific enterprise implicitly pervades Moreno's sociometry. Ideally, the fundamental value structure of sociometry illustrated earlier goes a long way toward depicting the essential humanistic ethical stance of sociometry.

Of particular importance in this regard is the irreducible value postulate which states that man must assume responsibility for his choices, including their moral or immoral implications, and including the consequences of such choices; in accepting such responsibility the sociometrist is clearly *not* abrogating the ethical dimension of his work by surreptitiously shifting the responsibility of findings, implementation, and assessment onto the shoulders of policymakers and other admittedly non-neutral parties. Moreover, not

only does the sociometrist assume personal responsibility for his findings, he goes beyond that by not pretending that his work is in any sense value free—quite the contrary, in his work the sociometrist attempts to actualize a quite discernible set of values, prominent among which are the values of spontaneity, creativity, the actualization of human potential, and the advancement of democracy. In his actual praxis the true sociometrist is well aware that, in Lee's phrase, "an ethical neutrality with regard to moral and practical values is neither possible psychologically nor desirable socially or scientifically."[17]

Critical vs. supportive. Lee also maintains that the position of the humanistic sociologist is oppositional and critical, whereas the traditional sociologist tends to be supportive, intent on clarifying the existent state of affairs. In many respects this existent state of affairs is tantamount to what Moreno called a cultural conserve, and even a most cursory look at Moreno's writings demonstrates that he had no wish whatsover to buttress any sort of conserve. On the contrary, he sought change; he sought the radical reformulation of society in a way in which human spantaneity and creativity would be freed, no longer constrained by established conserves, or by routinized ways of doing and modes of being. In Moreno's view there was no intrinsic value, in fact there was no value whatsover, in preserving an outmoded status quo.

Moreno's orientation toward praxis exemplifies this perspective. For Moreno it was compulsory that abstract theorizing be translated into concrete actions in the real world, actions predicated upon and congruent with the theorist's theoretical stance toward the world as it confronts him in everyday life. Much like Marxism in this respect, Morenean sociometry *intends* change.[18] Moreno had little patience with those who wanted disinterestedly to analyze the world, making short shrift of those who "did not try to change the universe, merely to understand it . . . *(for) especially in the human sphere one can not understand the social present unless he tries to change it.*"[19] The point, for Moreno as for Marx, was not simply to interpret the world but to reformulate it anew, to transform the real *into* the ideal, creatively narrowing the gap between the craved and the conserved.

Social change vs. system maintenance. From what has just been said it should be quite obvious that Morenean sociometry is clearly on the side

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[17] *Ibid.*, p. 47.

[18] Karl Marx, "Concerning Feuerbach," *Early Writings.* New York: Vintage Books, 1975, p. 423.

[19] Moreno, *Psychodrama Vol. I.* Beacon, New York: Beacon House Inc., 1972, p. 9. Italics added.

of social change, for it has an express interest in redesigning society radically. Lee has pointed out that this favorable attitude toward social change is characteristic of a humanistic sociology, whereas traditional sociologists tend to manifest a more pervasive interest in system maintenance, or social order. Given this criterion, there can be little doubt of sociometry's fundamental humanistic orientation.

But it is possible to go beyond just that. Moreno's actional orientation toward system change was the operational manifestation of a profound theoretical and philosophical belief in critical thinking—in short, his was an "oppositional" orientation. For Moreno, constant social change was a fact of life—not one to be feared, but rather one to be harnessed creatively. By propagating social change and harnessing its effects, Moreno was able to campaign against the routinization of everyday life, to diminish the strength and vitality of pernicious cultural conserves, and ultimately to advance the cause of spontaneity and creativity.

In a very real sense, the sociometrist became an advocate of egalitarianism and creative democracy through his praxis. It was, after all, substantial social change that he desired, not just the piecemeal accommodation of disaffected social groups who might disturb some "natural order." For in the final analysis it was the natural order itself which the sociometrist desired to change. The sociometrist desired to change the universe, to reconstruct it creatively, to de-conserve it, and to free it from those very "natural" forces which constrained it to maintain the shape of an unrelenting de-humanizing order; for finally the sociometrist rejected a "system" in which men were merely parts, not of which they were creators.

Creative ferment vs. carefully trained professionals. Finally, Lee says that a humanistic sociology is characterized by intimate observation and creative ferment. Can there be any doubt that sociometry is humanistic in this respect? Creativity is the central postulate of sociometry. The spontaneous ungirdling of creativity is a central goal of the sociometrist. More than any other, sociometry is the science of creativity.

It is characterized by a rejection of uncritical imitation of the sort that is often erroneously mistaken for professionalism, for such "professionalism" frequently stifles and inhibits originality and creativity. Moreover, it dismisses the tenuous value of internalizing conserved paradigms, particularly where such internalization is mistaken for a professional education. In contrast, it favors the development of a new paradigm, of multiple new paradigms, for each theorist is conceived of as being a creator in his own right.

Sociometry is characterized by a distrust of carefully trained professionals who would rather "play it safe" and stick to the conserved tradition than

to take a fresh look at the universe, a look through the eyes of the creator. Sociometry distrusts hackneyed ideology, routinized methodology, established and conserved explanations. The sociometrist defines himself as a creator. Retrojectively enlarging upon the world as constituted, he reformulates the world anew. Through his praxis the sociometrist attempts to create the world over. For what is the role of the sociometrist if not to recreate the universe? Was God a carefully trained professional?

DISCUSSION

In saying what I have so far said it should be clear that I am not speaking exclusively of the belief system of J. L. Moreno, for although Moreno undoubtedly shared many of the ideas expressed here, never did he explicate them fully within this particular frame of reference. Moreover, I am certainly not speaking of the belief system of most modern so-called sociometrists, who have become disinterested technocrats ignorant of the underlying philosophy of sociometry. It would be more accurate to say that I am advocating either a purist or a revisionist stance—the decision as to which depending upon the degree to which one is willing to infer what Moreno "meant", beyond what he concretely said. In the final analysis I am speaking about what the belief system of sociometry should be, and what in my view it might become, given the original value orientation which Moreno himself promulgated and gave expression to.

I have spoken about the humanistic values which pervade the sociometric belief system, and I have claimed that that belief system provides a life philosophy, an everyday metaphysics of "how to live". Further, I have shown the manner in which sociometry conforms in principle to the standards of a humanistic sociology. One last thing remains to be said.

The goals of sociometry go beyond those which can be simplistically expressed and concretely formulated. In many respects the ultimate goals of sociometry tend to be relatively abstract; they congeal around qualities all too elusive: spontaneity, creativity, catharsis, and so on. But in a very real sense these tend to be only intermediary goals, means to an end. And it is the end point which ultimately defines the path traveled.

What is the final goal of sociometry? Moreno said that "a truly therapeutic procedure cannot have less an objective than the whole of mankind".[20] It follows that the ultimate goal is the therapeutic society; the radical transformation of the world in the direction of greater synergy, growth, and development. Every man the healer of every other; every so-

[20] Moreno, *Who Shall Survive?*, p. 3.

ciety a stimulus to the human development of every man. Every man a creator, no man an automaton: these are the ultimate goals of sociometry, the goals from which it derives its identity, the goals which lend credence, plausibility and inspiration to the true sociometrist as he goes out to encounter the universe.

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REDUCING AGGRESSIVE BEHAVIOR IN THE INSTITUTIONAL SETTING THROUGH PSYCHODRAMA

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One of the major problems faced by correctional counselors in the care and treatment of juvenile offenders in the institutional setting is that of the aggressive, assaultive ward. He presents unique difficulties in terms of control and adaptability, especially in the group living situation. As his behavior directly affects the behavior of his peers, his negative acting out exerts undue pressures upon the group as a whole. One actively aggressive ward introduced into a relatively placid group can and will create reactions and counter reactions on the part of both peers and counseling staff alike. In any institutional setting, especially one geared to the treatment of delinquent youth, the overly aggressive ward is to be expected, however unwelcome his presence may be. The problem has been to channel the aggressive behavior into acceptable behavior with the least amount of trauma, both physical and mental, towards the ward or towards his peers. Too often a ward exhibiting this type of behavior becomes involved in physical confrontations, assaults, and disruptive agitative actions before he has become fully integrated into his program. Normally this necessitates his removal from the group setting. However desirable the removal of a problem ward may be in terms of the group such action invariably creates discontinuity in the aggressive ward's treatment. In essence the problem is arbitrarily disposed of rather than confronted. "Pass the problem on to someone else" appears to be the general rule in dealing initially with this type of behavior. Threats of retaliatory or punitive action by staff or peers are generally ineffective at this juncture as such promises serve only to reinforce the testing mechanism, usually precipitating immediate and continued acting out.

The use of peer pressure as a means of control is of course utilized whenever possible, but this method of containment is only as effective as the strength of the group. A strong negatively oriented aggressive ward can contaminate a weak group to the point of chaos. The weaker wards may be reluctant to inform staff through fear of physical injury or may fear lack of control as other elements of the group actively support the aggressive ward in his behavior.

Group and individual counseling, together with behavior modification techniques, have met with varying degrees of success in dealing with behavior of this type; generally however, whatever gains are made become apparent only after long term exposure to the chosen method of treatment. The need for an effective method of initially dealing with the aggressive ward is only too apparent.

Physical restraint and removal from the group living situation are all too often used as the treatment of choice. At times this may be necessary for the protection of both the problem ward and the members of the group, yet in many cases such "treatment" is initiated simply because it is expedient.

With these thoughts in mind the possibility of utilizing psychodrama as a treatment tool in dealing with the aggressive ward became apparent based on four major assumptions:

1. Aggressive and assaultive impulses could be channelled in a controlled monitored setting allowing full expression without the danger of physical injury.

2. Motives behind these impulses could be explored in a manner readily visible to the wards involved.

3. Immediate catharsis could be achieved, reducing the probability of uncontrolled aggression and pressure in the group living situation.

4. Precipitating problems could be alleviated, examined, and explored as they occurred by a restaging of the problem in a psychodramatic setting.

The juvenile facilities of the Los Angeles County Probation Department at Camp Fenner Canyon, located in the San Gabriel mountains northeast of Los Angeles, provided an ideal location for testing the procedure under normal working conditions.

The camp is divided into four living groups, with dormitories of twenty four boys each. These boys range in age from sixteen to nineteen years and have been committed to the facility for a variety of offenses, for the most part those of a violent or assaultive nature. The dormitories are respectively; *'A'*, *'B'*, *'C'*, and *'D'*. *'A'* residence, the orientation dormitory, is composed of new boys entering camp. Boys remain in this living group for approximately one month while completing testing and basic requirements before being assigned their permanent living group in one of the other dormitories for the balance of their stay.

As would be expected *'A'* dormitory experiences a greater incidence of problems than do the others. All the wards are new to the camp and as they spend relatively little time in this setting a stable culture never adequately develops. Wards are most apt to test limits during this period of

their residency and engage in self assertive and destructive negative behavior. As a consequence *'A' dormitory in the past has generally* had a higher percentage of disciplinary removals and runaways. The aggressive assaultive ward has contributed inordinately to the problem. His acting out often contributes directly to the runaway of a threatened younger and weaker peer, and ultimately results in his own removal if the behavior is not controlled. Psychodrama, it was felt, might well be the vehicle for this control.

Initially the psychodramatic approach as utilized in the *'A'* dormitory setting was unscheduled. Sessions were initiated with problem wards and peers on a basis of immediate need, usually shortly after a precipitating incident or confrontation between the aggressive ward and peers or staff. This approach appeared to be most effective given the dormitory's particular ward make-up and program. Ward participation and acceptance of the psychodramatic technique varied directly with the time factor. The shorter the time between the precipitating event and the psychodramatic re-creation, the more cooperation and emotional involvement was found. This is not surprising, given the general short attention span and mercurial moods exhibited by a majority of the wards. Small groups seem to be more effective in maintaining interest and involvement, an optimum number being six or seven individuals. More than this number creates opportunities for disruption and grandstanding which destroys the effectiveness of the session. Input from an *audience* is desired but it has proved to be detrimental to the process on occasion unless this audience is directly involved in or has witnessed the precipitating event.

In the *'A'* dormitory setting the psychodrama evolves from a group encounter following an incident. The transition from encounter to psychodrama has proved to be smooth when the number of individuals is small and the time lapse since the incident is short. The role of *director* is usually assumed by the involved staff although in cases of ward-staff confrontation a responsible ward or disinterested staff member may be utilized.

An examination of the case of David M. will serve as an example of the process in action.

DAVID M.

David M. is a Mexican-American youth of seventeen committed to Camp Fenner Canyon for murder. He is a large, heavyset boy, intensively gang oriented. His case files revealed a record of seventeen arrests ranging from assaults and robberies to the committing offense.

David entered *'A'* dormitory reluctantly. His initial reaction to camp was negative in the extreme. Within three hours of entering the program he had managed to alienate virtually everyone in the dormitory, staff and peers

alike. His answer to every reasonable request was a resounding obscenity. The consensus of opinion by staff was that David should be removed to a security or "lock up" facility as soon as possible. This would probably have been initiated in short order had David not become involved in an incident with the reigning Chicano in the dormitory—Leon, a member of a rival gang. Staff intervened before blows were struck and David and five other wards were taken to the office for counseling. David was especially profane during the group meeting, admitting to no responsibility for the problem and declaring he was the victim of racial prejudice on the part of staff. Initially a confrontation technique was used; however, in David's case this proved to be unworkable for two basic reasons. David refused to accept any responsibility for his actions and the obvious hostility of both staff and wards created an atmosphere of tension which kept him constantly on the defensive. The feeling had been expressed that the meeting was only preparatory to David's prompt and permanent removal from the camp setting.

It was felt that perhaps the psychodramatic approach might prove effective in this case and the transition from encounter group to psychodrama was made by setting the stage for a reenactment of the confrontation between David and Leon. Initially a staff *auxiliary ego* played the part of Leon to alleviate the immediate volatile emotional climate.

David was seated in a chair, facing the staff member who assumed the *role* of the *other,* Leon.

DAVID: You bastards *(indicating the group as a whole)* are always messin' with me!

STAFF: Man, you come walking in here like some vato loco trying to prove how tough you are. What do you expect?

David does a double take and demands to know who staff is. Is he a staff member or is he supposed to be Leon? The ground rules are repeated indicating that what we are trying to accomplish is to relive the incident so that we can see what the problem is.

DAVID: How come that punk *(indicating Leon)* don't do it himself?

Leon becomes visibly agitated and starts to get out of his chair. He is waved back. Staff explains that because of the charged emotional atmosphere and raw feelings a substitute for Leon is being used. David is to regard the staff member as Leon for purposes of the psychodrama and respond to him accordingly. The initial confrontation is reviewed, the wards explaining that David had challenged Leon and that Leon had reacted by questioning David's right to enter the dormitory as a new boy and throw his weight around. Staff, assuming the *role* of Leon, picked it up from there.

STAFF: How come you think you're such a bad ass? You can't come walk-

ing in here talking all that crap and shoving people around. You better get your act together!

DAVID: Screw you man! You don't tell Mad Dog what to do or not to do!

STAFF: Mad Dog? Mad Dog? What does that mean Mad Dog? They usually put Mad Dogs to sleep. Everyone here knows where dogs come from.

Leon laughs from the sidelines as David balls up his fists and glares about him.

DAVID: I'm going to waste you puto! *(This is directed towards the vacant space halfway between staff and Leon.)*

The interchange continues for some minutes and is evidently a source of some satisfaction to David who begins to relax as he realizes that he can express himself verbally without fear of physical retaliation. Another ward, James, a black who has been in obvious delight over the exchange, is moved into position next to David to act as his *double.*

STAFF: I don't know how a punk like you stayed alive on the outs. If I'd seen you out there I would have brought back your cojones in a paper bag.

DAVID: *(Reddening at this reflection on his manhood, struggles with himself a moment before answering.)* At least I got cojones. You ain't nothing but a vieja, an old woman. You ain't nothing at all unless you got your homeboys around.

At this point James, who has obviously been anxious to participate, interjects as David's *double.*

JAMES: Yeah, you think you runnin' this dorm, tellin' everybody what to do all the time. You think you cool but you ain't crap!

David is somewhat taken aback at the unexpected support he has found and warms to his role. He begins to reflect on his statements picking up cues from James.

DAVID: Yeah, how come when I come in here all of a sudden you start giving orders? You ain't no better than me even if you been here longer.

Leon has been fidgeting in his chair during the whole process anxious to enter the fray and express his feelings. Whenever staff has scored verbally he has nodded his head in agreement. Several times he has been cautioned from participating directly as have the other members of the audience: Jerry, a black; Steve, a caucasian; Mike, a caucasian; and Carlos, Leon's homeboy and partner.

It was at this point that comments on what was occurring were invited from the group. Everyone wanted to speak at once. Steve, who had been the most reserved member of the group, stated that David seemed to have a need to shoot off his mouth and push people around to prove how tough

he was. With some insight he suggested that if David really was that "bad" he wouldn't find it necessary to tell everybody about it. Carlos made it quite clear that David was totally out of line as a newcomer trying to challenge the authority of Leon who was the acknowledged "Pres" of the Chicanos in 'A' dormitory, especially since he felt that the Mexican-Americans should stick together while in camp regardless of gang affiliation. Jerry immediately took James' position that a hierarchy of leadership and racial identification had no place in the group living situation and that such divisions only led to problems. He identified with David in that he felt Leon was displaying autocratic behavior.

David now found himself in the distinctly peculiar situation of having two black wards identifying with him and giving him support. He accepted this support reluctantly, seeming to recognize that it was a fleeting thing at best, stemming from the basic hostility that Jerry and James felt towards Leon.

While this situation produced some discomfort David was sufficiently motivated to utilize the support to continue expressing his feelings. His verbalizations became less invective in nature and the anger and emotional outbursts began to subside. Staff now assumed the *role* of *director* and Leon portrayed himself. Nonchalantly Leon seated himself and immediately directed a tirade at David. This monologue was interrupted by staff before David, who had risen from his chair with fists clenched, could respond. The group was asked what they felt was happening at this particular moment.

Carlos stated that Leon was letting David know where it was at, and that he should listen because it reflected the views of all the Chicanos. Mike disagreed. He felt that Leon's statements were made as a retaliation toward David on a personal level and that Leon's constant use of the word "we" was a cop out, a defense to indicate that David stood alone and that Leon had the backing of numbers. Mike felt that Leon's trip was basically intimidating and as such was on a par with David's behavior. David, sensing support from a different quarter, accused Leon of making value judgments before getting facts and of jumping on him because he was a member of a rival gang. He accused Carlos of hypocrisy because he had mentioned Chicano solidarity at the same time he was putting David down in front of blacks and caucasians.

DAVID: You punks think you are big vergas because you come from Flores, and you pull this Chicano power crap just because you want to be top vatos. Well you can take it and shove it!

Leon responded by saying he was going to put David on the "leva" until he straightened out. In essence this would amount to virtual ostracism of David by other Mexican-Americans in camp.

David replied by saying that he didn't much care about a Flores "leva," and as it didn't look like he would be allowed to remain in camp it was immaterial to him.

The interchange between the two boys was now taking place in fairly normal tones. Leon began dealing with David on the level of a person of authority trying to reason with a recalcitrant underling. David was resisting this process by pointedly ignoring Leon's arguments and discussing his own feelings about his sense of right and justice. While he played the *role* of wronged party with obvious relish, it was apparent that he had little insight at this point into the cause of the precipitating problem and his part in its formation.

Staff suggested that the wards physically exchange places and Leon play the *role* of David while David assume the part of Leon. Both boys initially balked at the idea of role reversal but at the urging of others in the group reluctantly exchanged seats. Leon was first to begin the dialogue. He assumed an exaggerated stance of braggadocio, fists clenched and lips drawn back. He stared defiantly at David.

LEON: (*As David*) You puto! You ain't gonna tell me what to do!

David was struggling at this point, not sure of how he should react. Then, apparently remembering Leon's tirade against him, launched into a vituperative monologue which continued for some minutes despite Leon's attempts to interrupt. The other members of the group seemed to be enjoying the performance immensely. When David finally ran out of words staff asked him what he was feeling at that moment.

DAVID: I don't know man, but I really got pissed off when he called me a puto and started staring at me like that. It made me feel like kicking him and going off on him.

STAFF: Do you want to go off on him now?

DAVID: Yeah, Yeah I do!

STAFF: (*Handing David a towel*) Okay, hit the desk with this. You can hit the desk like it was Leon.

David takes the towel and tentatively hits the desk. Once, twice, three times. Then he knots the end and brings it crashing down a half dozen times.

STAFF: Who are you hitting, David?

DAVID: Him, Leon, the Flores.

STAFF: (*Turning to the other members of the group*) What's happening here?

JERRY: It seem to me that he's getting pissed off at Leon for doing the same thing to him that he did to Leon.

MIKE: I think he's pissed off at himself.

STAFF: (*To David*) What do you think about that?

DAVID: I don't know what you're talking about.

LEON: Look man, I was doing the same thing you were doing from the first minute you walked in here. So maybe you can see how you was coming off.

David struggles with this concept for a moment then crashes the towel violently against the desk.

DAVID: You guys don't know crap!

David does not say this too convincingly, however. The rest of the group has had a glimpse of the truth and immediately begin to belabor the point.

STEVE: Hey man, maybe you got angry because you know the way it really is. Maybe you better face it instead of copping out.

JERRY: (*Changing allegiance*) Yeah, don't seem like you can take what you was giving out.

CARLOS: That's the trouble with you man, you don't know what's coming down even when everyone else can see it!

David now finds himself alone once again with the group allied against him. Yet, it is different this time as all the members seem to be aware of a game he is playing which he is not fully aware of himself. The other wards are making judgments based on their observations of his actions and it is obvious that their remarks are beginning to have some effect. David cannot disregard the fact that Leon acting as David produced strong antagonistic feelings within himself, yet he finds it difficult to admit that his actions could produce these same feelings in others. This would place him in the position of having to assume the responsibility for the problem and would destroy his major defense. Suddenly he lashes out with the towel striking Leon across the face, then screams at the group.

DAVID: Damn it! Why don't you putos get off my back?

Leon has reacted by pulling the towel out of David's hands and is about to hit him with the knotted end when staff intervenes and pushes both boys back into their chairs. The other boys have leaped up anticipating a fight.

STAFF: Okay, okay, now just sit down and calm down!

Leon is rubbing his face, looking daggers at David who is slumped in his

chair breathing heavily. The other members of the group settle back as staff asks them to explain what has just happened.

JAMES: I think David knows what's happening and is afraid to admit it. He can't face that he's wrong so he has to take it out on somebody.

MIKE: Yeah, he acts just like my little brother when he doesn't get his way or what he wants. He has a tantrum!

JERRY: Yeah, he acting like a kid.

The others all echo Jerry's sentiments as David sits in his chair fighting back tears. Leon, sensing that David has just passed through an emotional crisis, relaxes and begins to talk. He becomes quite reflective.

LEON: I don't know, sometimes it's hard to be real. I mean to really see yourself. When I was on the outs . . . when I was a kid, I got into fights all the time. I guess I was a real vato loco. Everybody thought I was crazy, even my parents. I was in the hospital maybe five or six times. When I was fifteen I got shot and everybody thought I was going to die. When I got back on the street I was a big man. I was tough. Then I started thinking how weird it was that it took almost getting killed and having a hole in my side to make me a person of respect. Anyway, now I had my rep and didn't have to go around personally going off on people. Sure, I done some gang banging but most of the time since then I kept laid back and out of sight. I got things I want to do. I got a vieja and a kid. I guess I know what David feels like. I guess he still got to make his rep. He's just not going about it the right way. Going off on vatos in camp ain't gonna make it. That way somebody going to do him when he gets back on the street. We all got to get along here and do our time the best we can. We got to stick together. When I was sitting here doing his trip I was getting next to how he was feeling. I guess because I been there myself.

Leon appears to have lost all his animosity, and during the course of his *soliloquy* David listened intently. David seemed surprised that Leon expressed empathy with his feelings, especially in view of the towel incident. He was still having difficulty in controlling his tears.

STAFF: (*To David*) Okay, how are you feeling now?

DAVID: I don't know, man. I don't know how I'm feeling. I feel all washed out. I feel like I don't give a damn about anything. I'm tired.

LEON: You got to get with it. You were talking that everyone was down on you without giving you a chance. Well it seems to me that you were down on everybody without giving us a chance.

DAVID: I don't know. With the putos on the street you got to get them

before they get you, you know that, otherwise they walk all over you. I know you got homeboys here but no one is going to walk over me.

LEON: Okay, no one is going to walk over you here as long as you take care of business. There's too many dudes out there that want to see us firing on each other. You're just going to make it harder on yourself and the rest of us unless you're cool.

DAVID: (*Shaking his head to indicate doubt, reflects for a moment, then tentatively holds out his hand. He finds it had to meet Leon's eyes.*) Okay, okay. I'm sorry about the towel. I guess I was pretty pissed off.

Leon takes David's hand and shakes it, formally making the comment that he can clearly see why they call him Mad Dog. At this point with David's semi-recognition of responsibility the group session wound down to an uneventful close.

For David the psychodrama was both a catharsis and an initiation into the group living setting of *'A'* dormitory. While the session could not be considered a panacea for David's problems, it did provide the initial step which allowed him to remain in the program. Perhaps most important is the fact that for the first time it allowed him to see himself as others saw him—the beginning of insight.

David's difficulties were by no means over, however. His volatile reactions to stressful situations continued to present difficulties, but these episodes seemed to diminish as he became more comfortable with the group living routine. He was the subject of one more psychodramatic encounter some three weeks after his initial experience. This incident involved verbal aggression against a black ward. By this time he was well integrated into the Chicano culture of 'A' dormitory and had assumed the leadership position upon the departure of Leon. The second session found him less defensive, primarily it would seem because of his new status. He was able to conceptualize and resolve the problem with no great difficulty. While this second session was smooth it lacked the emotional content of the first session and was quite superficial. David entered into the *play* condescendingly and while cooperative made it quite clear that his participation was a magnanimous gesture. Nevertheless, the psychodrama did achieve the desired result of alleviating the immediate problem. In retrospect both sessions were inherently valuable in reducing tensions in the dormitory and providing a means of establishing communication between individuals where no communication existed before. It would seem also that the psychodrama opened channels of awareness to all the participants and in David's case a recognition of alternative points of view.

David M.'s case was by no means unique. It exemplifies, however, the use of psychodramatic techniques in the alleviation of immediate serious problems involving aggresive wards in the institutional setting. Obviously such an approach is not suited to all individuals. Prerequisite is at least a willingness on the part of the subject to cooperate and to participate. At times such cooperation is withheld or given so grudgingly that the attempt is useless. As the sessions are unscheduled, drawing various participants from the stress situation at the time of occurrence, the success or failure of the procedure lies to a great extent on the skill of the director, his ability to capture and create interest in the technique, his control of the group, and the smoothness of his transition from the encounter, or confrontation, to the psychodrama. Many times this is a difficult task at best. Almost, it seems, he must catch the subjects unaware and slide them into the psychodrama, presenting a fait accompli in which the subjects become involved before they are aware they are involved.

In keeping with the idea of a smooth transition a session is not normally designated with any type of appellation though the psychodramatic segment may be referred to as "the play," or "the game," if a participant raises the question. Both nomenclatures are calculated to denote an enjoyable experience rather than an unpleasant one.

Psychodrama as practiced in *'A'* dormitory has, without a doubt, had a salutary effect on both the individual participants and the group as a whole. In those cases where time and circumstances have been favorable it has achieved the stated goal of reducing tension by alleviating the pressures generated by the aggressive ward. It has helped wards achieve insight into their problems by allowing them to view themselves as others view them and has proved to be a powerful tool of catharsis. In terms of control the benefits are obvious. A tranquil living group produces fewer problems.

It remains to be seen how psychodrama will fare as it becomes a part of the institutional process. From all indications, however, it promises to be an exceptionally valuable treatment tool.

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ROLES AND RULES: THE KINSHIP AND TERRITORIALITY OF PSYCHODRAMA AND GESTALT THERAPY

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Most all relationships contain aspects of cooperation and competition. Dependency and autonomy needs are well within the developmental relationship of psychodrama and gestalt therapy. Eclectic psychotherapists and psychodramatists tend to consider both therapies as contributive, adjunctive approaches to a larger experiential set of therapeutic techniques. Both modalities are viewed primarily as healthful ways of being in the world in addition to specific psychotherapies.

However, committed professionals of either therapeutic modality tend to disregard the other modality by inclusion or offer respect through disagreement. The former either state the "originality" of their preferred orientation or assume similar process. While reluctantly admitting to similarities, the latter cite evidence supporting the ontological or epistemological correctness of their identified approach or admit personal preference.

In addition to the lay public, many professionals are confused, if not unaware, of the inter-relationship of these two psychotherapies. There are few comparative articles that clarify the relationship without obvious bias. The remaining literature tends to blend both modalities into a pseudo-mutual collective for the purpose of comparing these humanistic orientations to the analytic and behavioral trends. Therapeutic competence is not insured by purification of process; by the nature of both systems, conformity is prescriptive and blocks spontaneity. Neither is competence enhanced by encouragement of an eclectic-ethic. To use psychodrama and gestalt therapy therapeutically demands the availability and knowledge of those respective skills. Congruence between the self as a person and the self as a therapist/director is imperative, but not in lieu of specific therapeutic principles which prevent counter-cathartic and counter-productive treatment.

As the differences become vague and similarities are assumed, alternative methods of treatment for diverse psychopathology are restricted. When differences are sanctioned to the exclusion of compatibility, competition fosters a therapeutic territoriality protecting economic infringement.

Following is a comparison of the psychotherapeutic processes of psychodrama and gestalt therapy among several variables. This comparison focuses on these two approaches as psychotherapies rather than philosophical world

views.[1] The historical and political contexts of each system will not be discussed. Although there is no pure methodology of either therapy, what is presented is considered to be consistent with the intentions of each founder as well as reasonably consistent with the ways in which each system is most frequently practiced by their esteemed proponents. As the differences (territoriality) and similarities (kinship) are reviewed, each director/therapist may review his/her responsibility for personal divergence. Perhaps through role clarification and ownership of personal style, acceptance and cooperation will move center stage as emergent gestalt.

Following each variable presentation is a comparative critique, intended more to be the criticism of each approach by participants of the other than my current preferences.[2] Hopefully, these rather harsh myopic criticisms may serve to caution us in our quests for integrity.

TERRITORIALITY

1. Theoretical Orientations

Psychodrama: Health is considered a person's ability for spontaneous role-flexibility and affective extension within any assumed role. The self as a construct of integrative identity emerges from role-clarification expression and movement. The protagonist is encouraged to extend a fixated role (catharsis) or to experientially experiment with a new role with the intention of organismic (psychophysiological) awareness of constricted as well as more fluid styles/scripts of being. The resultant therapeutic process generates feelings of acceptance, endorsement for playfulness, and permission to try on new behavior previously admonished under conventional norms.

Gestalt Therapy: A postulated "real self" underlies a more conditioned, phobic, defensive or manipulative self. Psychological pain is unresolved conflict between two or more mutually manipulative aspects (subselves) of the self or between two persons. A person remains stuck (impasse) when there

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[1] A comparison is made of the emergent "upfront" aspects of the psychotherapeutic processes of these two orientations. This comparative approach is limited by an abstraction from the whole healing context, which although more primary, is more subtle. Both psychodrama and gestalt therapy are more ways of being/living in this world than professional psychotherapies. "To be a psychodramatist means to see the world and deal with it in psychodramatic and sociometric terms—that is, man's interconnectedness with others and their interdependence with one another as well as with the universe". (Z. Moreno, 1975). Gestalt therapy "is something that you do *with* others, not *to* them. Hopefully, the gestalt therapist is identified more by who he is than by what he is or does" (Kempler, 1973).

[2] Whether or not in literature, all of the criticisms in this paper have been voiced in my presence as either participant or psychotherapist. Although these criticisms are sometimes a source of amusement, proponents of each modality tend to focus on the seriousness of differences rather than on the sincerity of personal preference.

is an unwillingness to yield to self-support and when there are insufficient environmental supports. The patient is typically defensive at preserving the incompatibility out of fear of rejection or the risk of giving up known advantages. As attempts at denial and avoidance are blocked, the person is required to become aware of his/her current, destructive manipulative existence. Focus is placed on the conflict as a personal choice, regardless of the person's manipulative efforts to externalize and deny responsibility. The goal is differentiation of the "I" into the conflicted subselves. Little, if any, emphasis is placed directly on change. Rather, the impasse is imploded directing change to occur as a result of the self-choice and not as another manipulative effort of pleasing the therapist. A person is encouraged to be who he/she is, not "someone else". The resultant therapeutic process allows feelings of genuine confrontation, and promotes the growth from environmental support to self-support.

Critique: Both criticisms occur from divergent assumptions within each system. Fritz Perls saw psychodrama as multiple projection with the playing of roles by several people as a manipulative and distorted process. Within gestalt therapy, growth occurs as a result of being one's self and not playing a role. Roles are considered phony and manipulative.

> . . . many in the contemporary "encounter" movement understand "role-playing" in a pejorative sense: to play a role is considered to indicate "non-genuine behavior" in an interaction, while "being oneself" implies genuineness in human relations. (J. D. Moreno, 1975)

A common criticism of gestalt therapy from a psychodramatic orientation is the conception of a postulated "real self" as over and against a manipulative self. More often, a "real self" is considered as underlying a phobic self. This assumption self-referentially justifies the values and behaviors of gestalt therapy. Those persons that are then "healthy" or "real" are those that adopt the same value system through an acceptance of the same process.

2. Therapeutic Orientation

Psychodrama: "Psychodrama is a form of the drama in which the plots, situations, and roles—whether real or symbolic—reflect the actual problems of the persons acting and are not the work of a playwright" (J. L. Moreno, 1975). Healing occurs as a result of the somatic and psychologically active catharsis of the persons who both give the drama their projective script and by doing so, liberate themselves from it. Healing occurs through "tele", an interpersonal-reciprocal-empathic feeling. This concept is inclusive of transference, but not limited to the symbolic, disintegrative, and often unidirectional nature of that process as defined.

Gestalt Therapy:

> Gestalt therapy is a model for psychotherapy that sees disturbed or disturbing behavior as the signal of a painful polarization between two elements in a psychological process. Such discordance can be found within one individual or it may manifest between two or more people. Regardless of location, treatment consists of bringing discordant elements into a mutual self-disclosing confrontation. This approach is ahistoric, focuses attention on immediate behavior, and calls for the personal participation of the therapist. (Kempler, 1973)

The patient-therapist relationship is central. Healing occurs as the therapist demands an expression of each discordant part of the person presently experiencing a conflict with another part.

> Symptoms are created and maintained by one part of the personality refusing to accept another part. Cure comes only when the two parts recognize and come to appreciate one another to the point that they have absolutely no conflict or dissatisfaction with each other. Only then do they loose their significance to each other, thereby ending their painful interactive process. (Kempler, 1973)

Critique: Both systems have been jointly criticized and have criticized each other's process in different ways for encouraging "acting out" behavior when the emphasis of both is on "acting through" (Perls & Clements, 1975). Psychodrama has been accused of being a process which lends itself more to improvisational-theater acting rather than a primary psychotherapy dealing directly with underlying etiology of conflict. Directors have been viewed as encouraging regressive playfulness or rage in lieu of establishing a therapeutic relationship.

> Psychodrama and Gestalt Therapy are in agreement about the value of role-playing operations to assist people to loosen their projections as a first step to reclaiming them. However, when Gestalt Therapy considers such experiences a reliable adjunct in the therapeutic process, psychodrama seems to equate it with the therapeutic process. Gestalt Therapy considers the actual relationship of the therapist and patient as the core of the therapeutic process, and vigorously cautions against the use of tactics which might obscure the real identity of the therapist to his patient. A fine tactic like role-playing is a tempting place for therapists to hide their personal responses, and is recommended by Gestalt Therapy as a sometimes valuable adjunct to the therapeutic process, but not to be considered the way of therapy. (Kempler, 1973)

Gestalt therapy has been accused of fostering a superficial intensity for emotional confrontation which devalues intellectual understanding, and as a process which intensifies pain on the presumption of underlying/internal conflict in the face of obvious situational stress with reality as most people experience it. Gestalt therapists arbitrarily and impositionally demand exposure of feelings in lieu of an awareness continuum which is truly existential (that which arises from *this* situation) and which allows for cognitive understanding following experiential work. Gestalt therapy has been accused as being a style which attracts those therapists who harbor needs of power and control, and seek to fulfill these needs through a therapeutic modality which is consistent with endorsing them axiologically.

3. Group Dynamics Roles and Rules

Psychodrama: Psychodrama is most frequently interpersonally oriented, allowing a maximum number of people to experience the various roles they play, particularly as other people experience them. A participant volunteers or is selected by group concensus to be the protagonist. All action is centered by the director around the protagonist. As the director seeks continual cues from the protagonist, other persons are selected to be auxiliaries and doubles. Although the director is ultimately responsible, as in conserved theater or film, decisions are typically democratic—i.e., auxiliaries, doubles, psychodramatic setting, time orientation, and focused conflicts are chosen by the protagonist. The primary exception is when directors must make therapeutic decisions regarding role-reversals, asides, and other techniques requiring a skilled and more holistic perspective.

Gestalt Therapy: Gestalt therapy is typically an intrapersonal orientation, with primary action occuring between the therapist and one person within a group context. The therapy is facilitated by the use of a number of rules which focus on taking personal responsibility for thoughts, feelings, and behavior. Such rules include:

1. *The principle of the now* — using the present tense.
2. *I and Thou* — addressing the other person directly rather than talking about him/her to the therapist.
3. *"It" language and "I" language* — substituting "I" for "it" in talking about the body, feelings, acts, and behaviors.
4. *Use of the awareness continuum* — focusing on the "how" and "what" of experience rather than the "why".
5. *No gossiping* — addressing a person directly when he/she is present rather than making statements about him/her.

6. *Asking questions* — asking the patient to convert questions into statements.
7. *"Should", "ought", "have too", "must", and "can't" language* — substituting "want too" for these words and changing "can't" to "I don't want to".[3]

Other members participate through non-verbal identification and when requested by the therapist for support regarding the social re-integration of the patient. An exception is the theme-oriented gestalt awareness workshop (Enright, 1975), or gestalt experiential psychotherapy (Kempler, 1967), both of which are more group centered. However, most decisions with use of the hot-seat technique are typically autocratic, with the understanding that whatever the therapist may demand, the patient is ultimately responsible for choosing to act on the request.

Critique: Improvisation and spontaneity are valued by both approaches, though both set different parameters within which this energy is to therapeutically explode/implode. The parameters of gestalt therapy are the linguistic rules, and the demand of focusing on the "how" and "what" of experiences. The parameters of psychodrama are the specified characters or roles. Regarding the debate of the interpersonal versus intrapersonal orientations, Erving and Miriam Polster offer what I feel is a just appraisal:

> Although both Perls and Moreno might disagree, we believe that this is primarily a difference in style rather than theory. Perls believed that since each of the roles was only a projection of parts of the individual, nobody else could play these parts. Nevertheless, projection or not, there is still a world out there—and it is capable of everchanging configurations and susceptible to a variety of interpretations. Thus, if someone plays John's grandfather and John plays himself, the requirement for John to face the other guy's version of his grandfather could still be a valid confrontation wherein John can investigate whatever possibilities for action John needs to recover in his life. This does not have to rule out the powerful experiences John might also have in playing himself *and* grandfather. (E. Polster & M. Polster, 1973)[4]

4. Group Opening

Psychodrama: The session begins with the director sitting on the second or lower stage in discovery of a common group concern, whether that be

[3] I have added this "rule" in addition to those most widely cited by Levitsky and Perls.

[4] My three exceptions to this paragraph are: (1) I believe there are some differences in theory, (2) I would change "could still be" to "is," (3) I would delete "have to."

individual, communal, or sociometric in nature. A "warm-up," as a specifically designed phase, is initiated to mobilize energy for spontaneity and activity and to alleviate frozen affect, initial feelings of anxiety, isolation, withdrawal and loneliness.

Gestalt: A group usually begins by members initiating current affective statement, or by the therapist asking each participant to get in touch with how they're feeling now. Frequently, a breathing or present-oriented fantasy experience is offered to facilitate present-orientation and reduce cognitive mind games. Anxiety and discomforture are used for mobilization of awareness of conflict.

Critique: Psychodramatic procedure is criticized by gestaltists for offering relief of pain through techniques rather than demanding confrontation of the avoidance of pain itself. Gestalt therapy is criticized for setting affective requirements for appropriate therapeutic behavior.

5. Time Orientation

Psychodrama: Psychodrama may take place in the past, present, or future, dependent on the protagonist's conflict and limited only by the director's imagination. Preferences for time-orientation are typically chosen by the protagonist specific to the conflictual time-reference.

Gestalt Therapy: Gestalt therapy demands present orientation. Verbalization of yesterday's pain and tomorrow's fears are permitted only within the context of "now". Any unresolved pain or future anxiety is included within the present being/experiencing.

Critique: Gestalt therapy views past orientation as mind-manipulating rumination and repetition-avoidance through storytelling. Focus on the future is either a rehearsal or pure fantasy. While possibly delightful, it is counter-productive to organismic awareness and release. "Aboutism" is the enemy of awareness. Centering awareness demands taking responsibility for the internal conflict rather than displacing it on something or someone within the environment. Psychodrama views gestalt therapy as requiring an unrealistic demand for present orientation. Restrictions on language limit behavior to one role—a "now" oriented person with the appropriate language, which fosters self-rightousness in the name of optimal health.

> As some behaviors are reinforced and some are rejected, a philosophical legalism surfaces. *Walden Two* (Skinner, 1948) comes in through the back door of techniques designed for universal health. Intended to promote a life style of freedom and joy, such value judgments perform an opposite function. (Orcutt & Williams, 1974)

6. Space and Setting Orientations

Psychodrama: Psychodrama may be conducted within any open space without the use of props. Preferable is a quasi-theater setting with a three-tiered concentric stage, all levels of which are used for various forms of action. Lighting is used for specific scenes as an adjunct for eliciting or suppressing various affect. Chairs, tables, boxes, and pillows are used for set design. Human size and smaller foam cushions are used for catharsis of anger. A semi-circular or traditional audience seating arrangement is common. Rear stage balconies, wings, and side stage columns, although part of original theater design, are uncommon in most theaters today.

Gestalt Therapy: Gestalt therapy is conducted within a closed circle, the therapist within the circle. Demonstrations have been given with three chairs on a standard stage with traditional audience seating arrangement, although this is infrequent. More commonly, when the "hot-seat" technique is employed, chairs are placed within a circle. Foam cushions have been similarly used for aggression release.

Critique: Although Moreno's intention was to "spot-light" the patient through elevation of stage design, and through the traditional-reciprocal-participatory relationship between actors and audience, psychodrama has been criticized for using a theatrical setting which spacially separates audience from actors. The criticism of gestalt therapy's spatial setting is consistent with the criticism waged against its group dynamics. The group is a "group" by virtue of participants adhering to pre-determined rules and circular seating arrangement, not by spontaneous and actively shared physical movement and expression by a maximum number of members.

7. Group Closure

Psychodrama: Psychodrama's third segment following the warm-up and the psychodrama itself is the "sharing." The protagonist is brought and seated next to the director on middle stage. The director, auxiliaries, doubles and all other members of the audience are encouraged to share a similar distressing event in their own life. Although criticism may be given to the director, sharing is entirely supportive of the protagonist. There are no criticisms or compliments, no confrontation or psychodramatic analysis.[5] This process exemplifies humility through a common expression of human fallibility, grief and pain. Open tension systems are closed, as other participants join in a time-honored story telling process which hopefully allows the protagonist to see his problem as not unique and feel that he is not alone.

[5] There is typically a post-group analysis with the director and other selected participants.

> It is here that the group therapy begins. One after the other, the members of the group now express their feelings, adding to these by revealing personal experiences of a similar kind. In this way, the patients now undergo a new type of catharsis—a "group catharsis". One of their group made them a gift of love, and now they return his love. The members of the group share their problems with him, just as he shared his with them. Each bears the other's burden, and gradually the catharsis purges all those present.
> (J. L. Moreno, 1967)

Gestalt Therapy: A closure is engaged following the main session. Participants are encouraged to complete any "unfinished business"—i.e., to express any feelings to any member of the group which have been previously suppressed for reasons of time, fear, or lack of the person's awareness. Closing any open Gestalts is often facilitated through encouraging participants to express resentments and appreciations directly to the other members.

Critique: Common practice has indicated that insufficient time has been allocated to sharing and closure in both processes.

KINSHIP

1. ORGANISMIC-DYNAMIC NATURE: Both systems theoretically are based on a similar premise of dynamic fluidity. Both theories assume that when an emotion is organismically re-experienced, that this allows for the natural growth of the organism. Growth is "processing," not a product. Growth is not something one must activate, it is something one prevents to avoid pain. "Impasse" may be equated to role-fixation and role-restriction. Psychodramatically, no role is so disadvantaged that any person can afford to completely abandon it. Focus is placed on de-emphasizing one role and extending or adding another which is more suitable per occasion. In both systems, there are no negative feelings. Those feelings that remain suppressed from fear or risk of verbal expression are growth inhibiting.

2. EXPERIENTIAL-AFFECTIVE NATURE: Both processes are oriented in cathartic release and expression of feelings, as contrasted to didactically/discursively oriented therapies. Both therapies are action oriented.

3. RESPONSIBILITY FOR CONFLICT: Both systems demand that the patient/participant assume responsibility for his/her complaints, disease, organic discomforature, interpersonal conflict, symptomotology, or psychopathology.

4. LINGUISTIC PREFERENCES: Neither psychodrama or gestalt therapy use psychiatric diagnostic labels. Although each therapy employs concepts consistent with it's own process (e.g., top dog, under dog, awareness continuum,

surplus reality, tele, sociogram and aside), neither therapy uses language incorporating the terms conscious or unconscious, id, ego, superego, oral, anal or genital.

5. ORGANISMIC-RESPONSIVENESS FOCUS: In choosing singular concepts that would most accurately represent the thrust of each approach, spontaneity (psychodrama) and responsibility (gestalt therapy) seem core. Responsibility is defined as the ability to respond, or rather the freedom to initiate and accept consequences. Spontaneity is defined as the "readiness of the subject to respond as required,"(J. L. Moreno, 1975) or rather the freedom to act and be responsive to that which is next required. Regardless of some theoretical discrepancies, it appears that the vision of a "healthful" organism is quite similar within the spectrum of role differentiation and human variance.

6. GROUP EMPHASIS: Although gestalt and psychodramatic orientations can be used in individual therapy, both psychotherapies were designed and are most effective in a group context. The theoretical assumptions of both therapies support the social/self-environmental nature of disease, disharmony, disequilibrium, and disintegration by requiring a therapy which includes embodied dialogue within a social matrix.

7. GROUP AFFECT: Participants of both orientations often report communal feelings of acceptance and intimacy. In psychodrama, feelings of commonality are experienced as participants psychodramatically share each other's role as well as become aware of the roles they present to others. The burden of pain is at least temporarily relieved through a cathartic modality which views pain as a common denominator of man and its expression as imperative for growth. Circumstances are changed as old roles become fluid and new roles are created. In gestalt therapy, a feeling of group cohesion and solidarity emerges. This emergent affective gestalt makes the whole of the group more than the sum of its individual members. Participants most often describe this group gestalt as a pervading feeling of intimacy occurring from identification of intra-psychic conflict. The similarity exists between the "affective gestalt" of a group and the "tele" of a group.

8. CREATIVE NATURE: Both modalities require the spontaneous invention of new techniques per therapeutic patient/context, and by their very nature lend themselves to the extrapolation of techniques by eclectic practitioners.

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A MODEL FOR CONJOINT GROUP THERAPY FOR ASTHMATIC CHILDREN AND THEIR PARENTS

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INTRODUCTION

The purpose of this paper is to describe the development of a model for the treatment of the asthmatic child and of his parents in separate concurrent psychotherapy groups, and report on the initial success of this model at Cook County Hospital, Chicago, Illinois.[1]

Bronchial asthma is a complex syndrome of the respiratory system that is considered to have a psychosomatic component. Although numerous precipitants have been identified, and numerous symptoms have been described, the relative contribution of physical and psychological factors is unknown. It is necessary, therefore, to study the effects of both pharmacological and psychological treatments.

PSYCHOLOGICAL INTERVENTIONS WITH ASTHMATICS

The importance of psychological variables in the incidence of asthma has been well documented (Luparello et al., 1968; Purcell et al., 1969; Weiss et al., 1970). A recent study (Hock et al., 1977) showed that psychological interventions provided in conjunction with medical management were beneficial to asthmatic boys when compared to patients who received medical management alone.

The patients in that study were 43 asthmatic males who were referred by the allergy staff to participate in research on the effects of combined psychological and medical treatment. The age range was 10 to 17 years of age, with a mean of 12.6. The patients were randomly assigned to one of

[1] The author wishes to express appreciation to the following people for their assistance with this work:

Dr. Diosdado T. Lim, Chairman of the Section of Allergy and Immunology at Cook County Hospital, who provided the clinical setting for this study; Dr. C. Reddi gave tireless clinical assistance for the patients; Dr. Robert A. Miller, Chairman of the Department of Pediatrics, and Dr. David W. Kennard, Chairman of the Department of Psychiatry, jointly authorized the program and established the administrative support for its completion; Jean Bramble, M.S., served as the child therapist; and Mary Ann Brown, M.A., the parent therapist under the author's supervision. This project was supported by the Hektoen Institute for Medical Research under U.S.P.H.S. grant #RR-05524-13.

three psychological treatment conditions or two control groups. They were treated in an outpatient clinic for eight weekly training sessions and observed again at one month post treatment to determine if the treatment effects still remained at that time. All of the patients continued to receive medical treatment throughout the program. The psychological treatments were relaxation training, (N=9), assertive training, (N=9), and combined relaxation plus assertive training, (N=10).

This study found that, 1) relaxation training significantly improved the asthmatic child's respiratory functioning and reduced the frequency of his asthmatic attacks, 2) combined relaxation plus assertive training was also effective in improving respiratory functioning and reducing asthmatic attacks, 3) assertive training by itself failed to improve respiratory functioning and showed a tendency to increase asthma attacks.

METHOD

The present program utilized the findings from the earlier research to develop a model that would use the best elements from that study and combine them with a parental treatment element in order to maximize their benefits. This rationale is based upon Lazarus' (1971) notion that effective psychological components should be added together in a multi-modal approach for maximum therapeutic effect. Such an approach requires that a number of treatments be combined to form the most effective composite treatment package. The goal of this program was to enhance the psychosocial functioning of the asthmatic child, and facilitate improved parent-child relationships in his home, in the expectation that this would raise the threshhold for asthmatic symptomatology.

The model used a relaxation plus assertive training base since the previous research had shown a trend for assertive training to enhance the effects of relaxation training after therapy stopped (Hock et al., 1977).

There were 14 male asthmatics referred to this program because they exhibited distinct psychological problems, because they had been slow to show improvement in previous treatment, or because their parents had requested psychological help. Eleven of the 14 families referred continued to the completion of this program.

The next element added to the model was group psychotherapy for the children's parents. This was added to insure that the gains made by the children were reinforced at home, and to provide the parents with the opportunity to concurrently work on parental conflicts that could exacerbate their child's asthmatic condition. Family therapy had been considered for this program; however, too few fathers were available in our population to

make family treatment a viable alternative. Consequently, conjoint child groups and parent groups were selected for the treatment model.

Childrens Groups: Relaxation training and assertive exercises were combined in the same session. Free discussion was permitted when it facilitated affective expression, problem solving, or positive behavioral change. The initial phase of the group was highly structured. A modified form of relaxation was used that required about 30 minutes. Each child sat upright in a comfortable chair and was trained to alternately tense then relax large voluntary muscles, (e.g. hands, arms, feet, legs, face, chest, biceps, triceps, shoulders, and abdominals). After the major body groups were relaxed, guided imagery was used to create images of comfort and relaxation (e.g., resting on a beach, watching sailboats, and feeling breezes and sunshine). The guided imagery was intended to generalize relaxation from musculature to increasing areas of physiological activity, particularly respiration. Assertive exercises were regularly used whenever thought to be appropriate. Behavioral rehearsal of skills, like making eye contact, initiating conversations and meeting strangers, was used whenever these topics occurred during the meetings.

In the last portion of the sessions, structured games were employed to encourage trust and sharing. "What gripes me" is an example of these games wherein kids can freely complain about anything that comes to their mind. Another game called "Trust" directs the group to cooperatively lift one another. This exercise is designed to evoke feelings and discussions about trust. In another game, the boys drew names at random and gave one another positive feedback about what they liked about one another. The initial reaction to these games was to play them repeatedly.

During the middle phase of the groups, there was a transition to greater open-ended discussion. On some occasions the therapists utilized information from the "game" phase to initiate discussion. Free discussion was rarely spontaneous, and the children frequently resorted to previous games or exercises when they were uncomfortable. Interpersonal conflicts within the group were the first major topics to emerge. The boys were encouraged to examine their own roles within the group on these instances and express their own feelings and opinions to the group. The boys were urged to accept responsibility for their own behavior when these conflicts arose. They repeatedly explored their reactions to one another, their feelings of anger, and alternative methods of behaving when they become angry. This occurred, however, after months of meetings and testing the acceptability of expressing anger.

The final phase in the group involved termination. The phase was necessitated when funds for the program were depleted and the groups had to be

concluded. This aroused separation anxiety and temporarily increased asthmatic symptoms in some instances. Sadness was also present but less frequently expressed. Fortunately, there were several months available to work on these issues.

Eleven boys from a total of 14 referred by the allergy staff completed this program. All eleven participated for a minimum of nine months with those who began earliest participating for one year.

Parents Groups: Parallel therapy groups were conducted for one or both of the children's parents. These groups met at the same time as the children's group with a separate therapist. The groups were less structured than the boys' groups with open-ended discussion from the beginning. The focus was described as an opportunity to work on the behavioral aspects of their child's difficulties and discuss their own problems as well. The initial discussions centered around parental concerns with having an asthmatic child, taking medication, etc. Eventually, child management and attitudes about children became the topic of conversation. Finally, after several months, the discussions turned to the parents interpersonal and intrapersonal concerns and the conflicts the members felt in their own lives, marriages and relationships. At least one parent or surrogate parent from each of the eleven families participated regularly. This was generally the mother since only four fathers were seen during our entire program and none of the fathers came on a regular basis. Father absence or unavailability was a frequent observation with our asthmatic boys.

The parents' group was kept informed of the major direction of the children's group but specific content was not discussed in order to assure the children's confidentiality. Once the parents' group began to focus upon the problems of its own members, there was less interest in the content of the children's group.

Regular supervisory meetings were kept weekly with both the parent and child group therapists to clarify the issues being raised and maintain an understanding of the parallel development of the parent and child group treatment.

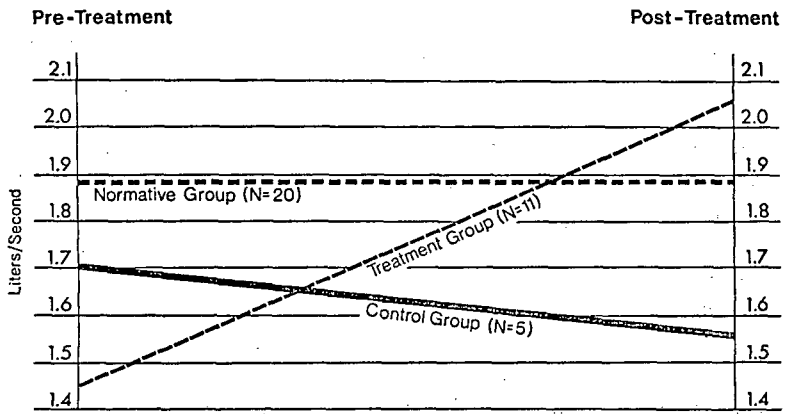
Dependent Measures: Pulmonary functioning was accepted as the primary criterion of improvement for this study. Cook County Hospital is a general medical hospital and the reduction in asthmatic symptomatology was the first goal of the therapy. An objective pulmonary index, Forced Expiratory Volume/First Second (FEV_1) was selected as the measure to monitor the childs' respiration and allow for an evaluation of the course of his treatment. FEV_1 is a measure of the total amount of air a person can exhale in one second.

FINDINGS

An examination of the FEV_1 scores found that all eleven boys showed marked improvement in pulmonary functioning from a pre-score to the end of treatment. The mean FEV_1 for the treated patients was 1.479 liters per second with a S.D. of .664 prior to treatment. This score increased to 2.055 liters per second by the end of treatment for a .576 liter increase.

This program was set up from the beginning as a treatment program and not a formal experiment with a group comparison design.

Figure 1.
Conjoint Group Psychotherapy Treatment 1 year



However, data was available from five boys who could serve as control patients. Three of these five boys showed increased FEV_1 values while two showed decreases. Their mean FEV_1 score at pre-treatment was 1.701 liters per second with a S.D. of .352. At post treatment measurements this score was 1.543 liters per second for a net change of $-.16$ liters.

A paired t test shows that the change in the means of the treated patients is statistically significant ($t=4.58$, $df=10$, $p<.01$), while the t test for the control patients is not significant ($t=.96$, $df=4$, N.S.).

For comparative purposes the FEV_1 scores of 20 patients with non-respiratory diagnoses were obtained from the Pediatric Hospital. These children were patients who did not have asthma or any respiratory diagnoses and were of the same sex, age, and socio-economic status as our treated patients. (Their FEV_1 mean of 1.889 liters/second provides an FEV_1 norm against the treated patients are compared).

An examination of these data shows that the treated patients begin below the control patients initially, and are performing as well respiratorily as

the normative patients at the end of treatment, while the control patients make no improvement respiratorily during the duration of the treatment program. (See Figure 1)

CONCLUSIONS

A model for parallel group psychotherapy for asthmatic boys and their parents is proposed from conclusions based upon both research and clinical experience. The approach includes structured children's groups that combine formal relaxation training and assertive exercises with open-ended discussion emphasizing identification of feelings, expression of positive and negative feelings, and practice in self-assertion.

Parallel parental groups are established to reinforce gains made by the children, provide an opportunity to resolve parent-child conflicts, and reduce parental problems.

The initial application of this model in a one year program found that the respiratory function of eleven asthmatic male participants increased significantly by about ½ liter of air per second while five medical control patients showed no significant changes in respiration during the same period of time.

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A SOCIOMETRIC STUDY OF A PSYCHIATRIC IN-PATIENT GROUP: IMPLICATIONS FOR THERAPY

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Sociometry has been established as a significant social measure of interpersonal relations. Lindzey *et al.* (1959 and 1968) summarized the commonly accepted uses of sociometric measurement that are of benefit to the various disciplines in the social sciences. Instruments of sociometry can effectively measure the informal structure of groups, the social status of individuals and the valence and quality of interpersonal relations existing within a group. Sociometry provides a practical method for identifying not only immediate existing social structure but also a means of measuring social change within a group as it occurs over time.

By design, a sociometric device permits the acquisition of data through subject participation. Each individual is represented in his social environment as he and other members perceive that environment. Thus sociometric procedure possesses the potential for providing a high degree of interest and motivation for the subject participants.

THEORETICAL BACKGROUND

There have been studies of sociometry as a component of psychotherapy. Mordock (1969) conducted a study using sociometric choice to compare the effects of group and individual psycotherapy on the interpersonal relationships of adolescents enrolled in a residential treatment center. The theoretical base of this study was that reciprocation of friendships is related to "good emotional adjustment." Two sociometric tests were used to measure number of choices and degree of reciprocity before and after both group and individual psychotherapy.

Sociometric procedure lends itself to effective treatment planning in a highly structured therapeutic setting. Wermers and Wise (1969) identified the "group leader" and "isolates" in a group of thirteen adolescent inpatients and encouraged heightened interaction among group members following test results. These sociometric procedures revealed that allowing high status participants to become aware of the existing sociometric structure could result in significant attitudinal changes conducive to therapeutic improvement.

These authors feel the unstated conviction may exist among clinicians that when a person is given the opportunity to make a choice, which in some way influences his future, therapeutic results are immediate and are a direct outcome of his involvement in the choosing process. The type of subject participation essential to sociometric method provides an opportunity for choice. It permits the participants to observe and *experience* the results of their choices.

The significance of permitting patients to make choices affecting their future, in part, corresponds with the importance of motivation as a vehicle for therapeutic change. Hart (1972) has defined motivation as an orientation to the future. He lists the following as the social aspects of man with which one must deal if one wants to motivate and reorient others.

1. The need to belong;
2. The desire to participate;
3. Hope for the future (expectancy and anticipation);
4. A feeling of continuity;
5. The right to help;
6. A dependency on organization (having a place);
7. A capacity for growth (becoming).

Hart further emphasized hope as being most important and described it as "being an integral part of a total response (thus necessitating the one who hopes to 'get it all together') which requires an anticipation of future response. The hope for the future or of *having a better tomorrow with someone* is a feeling that allows man—for whatever period of time the feeling lasts—to transcend himself and to carry himself into the world and space and actions of the future. Through hope and affiliation a person is able to live his tomorrow *now*." Seeman (1967) has noted that alienation is a matter of the expectations (and hopes) of an agent in a situation.

The authors feel that the opportunity to choose, as provided with instruments of sociometry, can alter an "agent's" expectations, thus reducing alienation and promoting interpersonal interaction.

There is little question that, given the proper conditions, there can indeed be an occurrence of immediate and lasting therapeutic change. As Greenwald (1973) has discovered, therapy can work very quickly when (1) the patient makes a direct decision for growth and (2) the therapist is personally free to allow this to happen and supports the patient when a growth decision is made. The authors have observed distinct behavioral changes immediately following the administration of a sociometric device in an intermediate inpatient psychiatric unit with a primarily schizophrenic population.

APPROACH OF THIS STUDY

The purpose of this study was to measure choice of association and grouping preferences of a psychotic population. The study was conducted on an experimental basis, as it was intended to explore the effectiveness and results of such procedure in an unusual setting rather than to obtain results for some specific follow-up procedure or activity.

THE SETTING

The sociometric instrument was administered in a locked unit of an intermediate psychiatric in-patient facility of a Veterans' Administration hospital. At the time of the study the ward population consisted of twenty-six male patients. The major diagnosis of patients on the ward is schizophrenia with individual patients ranging from outwardly functional to grossly delusional. The ward consists primarily of one large sleeping porch, a day and recreational room, a porch enclosed in steel mesh and a nurses' station with large glass windows.

THE INSTRUMENT

The sociometric device used consisted of one pair of sociotele questions, positive and negative, and one pair of psychetele questions, positive and negative. The activities chosen for these questions were determined by observing the patients on the ward and by interviewing various staff members. Activities were selected which were significant to the patients themselves and which provided opportunity to all ward members for participation. The questions resulting from this procedure were:

Sociotele,

1) Of the people on this ward, who would you most like to share housekeeping chores with?
2) Of the people on this ward, who would you not like to share housekeeping chores with?

Psychetele,

1) Of the people on this ward, who would you most like to visit with on the porch?
2) Of the people on this ward, who would you not like to visit with on the porch?

METHOD OF ADMINISTRATION

The sociometric device was administered at a time when patient activity on the ward was minimal and on a day when the weather was clear. It was

felt that weather* was a factor because these patients react to "stormy" or overcast conditions with extreme sensitivity. Such weather conditions tend to foster hyperactivity, heightened delusions and increased aggressive behavior.

This device was administered by the authors with the assistance of one male nurse. All data was gathered in one evening to reduce contamination of results through patient discussion. Subjects were treated in groups of three as this number could be easily managed with a minimum of distratcion from other patients. The nurses' station was selected for this procedure because it provided the most convenient facility for comfort as well as privacy and observation by other patients in a non-threatening manner. The nurses' station also contained a large ward roster listing names of all ward members with corresponding bed numbers for use in responding to the sociometric questions.

At the beginning of each session subjects were informed their participation was voluntary and they could excuse themselves at any time. The authors were aware that the patients' perceptions of their institutionalized role as "a patient" may have influenced their decision to participate. As Goffman (1961) has delineated the patients' role . . . "in a psychiatric hospital, failure to be easily managed—failure, for example, to work or to be polite to staff—tends to be taken as evidence that one is not 'ready' for liberty and that one has a need to submit to further treatment." In view of this factor, however, the researchers attempted to allow subjects to make this decision without coercion.

Paper and pencil were provided for each subject. Subjects were briefed on the purpose and method of the sociometric device and permitted to ask questions at any time during the procedure. Questions were given orally with interpretation as needed. Clarification was necessary to avoid misinterpretation of the meaning of questions, particularly considering the alleged latent homosexual condition existing in paranoid schizophrenics.

LIMITATIONS

1. Selection of activities for questions was limited due to the specific ward context. It was essential to select activities in which all patients had opportunity for participation.
2. Because of hospital policy, direct benefit from sociometric results could not be provided to participants.
3. Because data collection was completed in one evening, there was insufficient time to allow each patient to respond at his own pace.

* The effects of weather on this population had been observed and reported by various staff members on the ward.

4. Some patients were too delusional to respond.
5. A possible limitation was created by the fact that the researchers were not able to test the entire group in one session.

FINDINGS

Eighteen (69%) of the twenty-six ward members participated. Only one subject refused to participate when informed that participation was voluntary. Five (28%) of the eighteen who participated were too delusional to make any response. One patient was restricted by staff because of acting out behavior, and six others were restricted for unspecified reasons.

RESULTS OF STUDY

The results of this study corresponded with the irregular patterns of grouping and associations which had been subjectively observed within this population by the authors. Actual sociometric results are of questionable validity because of the limited written responses obtained. Perhaps of greater value were the observed effects of the sociometric procedure on the patients' behaviors. In this situation, in which most individuals appear to be alienated and withdrawn, participation in the procedure resulted in a display of curiosity and interest. Heightened interaction with this researcher* initiated by individual patients implies that sociometric exercise could benefit psychotherapy and serve as a preparatory phase for therapy.

The spontaneity with which some individuals responded to this researcher was the unexpected reward of conducting this study. Upon entering the ward the following day the patients converged around the researcher with their questions and comments. The following case examples demonstrate the behavioral changes that were observed.

Subject A, a male in his early twenties with a diagnosis of undifferentiated schizophrenia, was sociometrically identified as an isolate among the ward members. He received no choices or rejections and responded only to the first sociometric question by listing names indiscriminately.

Pre-study observations: Mr. A's behavior had been grossly withdrawn. He rarely initiated conversation and, when spoken to, would reply only in monosyllables.

Post-study observations: Mr. A called this researcher by name upon seeing her the following morning and asked, "How'd I do on the test?" He was assured that he had done very well and was thanked for his efforts. He responded with a broad smile and replied, "Yes Ma'am!" This outgoing behavior was repeated for several days.

* This researcher (JN), during the course of the study, was employed by the hospital from which this sample population was taken. Ms. Nance was active on the ward as Social Worker and psychotherapist.

Subject B is a twenty-two-year-old white male. He is diagnosed as paranoid schizophrenic and has been hospitalized five months.

Pre-study observations: Mr. B had previously displayed his aggressiveness in a passive manner. His affect was inconsistent with verbal content. Small areas of conflict were difficult to resolve when staff members attempted to assist in their resolution.

Mr. B: Somebody needs to call my wife.

Staff: I attempted to contact her this morning. Come into the office and I'll try again right now.

Mr. B: No, I don't want to waste your time. It looks like I'm here to stay.

Post-study observations: Mr. B's aggressiveness towards staff was displayed more directly and his affect was appropriate for his feelings. This researcher's attempt to assist Mr. B in dealing with his suspiciousness appeared to be successful.

Mr. B: When does the counter-attack begin?

Researcher: I don't understand.

Mr. B: You asked all those questions yesterday. There must have been some reason for it. When should we get ready for the attack?

Researcher: You're talking about the sociometric experiment. That was done for research purposes and we'll keep your answers confidential. There's no counter-attack in process and the results will not directly affect any of the patients.

Mr. B: Oh! That's O.K.

Subject C is a twenty-year-old white male with a diagnosis of undifferentiated schizophrenia with anxiety features. He has been periodically hospitalized during the past two years.

Pre-study observations: Mr C's behavior upon approaching a staff member had been flighty and tremulous. He would seem to forget his original question and launch into a series of questions without waiting for replies. It has been necessary for staff members to terminate conversations with Mr. C as he would seem unable to do so.

Mr. C: Do you think I can get a pass soon?

Staff: You know that decision will . . .

Mr. C: Can you help me get some of my money out of finance?

Staff: Of course. We will have to . . .

Mr. C: Can you call my mother for me?

Staff: Yes. What about?

Mr. C: I'll have to get my pass first. How do I do it?

Staff: That decision is made by your treatment team. Have you requested an appointment to see the team?

At this point Mr. C commented that he would like to have some extra spending money and it became necessary for the staff member to insist that Mr. C choose one problem to work through.

Post-study observations: A significant behavioral change for Mr. C was that he was able to ask one question, wait for a reply and appear satisfied with the answer.

Mr. C: Who won the election?

Researcher: Won what?

Mr. C: The election. There must be a winner. I guess you probably won't tell us that though.

Researcher: Oh! The sociometric exercise. That wasn't an election as such. It was done as an experiment and the purpose was to find out who would choose who. We appreciated your participation.

Mr. C: Oh! It was fun.

The authors have attempted to illustrate the carry-over effects of actually involving the patients in the administration of a sociometric exercise. Although this researcher had entered the ward many other mornings in much the same manner, this kind of spontaneous behavior had not previously been observed.

IMPLICATIONS

Results of this sociometric study allude to at least three distinct uses of sociometry in a therapeutic setting. Sociometry may be used as a screening device within the larger institutional group population when assigning members to groups for psychotherapy. Sociometric data reveals status positions within a group as well as preferences of associations. Therefore, groups can be constructed for optimum therapeutic results by combining those individuals who both prefer to work together and are also more likely to work effectively together.

Secondly, sociometric exercises serve a facilitative function as a preparatory phase to group psychotherapy. Sociometric exercises stimulate interest and motivation as well as require persons to consider their choices. In this study, the opportunity extended to the patients on the ward to participate in a sociometric exercise was of enough significance to those individuals to initiate creative and spontaneous responses, not only immediately but for several days afterward. This may be, in part, due to the fact that such procedures provide a situation in which individual opinions were considered to be of interest and value and responses were accepted as correct and important. These factors enhance interaction and interpersonal relationships. Thus members enter group therapy at a more comfortable level. If this initial responsiveness could be supported during preliminary phases of psychotherapy much of the initial work in groups may be eliminated.

Thirdly, it has been established that emotional adjustment—the intended result of psychotherapy—can be measured through reciprocity in choice.

Therefore, sociometry—revealing reciprocity in choice—could be an important tool in evaluating results of group therapy.

SUMMARY

Sociometry is a significant measure of interpersonal relationships. In a study of psychiatric in-patients the sociometric exercise was discovered to stimulate interest and motivation, enhance interpersonal interaction and promote immediate and lasting therapeutic changes. Three distinct uses of sociometry for psychotherapy are: 1) sociometry may be used as a screening device for assigning group members; 2) sociometry serves a facilitative function as a preparatory phase to therapy, and 3) sociometry is an important tool for evaluating the results of therapy.

Sociometric measures can be used in such a way as to provide a much higher degree of interest and motivation on the part of participant subjects than is typical of most psychological measuring instruments (Lindzey, 1959).

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VARIATIONS ON PSYCHODRAMATIC SHARING

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There are a number of purposes which are accomplished simultaneously in psychodramatic sharing other than the most obvious one of closure. Potentially, a great number of needs within the group might be met at that time. The sharing allows the knitting of the past experiences of those in the audience with the past experiences of the protagonist, which were just enacted as if in the present. The group members come to appreciate which of their own past experiences are still unsettled or incomplete to the extent that they are activated by the psychodrama. The psychodrama may reawaken similar troubled areas and past difficulties which can be disclosed in the sharing portion of the psychodrama.

An individual who empathized with the protagonist during the psychodrama may want to let the protagonist know the extent of the empathizing and the common bond of feeling between them. An individual who felt compassion for the protagonist may want to be close to and to comfort the protagonist. A group which has experienced a particularly difficult drama may want to experience a mutual catharsis. Those who have witnessed and participated in an especially violent drama may want to share some quietness.

That is, the way that a group may want to satisfy its needs and achieve its purposes is often a function of the psychodrama they have all just experienced. As the psychodrama varies, then the needs may vary, but unfortunately, for the most part, sharing sessions are pretty much the same. Most sharing seems not to take into account either the needs of the group members or the nature of the most recent psychodramatic experience or the stage of maturity of the group. Do recently formed groups interact in the same way that well established groups do? The literature on group growth says clearly that they do not.

Sharing which continues to be the same regardless of group needs, the psychodramatic experience, and the stage of group development are bound eventually to influence the spontaneity of the group, its "health" and attitudes, and ultimately the subsequent psychodramatic sessions themselves.

The "sameness" of such sharings often makes them a chore rather than a joy. They instill a tremendous amount of conformity in the group and are responded to violently by persons who are already acting out counter-

authoritarian roles. Even the most cooperative group members discover after a while that they are beginning to resent the pseudo-communicative interchanges, the ritualistic language ("I got in touch with. . . ." "I identified with. . . ."), the game playing (can you top this!), and the imposed pseudo-mutuality which results from the repetitious format. Add to this the tremendous difficulty of trying to share in especially large groups or in public psychodramas, and the problem is compounded. Persons who have very little investment in the group itself or the psychodrama are still expected to "come up with" some sharing. The director is placed in the awkward position of generating responses from unwilling group members. All in all, it seems far removed from an activity intended to spawn creativity.

A most obvious answer to the problem seems to be to vary the pattern of sharing according to the nature of the psychodrama, the needs of the members and the stage of group development. That the needs of group members vary with the stage of development of the group is well grounded in the social psychological literature. Clearly, because this is so situational, there is no point-to-point correspondence between the existential moment following the psychodrama and the appropriate sharing session format. That decision has to be the responsibility of the director of the session. No doubt a "programmed" sharing in response to certain dramas would interfere with spontaneity and ultimately defeat the purpose of moving away from the predictable sessions characterized thus far.

However, based on clinical experience, it seems appropriate at this point to attempt to suggest some other ways in which sharing might be conducted, simply to illustrate a few of the options:

1. A nonverbal sharing of looking, touching, and making sounds might be good after an especially wordy drama, or one which seems to leave people with very little to say. It might be especially useful if it is apparent that words would "muddy" the atmosphere.
2. An action sociometric view which characterizes the present condition of group structure, noting the position of the protagonist with relationship to others, now that the drama has transpired. Verbal sharing might be done from those positions in space. In this way, the sharing can be for the group as well as the protagonist.
3. A locogram or moving sociogram in space which, for example, shows the inception of the group and its changing relationships up to and including the most recent drama—providing the group with a history of itself, and making explicit those changes of relationship which were only implicit before. The impact of the most recent drama on group structure should be demonstrated.

4. Symbolic gift giving would have each person give a quality (not a thing) to some other person in the group. Some may have more than one gift to give to more than one person.
5. Sharing from particular persons in the group at the request of the protagonist might get information from these people which would otherwise be unavailable.
6. A group hug with the protagonist in the middle, and with the changing of "layers" of participants allows everyone to give and to receive simultaneously.
7. In especially large groups, sub-grouping to save time and allow for fuller participation would be productive so long as the same groups did not always form together, and so long as this method was alternated with other methods.
8. "Private" sharing with a protagonist could be used so long as it was always in conjunction with "public" sharing. Otherwise, much "group property" would be lost and group process would be interfered with.
9. Persons with a high degree of identification with the protagonist and who went through their own dramas vicariously might share the stage with the protagonist and be "given to" at the same time the protagonist is shared with.
10. Form the group into two lines facing one another and give each person 30 seconds to say whatever needs to be said to each other person. Shift the position of each person one space each 30 seconds, rotating the ends from one line to the other. In this way, not only the protagonist gets shared with but everyone else takes care of "unfinished business" and unsaid thoughts, face-to-face in a minimum of time.
11. "Strength bombardment" is feedback which is "filtered" to include only positive statements about the focal person. This is an effective approach to persons with low self-esteem. It may be a way to reinforce a protagonist who has suffered severe ego damage. It should be done one-at-a-time for fullest effect. The receiver of the positive feedback is not allowed to discount it.
12. Let only those three persons immediately in front of the protagonist share. Require that others who want to share, come up and "displace" one of the three, so the sharing is all done directly to the protagonist, rather than from the back of the room. This emphasizes the "encounter" aspect of sharing rather than the "discussion" aspect and intensifies the face-to-face interaction.

13. Convert the sharing to action. Have each person "be" his feelings or "represent" his thoughts, so more than just words are shared. Have each sharer up and moving in order to share and see what develops from the action. Turn metaphors into activity, feelings into movement. Words could accompany the action.
14. Let major auxiliaries share from the perspective of the role taken in the drama. What was important about it for them?
15. If time is short, one word or one sentence sharing might be done.
16. Finally, let each person share in his/her own way. Some have written poems, given messages, offered friendship, drawn pictures, sung songs, given praise, wept, laughed, and kissed the protagonist, aside from the other more conventional sharing. Everyone need not do the same thing in response to the drama or for the protagonist. Some may be too overwhelmed at the time to share at all and may want to save their sharing for a later time when they are more able to give.

The broader categories of these illustrations would seem to be (1) grouping and (2) action. Any one of these variations on a theme may have its drawbacks. Certainly the list is incomplete and great numbers of other forms of sharing are possible. What seems essential is that some versions of sharing other than the narrative ("Listen to my story now . . .") can be combined effectively to accomplish the purposes of the group and the protagonist, and that knowing of some of the options may increase the resourcefulness of the director of the session.

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A PSYCHODRAMATIC INTERVENTION WITHIN A T.A. FRAMEWORK IN INDIVIDUAL AND GROUP PSYCHOTHERAPY

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The past several years have witnessed a creative emergence of new therapies. The proponents of these innovative therapeutic approaches have attempted, with more or less elegance, to describe the theoretical basis for their approach (Berne, 1964; Mintz, 1971; Perls, 1973). Unfortunately, the trend among mental health practitioners has been to emphasize the technique with little or no regard for theoretical underpinnings. Although, as pointed out elsewhere (Naar, 1975) theoretical underpinnings are not absolutely necessary for an effective intervention, they nevertheless offer a number of advantages. They enable the therapist to proceed in a logical, rational manner and permit him/her to make predictions, thus broadening already existing knowledge.

Many of these techniques were borrowed, modified, and/or plagiarized from Moreno's psychodrama, the generic basis, one might say, for the current new approaches. Psychodrama, a philosophy of life as well as a therapeutic modality, rests on sound and well-delineated theoretical foundations (Moreno, 1959; Moreno, 1964; Moreno, 1974), and the techniques derived from the theory (Moreno, 1966; Moreno, 1975) are of such elegance and flexibility that they lend themselves to use within a variety of theoretical frameworks. Under the impetus of the non-traditional therapies of the recent years, the use of techniques derived from psychodrama greatly increased; but such use was neither steeped in Moreno's theory nor soundly anchored in other theoretical approaches—a reflection of the provincial, contemporary stance marked by concern for "what works" and little interest, if any, for "why does it work" (Patterson, 1974).

In the belief that a specific therapeutic technique can have greater effectiveness when used within a coherent theoretical framework and that the two questions "what works" and "why does it work" should go hand in hand, this paper describes how a modified psychodramatic "warm-up" may be used within a Transactional Analysis theoretical framework, both as a therapeutic and a diagnostic tool, individually as well as within a group. I will briefly discuss the theoretical basis for the use of the technique, describe the technique itself, and quote excerpts from two instances illustrating its application.

The effects of early learning upon present behavior are, of course, undisputed. The effects of early parental interactions upon present behavior have been particularly emphasized by a number of psychotherapeutic schools, such as psychoanalysis (Mahler, 1975) client-centered therapy (Rogers, 1951), and transactional analysis, or T.A. (Berne, 1964).

According to T.A. theorists, personality can be conceptualized as made up of three aspects or "ego states". The ego states, titled *the Child, the Adult,* and *the Parent,* manifest themselves in the individual's behavior at different times. The Child ego state manifests itself in expressions of spontaneity, creativity, drive, joy and rebellion. The Adult ego state manifests itself in the individual cognitive behaviors. It copes with the outside world and, in addition, mediates between the activities of the Parent and the Child. The Parent ego state has two functions: It has survival value for the human species because it enables individuals to behave as parents of actual children and, secondly, it makes certain kinds of behavior automatic, thus conserving much time and energy which can be used by the adult in order to make more important decisions. To quote Berne, "conception of personality in terms of the above three ego states presents a number of implications as follows:

1. That every individual has had parents or substitute parents and that he carries within him a series of ego states of those parents (as he perceived them) and that these parental ego states can be activated under certain circumstances.
2. That every individual (including children, the mentally retarded and schizophrenic) is capable of objective data processing if the appropriate ego state can be activated.
3. That every indivdual was once younger than he is now and that he carries within him *fixated relics from earlier years which can be activated under certain circumstances*[1] (Berne, 1964, pg. 24)."

Two expansions of the above constructs are necessary in order to make more explicit the use of the technique which will be described below.

1. Among Parental ego states carried by the individual may be undue criticism and rejection of one's self as a child. For instance, if an individual has been rejected by his parents as a child, or if his parents were overly critical and judgmental of him, the individual may carry that ego state within himself and thus be rejecting and overly critical and judgmental of himself. This carried Parental ego state, rejection and criticism of self, can be either always active or latent and activated under certain circumstances.

[1] Author's italics.

2. Among the fixated relics from earlier years carried as part of one's Child ego state are not only creativity and spontaneity, but also fear, weakness and vulnerability as experienced by a child. It should be pointed out that whereas felt vulnerability, weakness and fear may have been legitimately experienced earlier in life, the threatening stimulus may be absent when the child has grown up. The felt experience, however, may have remained fixated and be reactivated again under certain sets of circumstances.

It is clear, of course, that not only the three ego states but their smooth functioning and interrelations have a survival value for the organism. Conflict and disturbance may occur (a) when such interaction becomes unbalanced or (b) when, because of unusual circumstances, destructive Parental or Child behaviors are temporarily reactivated.

TECHNIQUE

The technique is the author's modification of a psychodramatic "warm-up" demonstrated in his presence by Marcia Robbins Sprague, a director of the Moreno Institute, presently residing in England. As modified, it consists of a guided fantasy followed by a dialogue during which the subject plays two parts. In the fantasy, the subject is asked to imagine himself[1] as he is today (i.e., an adult) facing himself as he was (i.e., a child). In the dialogue, the subject alternates between being his grown-up self and his child self, thus becoming aware of the possibility that some earlier feelings have been reactivated and hampering his present behavior, or he may become aware of certain attitudes which he has toward himself and which may have been similar to attitudes which his parents had towards him.

The following two cases illustrate the technique and its results. In the first case, the technique is used in a psychotherapeutic manner, and in the second case, it is used as a diagnostic tool as well as therapeutically. The first interaction occurred in an individual session and the second in a group.

Case 1: Jane was a 25 year old psychiatric nurse who had come to therapy approximately five years ago while in Nurse's Training. At that time she was complaining of a general dissatisfaction with life and particularly her school work, poor family relationships, loneliness, depression and "alienation". She remained in therapy for approximately two years and did quite well in the sense that her zest for life was re-awakened, she successfully completed her training and was able to wean herself away from her family while maintaining friendly relations with family members. Approximately two years later she married a young physician, shortly before his being drafted

[1] For brevity's sake, and because the author is male, the masculine pronoun will be used throughout except when reference is made to a female patient.

into the service and assigned to an Army post near a thriving Mid-West metropolis. Eventually, Jane and her husband, aware of many incompatibilities, decided to divorce. The divorce was amicable and the two parties remained on friendly terms. In the meantime, however, Jane had become the administrator of a small psychiatric hospital, a well-paid and responsible position which she thoroughly enjoyed. She wanted very much to keep her job but was very frightened at the thought of being alone, without the emotional and psychological support provided by her husband. She returned to Pittsburgh for a brief vacation and we met once. We spent part of the hour discussing the pros and cons of remaining in the Mid-West in her present position versus returning to Pittsburgh where she had many friends and acquaintances. Twenty minutes before ending the session, she was asked to have a fantasy. The following interaction took place:

THERAPIST (TH.): I would like you to close your eyes and imagine yourself back in time, as far as you can go. It's like climbing on a time machine and seeing your life like a motion picture projected in reverse. Experience yourself becoming younger, younger yet, much much younger, a very little girl. Can you see yourself?

JANE (J.): (Nods)

TH.: How old are you?

J.: About five.

TH.: Get acquainted with yourself, look at the way you are dressed. Feel your face, your hair. Imagine yourself in a large empty room with a large size mirror. Can you see the mirror?

J.: Yes.

TH.: You know that anything can happen in a fantasy. After all, it's only a fantasy. As you look into the mirror, you see that it is a very unusual mirror. You don't see your reflection in it. Instead, you see a vague, indistinct silhouette. As you keep staring at it, it becomes clearer, and . . . clearer. It is now quite distinguishable. It is you, but you today, you as an adult. The adult You steps out of the mirror, into the room and stands right next to the child You. Be the adult first and talk to the child.

J. (*as the Adult*): Hi! What are you doing there?

TH.: Now be the child.

J. (*as the Child*): I don't know.

TH.: I want you to look at the child's face. Can you tell me what you see?

J.: I see loneliness and fear.

TH.: Tell her.

J. (*as the Adult*): Why are you so afraid? Things can't be so bad.

TH.: Now be the child and look at the grown-up. What do you want from her?

J. (*as Child*): I want you to stay here. Don't go away. Don't leave me.

TH.: What do you feel now, Jane?

J.: I'd like to tell her . . .

TH: (*interrupting*): Tell her.

J. (*as Adult*): I won't leave you. Don't be afraid. I'll stay with you as long as you want me to.

TH.: Look at the child's face. What do you see now?

J.: More peaceful, but still a little afraid.

TH.: What do you want to tell her?

J.: I want to tell her . . . (voice trails off) . . . everything will be OK. Don't cry. I'll help you. I . . .

TH.: How do you feel about the child?

J.: I like her very much. I want to help her.

TH.: Tell her.

J. (*as Adult*): I love you very much . . . very much.

TH.: What do you want to do, Jane?

J.: I'd like to put my arm around her and hold her.

TH.: Kind of difficult, isn't it? She is so small and you are so big.

J.: I could kneel.

TH.: Go ahead. . .

J.: (Puts her arms around herself and cries silently, rocking gently right and left.)

TH.: It feels good, doesn't it? Stay together for as long as you want to. Then blend together into one and open your eyes.

After a while, Jane's tears subside. She opens her eyes, looks very peaceful, smiles.

J.: You know, I found out something.

TH.: What's that?

J.: I found out that I don't need someone to be with me and love me all the time. I am perfectly capable of loving myself. I mean . . . I can hack it.

Jane was indeed quite capable of "hacking it". She returned to her post and did quite well.

Case 2: Father Jonathan, a Catholic priest in his late thirties, came to therapy for a number of problems the nature of which is not relevant to this paper. After a period of individual therapy, he joined a group led by the author. A bright, perceptive, sensitive fellow, always eager to help others and extend himself, he was incapable of accepting anything from other people, be it material gifts or demonstrations of friendship and affection. When confronted by the group he attributed his tendency to his religious training which attached a positive value to giving but de-emphasized receiving from others. He was asked and accepted to experience a fantasy.

The introduction to the fantasy was essentially the same as for Case 1 with the exception that Father Jonathan saw himself as a six year-old child. The rest of the interaction was as follows:

TH.: Be the adult first and talk to the child.

FA. J. (*as Adult*): Who are you? What are you doing here?

TH.: Now be the child and answer.

FA. J. (*as Child*): (silence)

TH.: It seems as if he doesn't have anything to say. Can you be the adult again?

FA. J. (*as Adult*): You should be in school, not wandering around like this.

TH.: Now, speak for the child.

FA. J. (*as Child*): I don't know what to do.

TH.: Look at the child, what do you see on his face?

FA. J.: Confusion, fear, loss.

TH.: How do you feel about this child? He is so small and he feels lost, frightened.

FA. J.: I don't know . . . I feel kind of remote, not close to him.

TH.: Tell him.

FA. J.: I feel far away from you. I wish you'd go away. (Pause) He looks very sad.

TH.: What do you want to tell him?

FA. J.: I want to help you.

TH.: Can you reach for him?

FA. J.: (*Shakes his head "No"—grips the arms of the chair violently for a while, then opens his eyes and holds his head between his hands*) Oh, my God, my God, that was me, it was me. What kind of man am I that I can't even reach for a little boy?

DISCUSSION

In the case of Jane the "fixated relics from earlier years" included fear, weakness and vulnerability as she had experienced them as a child. Under the stress caused by her divorce these Child ego states were reactivated. The fantasy helped Jane realize that she was neither as vulnerable nor as weak as she had felt as a child and that such feelings (as least at that level of intensity), while legitimate in a child, were less appropriate for an adult. To use her own words ". . . I don't need someone to be with me and love me all the time. I am perfectly capable of loving myself. I mean . . . I can hack it."

In the second case, Father Jonathan carried within him a Parental ego state of criticism and rejection. Not only was he lonely and perfectly miserable but the religious structure within which he operated gave his self-rejection and self-criticism a positive value. As he later told the group, it was the first time in his life that he really experienced his attitude towards himself with great pain and as something negative and ugly. It should be added, here, that the group greatly reinforced Father's beginning awareness of himself as someone "to be good to". Several months after that session, he triumphantly announced to the group that, in order to attend the session which he enjoyed tremendously, he had asked a young couple to return the next day for the rehearsal of their wedding ceremony. To understand the meaning of the above, one should bear in mind that in all the years of his priesthood, Father Jonathan had never refused a request from a parishoner.

Needless to say, the technique described above may be used within other theoretical frameworks. It is important, however, that it be used judiciously and not as a hit-or-miss proposition simply because of its emotional impact. It must be used with a specific goal in mind, be that goal therapeutic or diagnostic in nature. It is also important that the timing be right and that adequate emotional support be available. Therefore, it behooves the therapist to know his client and to ascertain that the group is capable and willing to stand by in support. Unless these precautions are taken, at best the technique will fizzle, have no impact, render the protagonist self-conscious and the group uncomfortable. At worst, it can be damaging. To cite but only one such possibility, an individual may be absolutely devastated if suddenly confronted with his self-rejection unless propped up by the support and acceptance of those around him.

Let me, therefore, reiterate a word of caution. Structured interventions as the one discussed in this paper can be powerful and as suggested in the above paragraph, potentially dangerous instruments. They must be used with caution—with an idea of their consequences and how to deal with them. One must remember that such interventions are means to an end and not an end in themselves. Otherwise, they can truly become copping-out "gimmicks" rather than the powerful tools which they are intended to be.

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SCHOLASTICISM WITHOUT GOD: MARTIN HEIDEGGER (1889-1976)

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It is intriguing to count the similarities between Martin Heidegger, who died in May of last year in the West German village of his birth, and the late J. L. Moreno. Both were born in middle Europe at about the same time; both were products of Teutonic education; both had early flirtations with formal religion which influenced their later careers; both inspired major new trends in "existential" psychology as alternatives to Freud; both were charismatic and somewhat mysterious figures who excited either unflagging loyalty or unabashed contempt among their colleagues. Though they never met, they did have an indirect contact in the person of a tailor whom they shared in Freiburg many years ago.

Yet these similarities of background and professional status should not divert our attention from their differences, for these are far more instructive. Heidegger, though a brilliant lecturer by all accounts, was a rather reclusive sort who preferred Messkirch to the rest of the world, and his peasant neighbors by far to his philosophical colleagues. Moreno was gregarious and social, deserting Bucharest for Vienna early on, then Vienna for New York, then living in perpetual motion throughout Europe and the Americas, seemingly at ease with intellectual and laborer equally well. While Heidegger's early religious involvement was with traditional Christianity, Moreno's was as messiah of a new vision; and while Heidegger was allegedly a National Socialist sympathizer who became rapidly alienated, Moreno always declined identification with any ideology but his own. Although both were heavily influenced by Nietzsche, Heidegger's was the Dionysian road to ratiocination, Moreno's the Apollonian quest for redemption through the spontaneous act—i.e., self-creative and appropriate.

Indeed, Moreno's greatest debt was not to ancient or medieval philosophers*, as was true for Heidegger, but rather to thinkers who heralded the twentieth century: the Frenchman Henri Bergson and the under-appreciated American genius Charles Sanders Peirce, forerunner of William James, G. H. Mead and John Dewey. Bergson's philosophy of "durée," of reality as dynamic process, was extremely popular in Moreno's student days

* The possible exception to this is Aristotle, but his *Poetics* stimulated more a radical alteration than adoption in Moreno's thought.

among the liberal intellectuals. It seemed to sound the exciting experimental chord of the coming era, though ironically Bergson died an anonymous pauper in Nazi-occupied Paris. Peirce's pragmatism had as its basic tenet the notion that the meaning of a sign rests in the *action* that it calls forth, hence that experimentation is the key to definition. Moreno may also have been impressed by Peirce's infatuation with formulae and mathematization (Peirce's father was a distinguished Harvard mathematician), and his ingenious contributions to logic and chartography, as well as philosophy. This personally irascible but enormously productive harbinger of the new century also died in extreme poverty and without recognition. Activity, precision, and practicality were guiding themes in Moreno's vision of the human sciences, perhaps culled from the pages of Bergson and Peirce.

Heidegger, on the other hand, was a Graecophile, hankering for those halcyon days of the pre-Socratics when "logos" (order) was the aim of the intellectual quest and had not yet been obscured by lesser modes of being. After the project of *Sein und Zeit* ground to an unfinished halt, Heidegger decided that the fault lay in the kind of language he had inherited, one whose inadequacy both originally occluded and rendered painfully improbable any recapture of the nature of being. Thus the next forty years were to be devoted to an avalanch of books purporting to show how the question of fundamental ontology—the ultimate meaning of uncategorical Being—has been the "telos," or purpose, of Western philosophy. Heidegger's convoluted syntax and propensity for neologism and undefined usages brought him ridicule from the new-style logical empiricists of Germany and England. He fast became the whipping boy for new generations of English-speaking philosophers, replacing Hegel as the paradigm of obscurantism in philosophy. If Moreno was a man of the twentieth century, Heidegger was always its uncomfortable observer, especially with regard to the growing technology which he abhorred. In a just-released 1966 interview Heidegger was asked what God is now, and he replied, "cybernetics."* Moreno would have agreed, I think, but not with utter resignation, for typical of his pragmatic existentialism Moreno believed it possible and desirable to tame and harness the robot-vision on behalf of humanity's self-determined objectives.

Despite Heidegger's pessimism, many in Europe and a few in America heard this intriguing voice harkening them back to a nontheological scholasticism. Ludwig Binswangers "Daseinanalyse" was a direct result of his reading of *Sein und Zeit,* and R. D. Laing's *Divided Self* is obligated in large part to this new approach for interpreting Being-as-Consciousness (though

* "Only A God Can Save Us: An Interview With Martin Heidegger," *Philosophy Today,* January, 1977.

Swiss psychiatrist Medard Boss is closer to Binswanger); theologian Rudolf Bultmann applied a Heideggerian exigitical interpretation to his project of "demystifying" scriptural accounts; the French were surely influenced, among them M. Merleau-Ponty and Sartre; among Americans there are few capable—and fewer original—Heideggerian phenomenologists, but Carr, Edie, Idhe, Stambaugh, and Zaner are able and have taken up the cudgel from older transplanted students of Husserl like Dorian Cairns and Herbert Spiegelberg, though none subscribe wholly to Heidegger's position; and even in Eastern Europe the courageous conscience of the Prague Spring, Michael Kosik, sought to revivify Marxism with an Heideggerian subjectivity.

Surely, Heidegger's place as one of the foremost twentieth century continental philosophers (along with Husserl, Wittgenstein and Sartre) is assured, and in terms of impact in other fields he may be more influential than any since Nietzsche. But if his project was grand and fundamental it was also dark and uninviting: a realm of Being with no God, no love, and finally no genuine encounters, but a goal which has to be attained for the West to avoid catastrophe, although no strategy but a proposed "resoluteness towards being" is offered. Unlike Nietzsche, whose Overman would be skilled in dancing, laughing and playing, Heidegger's Dasein (human being) is prey to falling from its authentic being into such idle activity that it forgets death is its inherent possibility and time the meaning of its being. Though we regard this as but one side of existence, we honor those who so brilliantly remind us of it. ". . . The deceased, in his kind of Being, is 'still more' than just an item of equipment, environmentally ready-to-hand, about which one can be concerned," says Heidegger. "In tarrying alongside him in their mourning and commemoration, those who have remained behind *are with him,* in a mode of respectful solicitude."*

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* Martin Heidegger, *Being and Time,* tr. John Macquarrie and Edward Robinson, Harper & Row, New York, 1962, p. 282.

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A REVIEW OF SOME SOCIOMETRIC PLACEMENT TECHNIQUES USED IN A STUDY OF A HOME FOR DEPENDENT AND NEGLECTED CHILDREN

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The problem with which this investigation is concerned is that of determining the consequences of a program planned to develop positive interpersonal relations on the educational achievement, mental health, attitudes and outlook of a group of dependent and neglected children in a children's home. A comparison is made to a group of children of like socioeconomic status in a large Southern Baptist church in the same large Southwestern city, who live in their own homes and attend the same public school system.

The seven experimental measures used are the *California Short-Form Test of Mental Maturity,* the *California Achievement Test,* an *Achievement-Boredom Scale,* the *My Teacher Test,* a Test of n Achievement, and school grades. Test-retest were made over a six-month period. A comparison of difference scores was made, using t technique, to determine if there was any significant difference between the changes effected in the two groups.

Comparison on the *California Achievement Test* yielded a t of 4.4 or $p<.001$, indicating an advantage in favor of the institutional children. Comparison of difference in grade averages yielded at t of 2.56, or $p<.02$, in favor of the institutional children. Comparison of difference scores on the *California Short-Form Test of Mental Maturity* yielded a t of 3.16, or $p<.01$, in favor of the institutional children. Comparison of difference scores on the *Mental Health Analysis* yielded a t of 2.80, or $p<.01$, in favor of the institutional children. Comparison of difference scores on n Achievement Test yielded a t of 3.1, or $p<.01$, in favor of the institutional children. Comparison of difference scores on *Achievement-Boredom Scale* yielded a t of 2.84, or $p<.01$, in favor of the institutional children.

The children's home in which this experiment developed was supported by the county juvenile department. It had space for fifty-four children, twelve teenaged boys in rooms for two, fourteen teenaged girls in rooms for two, and dormitory facilities for thirteen girls and fifteen boys under thirteen years of age. The home was staffed by a director, assistant director, and thirteen staff members including cooks, janitor, seamstress, clinic, dormitory and playground workers. The playground workers helped the children with their school work at night.

All the children in the home were school age and all attended local public schools. They were placed in the home by either the county welfare unit

of the state or the county juvenile department. The home was integrated, having about forty percent non-white children, including Latin Americans and blacks.

This paper will address itself to the use of sociometrics in the home although the following treatment was an intregal part of the total environmental approach used. There were three main objectives used to enhance the functioning level of the child in his environment. First, satisfaction of needs as described by Maslow (1954) was a major goal. Until physiological and safety needs were fairly well met, it was difficult to work on interpersonal relationships using either group therapy or sociometric placing of the children.

The second aspect of treatment involved the skills necessary for success in development indicated by Havighurst (1952) in his Developmental Task Concepts. If the reader is interested in the specific programs involved to attain this level of functioning it is detailed in Patterson (1967). The following information relates to the use of sociometrics to create the environment necessary for positive growth.

All children were placed in their living quarters, work and play groups, seating for meals and outings by using sociometric test. Bonney (1960) says the primary purpose of sociometry in a school situation is to obtain quantitative data on attraction-repulsion patterns and to evaluate these data in terms of mental hygiene objectives. It is the thesis of this paper that these data can be obtained from sociometric tests which will, when properly used, have dramatic effect on the mental health of the children. It is important to keep in mind that this is a group process and will not be effective working with collectivities of children. Furthermore, it will be more accurate if the children involved know the data will be used. Considering these two criteria, the following program evolved, the main purpose of which was to create an environment where the greatest possible positive feeling could be directed toward each child. The following format was used to obtain these data.

Names of Children	My Very Best Friends +4	Other Friends +2	Not Friends 0	Don't Like −2	Really Dislike −4
1					
2					
3					
.					
.					
.					
25					

Every child was given a sheet of paper with information as indicated above. The names of the children involved were listed down the left side as indicated. Since the children were divided into two groups, those thirteen and above and those twelve and below, separate sheets were used for the two groups. Mature twelve year olds and immature thirteen year olds were included in both groups to determine which group accepted them better, as well as the group they chose. They were then placed in the group which afforded them the best environmental position.

Each child marked one of the possible five choices by the name of every other child. From this form positive and negative feelings could be determined, and an index of social status could be calculated. This was done by giving a numerical value to the choices, ranging from a +4 for Best Friends, +2 for Other Friends, 0 for Not Friends, −2 for Don't Like to −4 for Really Dislike.

From the above data room assignment, dining room assignment, and any other assignment relative to friendships was made. To place every child in a positive environment it seems necessary to start with the children with the lowest index of social status first, since it is most difficult to accomplish this positive position for them.

According to Jennings (1950) placement should be made according to psychetele and sociotele data. The above information would be considered psychetele (friendship) data. The following format was used to elicit sociotele data (work criteria).

Name	Would Always Want in My Group +4	Would Usually Want in My Group +2	Wouldn't Care 0	Usually Wouldn't Want in My Group −2	Would Never Want in My Group −4
1					
2					
3					
.					
.					
.					
25					

Data was collected as indicated above for sociotele data, and using these data work groups were assigned. It should be noted that the ability to discriminate between psychetele and sociotele data is equivalent to the ability to discriminate between friendship and good workers, and indicates a good perception of outer reality. In a group functioning at a high cohesive level

positive choice on psychetele data would reach a level of approximately 80 percent. The children in this study reached 86 percent positive choices. A realistic sociotele positive choice level could be expected to reach 50 to 60 percent level. The children in this study reached a level of 56 percent. This gives two positive indications of a good cohesive group, a high level of positive feelings (psychetele) and good discrimination between psychetele and sociotele choices.

Another indication of a good cohesive group is indicated by inter-choices of subgroups, in this case, black, chicano, and white children. There was no significant differences betwen intergroup choices.

It is the contention of this paper that the positive results of this study were due to the positive environment developed by (1) need satisfaction, (2) development of the developmental task, and (3) the positive environment accomplished by sociometric placement of the institutional children.

It is concluded that children in an institution can benefit from a program designed to supply positive experiences in interpersonal relationships, and sociometric placing can contribute significantly to developing these positive experiences. These benefits can accrue in the areas of educational achievement, mental health, attitudes and outlook. While it is not suggested that institutions can or should replace the child's home, it is strongly suggested that better child care can be provided when it is necessary to remove a child from his own home.

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TRANSACTIONAL ANALYSIS AND ROLE TRAINING IN THE CLASSROOM: A PILOT STUDY

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INTRODUCTION

The present study had its inception as a response to the question: "can concepts and techniques commonly used in clinical practice be modified and integrated into a preventative approach for small groups"? The plan was to develop and initiate a program that was community based. Not only could the services of the mental health center be expanded in an economical manner by working with groups, but also the focus would be with the preventative aspects of mental health care.

One important and often easily accessible natural environment of children is the public school classroom. The classroom is extremely important since it is not only a place where intellectual skills are developed but also an environment in which a substantial amount of social and emotional learning takes place.

The content of the pilot project focused on the study of individual personality and interpersonal interactions within the classroom. The course of study consisted of one hour sessions that spanned a twelve week period. The material presented for each session was derived as the result of the researchers integrating elements of Transactional Analysis and Role Training. The aim of the experiences was to enhance and expand social relationships by directing students in the study of their own personal make-up and the nature and quality of the interpersonal transactions in which they engaged.

METHOD

Students from the third (N=14) and sixth (N=17) grades in one elementary school were chosen as subjects. One classroom of each grade participated in the pilot program. The other classroom at each grade level was not involved in the project and therefore functioned as a control group.

The program consisted of 12 group sessions conducted once a week in the classroom for a total of 45 minutes per meeting. The basic format for each

session consisted of a ten minute lecturette on a particular topic. A brief list of the topics covered included the following:

a. P.A.C.
b. transactions
c. strokes
d. existential positions
e. contracts
f. games
g. recurrent conflict situations.

The lecturettes were followed by group discussion, role playing and role training exercises. The role performance exercises were designed for two purposes: reinforcement of the learning of concepts through concrete experiences, and providing students with a chance to learn alternate techniques for coping with problem situations. The exercises then either further illustrated material presented in the lecturette or facilitated students working on personal issues generated by the lecture or group discussion.

Initially, the program was developed for the sixth grade. It was then modified and adapted for use with the third grade. Each session was oriented toward the older elementary school child. The same session was then adjusted in an attempt to make it relevant for younger students.

MEASUREMENT

Prior to the initiation of and at the end of the program all students were administered a sociometric test. The particular test given was a modified version of Haskell's (1972, p. 31) test with the three criteria questions reading as follows:

1. The persons I would choose to be my closest friends are:
2. The persons I would choose to do classroom work with are:
3. The persons I would choose to play with are:

The total score on each criterion was computed by talling the number of times a student's choice was actually reciprocated. For example, if on question number one a student selected five persons and actually only three of them reciprocated (chose him) the student received a score of three. Therefore, scores represented the number of mutual choices.

Essentially, the researchers sought to improve the sociometric status of the pupils. Sociometric status was defined by the person's scores on each of the three criteria. A high score meant that an individual had many of his

choices reciprocated and thus was interpreted as indicative of high sociometric status. A low score was interpreted as low sociometric status.

It was postulated that students participating in the pilot program would have a significant increase in the number of mutual choices between test administrations while the control group would not show significant gains. Therefore, it was hypothesized that the experimental groups would yield significant increases in sociometric status as compared to the control groups.

The sociometric test results were statistically analyzed with a multivariate test, the Hotelling's T^2. It was assumed that the three criteria items were logically interrelated and a statistical test was needed that would account for interactions or correlations (covariance) between items.

RESULTS AND DISCUSSION

The results of the T^2 for the sixth grade confirmed the hypothesis at the .10 level. The experimental group did in fact yield a significant increase in reciprocal choices across the three criteria. As a group, the sixth grade children exposed to the program did significantly increase in sociometric status as compared to the control group.

However, there was an absence of significant results with the third grade students. The lack of significant findings appeared in part to be due to difficulties in adapting and modifying a program that was originally constructed for older children. The program was not adequately geared to fit the cognitive development, emotional maturity and behavioral control level of third graders. The time factor may also account for the lack of significant findings. Perhaps conducting the sessions twice a week would increase learning. Certainly future work would be needed to further refine and develop a program that is relevant to the third grade.

Many indirectly measured qualitative changes were observed by the group leaders and reported by teachers (and some parents). The children became more direct in their communications rather than being dishonest and circuitous in making their needs and feelings known. The number of negative strokes decreased while the frequency of positive strokes increased. Students began to make formal contracts with each other. Classmates began to accept isolates and rejectees and included them in various activities. And, finally, there seemed to be a definite increase in respect for individual differences.

CONCLUSIONS

The results of this project demonstrated that clinical concepts and techniques can be adapted for use with non-problematic children. The group methods used in this study did aid in the improvement and expansion of

social relationships. Group techniques such as these can be a part of a preventative approach to community mental health. Teachers could very easily be trained in the use of techniques similar to those developed for this pilot project and integrate them into the regular program. Such an approach may not only help prevent future disorders with children but may also help them enrich their relationships. It may also help teachers to become more aware of their own impact in the classrooms.

Educators are learning that the classroom is not only a place where cognitive abilities are developed but also an environment in which significant social and emotional learning occurs. Hopefully this study will provide some inroads into and impetus for the development of other group approaches oriented toward preventative mental health.

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TOWARDS A PSYCHODRAMATIC INTAKE: TWO TECHNIQUES OF SELF-INTRODUCTION

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The psychodramatic approach to the initial assessment of problematic areas in the psychological and behavioral functioning of the protagonist may be clustered into two major categories: sociometric procedures and action procedures. The first category includes both the use of the sociogram (Moreno 1953) and the role diagram (Moreno 1972, Hale 1975), which are essentially charts reflecting interpersonal and intrapersonal characteristics of the protagonist. The second category, the action procedures, are by far more popular in current psychodramatic interventions. They include 'on-the-spot,' often intuitive evaluations of the performance of the protagonist as evidenced from his psychodramatic enactment of various life situations. The basic technique employed to allow for such evaluation has been the technique of 'self-presentation,' originally described by Moreno. The description of this technique reads as follows:

> The simplest psychodramatic technique is to let the patient start with himself—i.e., to live through . . . situations which are part of his daily life, and especially to live through crucial conflicts in which he is involved. He must also enact and represent as correctly and thoroughly as possible every person near him, involved with his problem, his father, his mother, his wife, or any other person in his "social atom". . . . The presentation can relate to situations past, present, or future. The patient is asked not merely to portray situations which he has lived, but to duplicate them completely. He is also asked to portray these situations with as much detail as possible, in collaboration with a partner if necessary. If he is, in these situations, a lone character, he may psychodramatize them alone. (Moreno 1972, pp. 184-185)

While the 'self-presentation' remained the basic technique underlying every psychodramatic treatment, some writers—including Moreno himself—devised additional, more specific techniques which could serve as both warming-up techniques and techniques of evaluation. Among these one finds the 'Empty Chair', the 'Spontaneity Test' and the 'Spontaneity Test in Standard Life Situations' (Moreno 1972), the 'Magic Shop' (Moreno, 1964, p. X; Weiner & Sacks 1969), and the 'Exit Test' (Moreno 1965), to mention only a few.

As far as initial assessment is concerned, however, there seems to be a lack of specific psychodramatic techniques which provide the protagonist with an opportunity to present himself in a manner which may reveal his perception of himself, his fears, his assets and liabilities, his social skills, his approach to problem solving, and the characteristic modes of his communication with his surroundings. The 'self-presentation' technique can of course provide such information, but its major disadvantage is that it requires a considerable amount of time, and many unintentionally lead to a temporarily biased evaluation.

The present paper describes two relatively short techniques which can be used at the beginning of a psychodramatic treatment. These techniques provide every potential protagonist, in fact every participant in a psychodrama group, an opportunity to introduce himself through brief and standardized role-playing episodes. Furthermore, they enable the director to arrive at some initial psychological assessment, a sort of a psychodramatic intake, of every participant. We called these psychodramatic exercises the 'Photo Album' technique and the 'Outside-In' technique.

THE 'PHOTO ALBUM'

People carry memories of themselves, memories which encompass many facets of their past experiences. Memories are stored in the mind, but some are documented by means of actual photographs. The 'Photo Album' technique utilizes such existing photographs as stimuli to evoke some of the memories of 'how we were.' The technique is based on psychodramatizing meetings between the present and the past, the persons we are today and the people we were then, years ago. It is a form of a psychodramatic self-introduction.

Description

The group is seated in a full circle. An empty chair is placed in the middle of that circle. The director, standing next to the empty chair, introduces the technique of the 'Photo Album' as follows: "I would like to suggest that you introduce yourselves in a very interesting and simple psychodramatic way. All of us have photographs of ourselves, photos from our past. Photos from when we were babies, children, teenagers, and adults. Let us review some of these photos again. Let us introduce ourselves through some of these photos in a psychodramatic way. To do this, I am asking you to concentrate on this empty chair and as you do this try, in your own mind, to place on it a photograph of yourself, any photo of yourself that comes to mind first.

Try to visualize it in detail as clearly and vividly as you can. You may think of two photos of yourself, perhaps one you like and one you do not like."

A few moments later the director ascertains that every participant has complied with his request, and then he proceeds to explain: "I will, now, ask each one of you to place himself on this empty chair, as he is in the photo you have just thought of, and let's have a psychodramatic meeting with him. Who would like to start?"

PROCEDURE

There are numerous ways how to encourage the participants to start. The simplest way is, of course, to ask for a first volunteer. Another way is to move the empty chair and to place it, silently, in front of one of the participants, the one who appears to be ready to begin. Sometimes an indication by a gesture of the hand is also needed, a gesture conveying "Please, start." Alternatively, the director may pick up the empty chair and walk with it in front of the group, and as he walks around he may say: "Please, anyone who would like to start stop me, and I'll put the empty chair in front of you."

Whichever method of encouragement is adopted, the psychodramatic meeting proper begins with the emergence of the first volunteer. The director asks the chosen member—the protagonist—to describe the photo he had in mind, that is, to provide a *detailed* description of the image in the photo. The meeting is, therefore, between the protagonist who is sitting among the entire group (Present-self) and his image (Past-self) who is represented in the empty chair. The 'Present-self' starts with statements or questions addressed to the 'Past-self.' Then, the director will role-reverse the situation. Now, the protagonist sits in the empty chair as his 'Past-self' and talks back to the 'Present-self' who is now represented in an empty chair. In order to keep the verbal interaction active, a few more role-reversal instructions might be required. It is important, however, that the director will interview the protagonist in the role of the 'Past-self.' Such an interview ought to be brief and should not dominate the meeting. Some of the most revealing questions, in our experience, are: "Did he (she)—pointing at the empty chair representing the 'Present-self'—grow up to meet your expectations? Did you think of yourself becoming what he (she) is? In what ways are you ('Past-self') different from him (her) ('Present-self')?" Naturally, there might be many other questions and clarifications to put to the protagonist in the role of the 'Past-self' which might be dictated from the nature of the particular meeting.

A typical episode should last approximately five minutes to allow sufficient time for every member of the group to have a chance to introduce himself through this technique. If, however, the director requested each member

to think of two photographs, the meeting with the second one will follow immediately. Once every participant in the group has had the opportunity to meet psychodramatically with his 'Past-self,' a short discussion may ensue. Such a discussion will be a sharing type of interaction where the participants may share and compare experiences and impressions in an emphatic and supportive atmosphere.

Indications and Contra-Indications

The 'Photo Album' technique is, in fact, a solo performance. It does not require the services of an auxiliary-ego nor does it demand a prior acquaintance with the psychodramatic process. The situations where this technique is mostly indicated may be divided into two categories: the need of the group and the need of the director. As far as the need of the group is concerned, the 'Photo Album' technique may be useful when (a) The participants in the psychodramtic session need to be warmed-up in order to enhance their sense of cohesiveness and their mutual trust; and (b) Members of the group are still strangers to each other and need introduction. This situation typically occurs in the very beginning of the formation of the group. From the point of view of the needs of the director the technique might be indicated when (a) He lacks sufficient psychological understanding of the participants and is in the process of formulation the initial assessment; or (b) He is searching for additional material regarding a particular protagonist in the attempt to have a clue for future psychodramas.

In some instances it is advisable not to begin a new group with the 'Photo Album' technique. Some people feel quite threatened by it. It is perhaps safer to start with other warming-up techniques, those which demand a lesser degree of self-exposure before introducing this technique. Although the 'Photo Album' technique allows the director to interview the protagonist, mainly in the role of the 'Past-self,' it is important that most of the self-introduction will be executed through the role playing itself. The director must find the appropriate balance between his verbal interviewing and the flow of the psychodramatic interaction.

Variations and Modifications

The 'Photo Album' technique as described in the foregoing was designed specifically as a psychodramatic from of self-introduction and for intake purposes. It is for this reason that the protagonist is requested to reproduce, visually, a photograph of *himself (herself)*. It is conceivable, however, that the technique may be employed for purposes other than those of self-introduction or intake assessment. Under such circumstances, a few modifications

or variations of the technique might be needed. These variations may involve psychodramatic meetings with other kinds of photographs. For example, the director may wish to confront the protagonist with (1) a *family photo,* that is, a photograph of his parents and other siblings; (2) a *photo of friends* or other significant persons in the social network and the vocational milieu of the protagonist; (3) a *photo of deceased person* with whom the protagonist has an unresolved conflict; (4) a *photo of a scene:* a childhood place, a house, a room or even a *photo of an object,* and (5) an *'unavailable photo'*. The last situation may pertain to either a photograph which was never taken in the past or one which the protagonist would wish to have in the future.

The decision to apply these modifications and specifically which kind of photographs ought to be introduced has to be made by the director according to the psychotherapeutic goals he hopes to achieve.

THE 'OUTSIDE-IN'

People reveal themselves in many different ways depending on the kinds of situations they are involved in and the impressions they wish to impart on their surroundings. The fact that personality characteristics reveal themselves in a selective manner is partly a conscious phenomenon and may be determined by factors such as the level of intimacy required in the interpersonal interactions, the definitions of the roles performed at a given moment, role expectations, and self-image. In general, the less psychologically guarded the person, the more he will reveal about himself, provided an appropriate atmosphere for such self-revelation is established. The 'Outside-In' technique was designated as a psychodramatic device enabling the participants in a group to introduce themselves, step by step, according to the many aspects of their personality. Starting with a description of the more public, observable personality characteristics as reflected in casual or formal social roles, the technique leads the participants to reveal other, more intimate, levels of their personalities. The technique was called the 'Outside-In' because it allows the protagonist to introduce himself starting with the outward behavior and gradually proceeding to that which is very personal and private. It should be noted that a somewhat similar idea was proposed by Robbins (1973), who developed the Matrioshka Doll warm-up technique.

Description

The group is seated in a semi-circle in front of a row of five empty chairs. The chairs are arranged in a straight line, as in a bus, and parallel to the group.

The director, standing next to the empty chairs, introduces the 'Outside-In' technique as follows: "I would like to suggest that you introduce yourselves to the group in the following psychodramatic way: "We have, here, a line of empty chairs. This line represents a 'whole person,' where each empty chair stands for one aspect or one level of the personality. For example, the chair farthest left may represent the kind of a person you appear in casual social situations or in your vocational role. Moving to the right, the next chair represents the kind of a person you seem to appear to your intimate friends. The third chair represents yet another, more personal, level of yourself, and so on. Each subsequent chair represents a more personal level of yourself. The last chair, the farthest right, stands for your innermost, private self. I would like each of you to come forward, one at a time, and introduce yourselves sitting on these chairs starting from the left chair and continuing to the others. You may determine the pace of your progress from one chair to the next one and may stop at any point." Before calling upon the first person to come forth, the director may devote a few moments to further clarifications, if required.

PROCEDURE

The procedure begins once a group member has come forward and sat in the first empty chair, the one on the far left. The director, standing near the last empty chair in the row, asks the protagonist "Who are you? How do you appear to other people? What are the things that characterize you in this role?" The protagonist is encouraged to respond in detail, to expound and elaborate on his answers. Then, the director suggests that the protagonist move to the next, second chair. Again, the same questions are repeated with the following additions: "In what ways are you different from the one who sat in the first chair? Are the two of you getting along all right? Is there anything you want to tell the part of you which was represented in the previous chair?" If the reply to the last question is positive, the protagonist may confront the first empty chair and say whatever he wishes. Then, the director may role-reverse the protagonist who returns to the first, or previous, chair and is given an opportunity to answer and reply. Depending on the content of the verbal interaction, the director may decide whether to continue with a few more role-reversals. The same procedure is repeated as the protagonist moves to each subsequent chair.

Most protagonists do *not* fill all the empty chairs during the first meeting. They reserve the right to protect themselves from a total disclosure. The director should respect their wish and permit them to stop at any point in the procedure. Sometimes, a protagonist may wish to alter the physical arrangement of the chairs and put them in a circle rather than in a straight

line, or to place two chairs together, one adjacent to the other side by side. Again, such wishes ought to be honored.

Once the first protagonist has completed the self-introduction the director thanks him for coming forward and calls for the next person. The procedure is repeated until every member of the group has thus been introduced to the group. At this point, the director may allow a short discussion in which people may share and compare feelings and experiences.

The length of the time allocated for each self-introduction may vary from one person to another. With a regular size therapy group (eight to ten participants) each person should be given approximately five to seven minutes. In a smaller group, or in special cases, this time recommendation can be altered.

Indications and Contra-Indications

The 'Outside-In' technique is a psychodramatic exercise which requires the participation of only one protagonist and one director. The assistance of an auxiliary-ego is usually not needed. The circumstances under which this technique is indicated are essentially similar to those described in the 'Indications and Contra-Indications' section of the 'Photo Album' technique. Briefly, the 'Outside-In' is useful for warming-up purposes, for enhancing group cohesion and developing mutual trust, and as a means of initial self-introduction. It is also indicated for intake purposes and for searching further clues in order to proceed with the treatment. In addition, the 'Outside-In' technique may be used for assessing therapeutic progress especially when the focus of the treatment is on helping the protagonist to become open and spontaneous. In order to utilize this technique as an indicator for therapeutic progress a 'before and after' design is called for. Thus, the 'Outside-In' is administered at the onset of the treatment with the director recording the degree of openness revealed by the protagonist. This can be inferred from (a) the content of the verbal description, and (b) the number of chairs, or steps, he was willing, ready, and able to go through. The same technique is repeated towards the end of the treatment, and the performance at this stage is compared with that recorded in the beginning. The differences between the two performances may serve as an indicator of therapeutic progress.

The 'Outside-In' technique might be contra-indicated with a group comprised of very withdrawn and reticent members. Since self-introduction, especially as required by the 'Outside-In' technique, might be perceived as undue psychological pressure for self-revelation and a premature intrusion into the private world of the participants, careful judgment ought to be exercised before the technique is presented to such a group.

DISCUSSION

The two techniques described in the present paper, the 'Photo Album' and the 'Outside-In,' have many characteristics in common. The most obvious common denominator is the fact that both techniques are role-playing exercises of self-introduction, and that they constitute, together with other techniques, a 'psychodramatic intake,' or a form of psychodramatic interview. At the same time the two techniques are not identical. Each addresses itself to a different aspect of self-introduction. The 'Photo Album' allows for a self-description in a more historical, developmental perspective. There, the person is introduced by means of comparing himself at different stages of his life. The 'Outside-In,' on the other hand, requires presentation of the self according to the various facets of behavior. The focus of the attention, here, is on the present self, but as a multidimensional entity. Still, both techniques are based on similar principles and utilize comon psychological concepts. These will now be discussed from the psychological, psychotherapeutic, and psychodramatic aspect.

Psychologically, one of the most potentially difficult issues in every task requiring the introduction of the self is the need to overcome the prevailing cultural code which calls for a restraint in talking about oneself. Self-evaluation and self-praise are modes of expression which are barely condoned in our society. People find it quite difficult to indulge in self-appraisal. Both the 'Photo Album' and the 'Outside-In' create legitimate circumstances for such self-evaluation. In a way, they are perceived by the protagonists as exercises in role-playing rather than forms of self-introduction. In a similar fashion, the two techniques seem to minimize the potential interference of yet another psychological phenomenon—namely, that of the influence of 'social desirability.' 'Social desirability' refers to the tendency of people to present themselves in a manner congruent with the demands and expectations of the social codes prevailing in their contemporary culture. It tends to prompt a positive description of oneself and to conceal the disclosure of behavioral conflicts, liabilities, and incongruencies. The way the two techniques have been structured counteracts such a tendency. Thus, the 'Photo Album' implies that the way we are today may differ from the way we were in the past, and differences or similarities between the past and the present are facts which cannot be ignored. The 'Outside-In' is designed to present the self as a multidimensional and complex entity where differences and incongruities between its various components are only to be expected. Finally, both techniques elicit descriptions of the self as they are available on the level of awareness. Other personal traits and characteristics rooted in the subconscious level often reveal themselves from the overall performance of the protagonist, from the differences between his verbal account

and his behavior, and from the incongruities between the various aspects, or stages of development, of the self.

Psychotherapeutically, it is important that techniques of self-introduction will contain measures which reduce fears and anxieties associated with exposing one's very private self. Self-disclosure increases the feeling of vulnerability which, in turn, heightens the feeling of insecurity. By resorting to a strategy of gradual exposure to the tasks required, such feelings and anxieties seem to subside.

Psychodramatically, both techniques offer an interesting and easy way of introducing the psychodramatic language into the new therapy group. Both techniques use role-reversal, acting out of various roles, and personalization of psychological concepts, which are part and parcel of any complete psychodramatic enactment. They also offer an unusual way of concretizing self-introduction, and thus may increase the curiosity and motivation of the participants to continue treatment.

In conclusion, it should be emphasized that although the 'Photo Album' and the technique of the 'Outside-In' have been presented as group exercises, they are also ideal for individual treatment. Since neither technique requires the assistance of an auxiliary-ego, they can be administered in the presence of two people only, the protagonist and his director-therapist.

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ROLE REVERSAL IN A SOVIET PRISON CAMP*

HILLEL I. BUTMAN

(It is not unusual for role reversal in psychodrama to produce a cri de coeur. And as a technique in literature it has enabled authors to produce an epiphany. Here, and rarely in any context so eloquently, it has been used as a political instrument in the struggle for human rights.

In 1970, H. I. Butman was sentenced to ten years in prison in the "Second Leningrad Trial" of Soviet Jewish activists. In 1973, his wife, Eva Butman, was given permission to emigrate to Israel. This letter, a copy of what was addressed by Mr. Butman to "Citizen General" (Chief of the Perm Administration of Corrective Labor Establishments, USSR-ITK 35) was received by Mrs. Butman and has been made available by the Greater New York Conference on Soviet Jewry.—Ed.)

Citizen General:

During this year I have sent you two short statements dealing with the arbitrary actions of the administration in the zone in which I am kept. However, you, Citizen General, are probably a very busy person, and I strongly suspect you had simply no time to look at them. I have therefore decided to write a third statement, not in the ordinary, dry official style, but in a somewhat artistic form. Let the weary hours of your work be interrupted, even if not for long, by what, I hope, will turn out to be interesting reading.

Since my statement is to be artistic, I am entitled to use a literary approach. I shall use a simple one, everything else will fully coincide with the facts, will be the truth and nothing but the truth. And now about the artistic method. At first I thought, naturally, of writing about myself in the first person and others in the third, and of addressing you in the second. Then I decided that this would be too boring for you. So I decided to have us temporarily change places for the sake of better illustration.

Thus, I am sitting in the armchair that was formerly yours, yawning and glancing at boring complaints (including the present one). And you, what are you doing in the meantime? You have undergone a horrible metamorphosis. You have become not just another prisoner (this can happen to any-

* This article is reprinted from the *National Review*, 150 East 35th Street, New York, N.Y. 10016.

one, and truly it is said "exclude not prison and the beggar's bowl"). You have become a Zionist! Don't worry, not a Zionist of the kind you have read about in the Soviet press, there are none like that in reality. You have neither horns nor hoofs, and in the bath no one would be able to distinguish you from a normal Soviet citizen. You are simply a Jew (please excuse the expression), for whom Soviet citizenship has become a burden greater than Earth is to Atlas, a Jew who did not want all his life to think one thing, say a second, and do a third, who wanted to move his body to where his soul has long since dwelt—from the Baltic Coast to the Mediterranean. For this you were given ten years of strict regime.

And now you are in the prison camp. A wonderful place in the forests on the approach to the Urals. You are very lucky. You have already grown accustomed to the climate in the Urals, and you will not freeze through the long winter as will Bagrat Shakverdyan and Razmik Zograbyan, your new friends from Rumania; thank God, you will not suffer from daily migraines on account of the constant changes in atmospheric pressure, as will Ivan Svetlichny and Vasil Zakharchenke, the Ukrainian writers.

You are very lucky indeed: you need have no fear of thieves. The administration has thoroughly enclosed your area with fences; it has enlisted athletic-looking young men from sun-scorched Central Asia and vigilant northern police dogs to guard your peace. Even thieves who can run as fast as a greyhound and jump like Bruner, the legendary Soviet athlete, will not be able to reach you. The administration guards you like the apple of its eye. As soon as you wake up the administration counts you for the first time—at the morning roll-call. When you go to work it counts you a second time; at noon you are counted again, at work. You return from work for the fourth count, and at the evening roll-call you are counted for the fifth time. And at midnight, your sleeping body, unable even to acknowledge it with a grateful look, is counted for the last time, the sixth.

Can the prisoners of the Chilean junta expect so much considerate treatment? Of course not. True, you were a little put out when you read in *Beyond Our Borders* how Luis Corvalán, dressed in a white shirt and light blue trousers, calmly discussed things in the yard, eye to eye, with an Italian progressive lawyer. (Heavens, how could they be bugged, after all they talked not in the room for meetings but in the yard!) You sadly glance at your grey bag-like suit, the only one you have, the one you wear when at work and when not at work. You saw your white shirt and light blue trousers for the last time on the day you were arrested—June 15, 1970. But do not be discouraged. For you have something that he has not: he has a white shirt and light blue trousers, but you have a beautiful tag on your jacket, and on your padded jacket as well. It gives your name and initials,

and the number of your team. It's almost as if you were a milch cow with a record yield.

You were also annoyed when you heard that President Allende's former personal physician, now a prisoner, continues to practice as a physican in the camp, and does everything to alleviate the sufferings of his fellow prisoners, while the only physician in your area, the Kiev psychiatrist Slava Gluzman, was not even allowed to work as a medical attendant (no prisoner is authorized to practice as a physician) for having taken the Hippocratic Oath too literally. But do not grieve. After all, Comrade Corvalán sometimes does not feel too well, but you are healthy. Like every healthy Soviet prisoner you have a sick heart, a sick stomach, and sick teeth; neurosis, gastritis, and paradentosis. And a few more things it would be better to keep quiet about—after all, the many hunger strikes leave their mark. How lucky you are to be healthy. For you know only too well what it means to be ill in camp.

And you were annoyed when you were informed by *Journalist* that the Chilean political prisoners have a wonderful amateur dramatic troupe, that they sing, dance, carve wood, and work metal. And then you find that it is not surprising they have time for all this—in the camps of the fascist junta, labor is voluntary: if I feel like it, I work, if I don't want to, I don't, as in a fairy tale. At first you didn't believe it, but then you looked at the names of the authors of that article in *Journalist*. Two reporters from the German Democratic Republic. They are respectable people, not likely to deceive you. Moreover, they shot some film in the camp. For those who believe, and those who refuse to. But do not grieve, they haven't learned yet that work is a source of longevity. And if you are placed in the punishment cell for having left your place of work, that is not because anyone wishes you harm. The administration wishes you many years of life. If you dream of seeing a piece of meat on your plate, it is a sign that the devil inside you does not yet slumber. You quite forgot that meat would shorten the additional span of life your are obtaining by doing daily coercive labor in the factory.

Finally, it annoyed you to see that Comrade Corvalán had preserved not only his white shirt and light blue trousers, but also his hair. You couldn't help remembering how they first handcuffed and then shaved the head of Orlovich, who out of religious convictions had insisted that it be left unshaven; how they shaved the head of Tolya Altman, your friend and fellow citizen of Israel, whom they first handcuffed as well; and how they handcuffed your Ukrainian friends and shaved off their mustaches. But abandon these evil thoughs. Everybody knows today how good ultraviolet rays are for your health, and that it would be difficult for them to

penetrate in the morning through your hair, through your mustache. The order that you be shaved took your health into consideration, the health you are so lightheartedly willing to squander.

Sometimes, perhaps, the suspicion enters your mind that all this, the baglike clothes, and the shaved heads, and the roll-calls everywhere—to work, from work, to the dining room, from the dining room—and the siren that wakes you, and that lulls you to sleep: that perhaps all this is meant to kill your individuality, to kill in you the ability to think and to act as an individual, of your own will, not by order; that perhaps its purpose is to change you into a robot that starts to salivate at the sound of the siren calling you to lunch. Into a robot like the former policemen around you, who jump up when they see a Soviet officer, as they jumped up when they saw Hitlerite officers, who hurriedly remove their caps and in trained voices shout: "Good morning, Citizen Chief!" as they once shouted: "Good morning, Herr Obersturmbannführer!" at the time when they were executing your relatives in the ditches of Ponar and Baby Yar. Maybe this all stems from the guards' obsequiousness, their habit of self-debasement before those who are above them, and their unharnessed sadism toward those who are below?

No, all of this is a requirement of Order Number 2020 of the Ministry of Interior: Self-debasement is obligatory. By order.

And now, please remember the first of the two short statements you wrote me after your return from Vladimir Prison. Do you remember its content?

You were sitting in the reading room, writing a letter to your wife in Israel, when Captain Polyakov, the Assistant Chief of Regime, walked in. He knew how you would react. There was laughter in his eyes. He towered above you: Well, Butman, are you going to greet me, or not? You had only one choice: self-humiliation or humiliating him. You did not get up, did not take off your cap, did not say anything. . . . The result—seven days in the punishment cell.

The punishment cell re-educates with cold and hunger. Hot food is served every other day, if what is served can be termed hot "food" at all. The bed is folded against the wall, and let down only at night. If it were warm, one could use one's shoes for a pillow (no bedding is issued) and try to fall asleep. But it is warm in the cell only if you are lucky; and your hungry body, as if to spite you, does not generate heat. The only way out is to tremble as rapidly as possible, as the camp wits maintain. For a person who is not perpetually hungry it is easy enough to go hungry for a while. For a person leaving a warm room it is easy to bear the cold.

But for a hungry person to be kept in the cold is a most effective re-education for the refusal to dance at one's own funeral.

On the other hand, you have much time in the punishment cell (if you are not taken out to work), time to think and to remember things. For example, Article 1 of the Corrective Labor Code of the RSFSR. What a nice, humane article: Punishment in the USSR does not have the aim of causing suffering, either physical or moral.

You are so naïve that when you leave the punishment cell you write a complaint about Polyakov to me, the Chief of the Perm Administration of Corrective Labor Establishments. This is the first of the two short statements that preceded this one.

And a month later I, a general, one of the few, receive another statement from you, one of the many. I make a wry face, for I am beginning to get fed up with you. Very well, let's see what you are dissatisfied with this time. . . . It appears that you are dissatisfied that you have been deprived of the privilege of buying five rubles' worth of goods once a month and of receiving a parcel weighing five kilograms once a year. You have been deprived of these two privileges simultaneously. Why? You had been lying in bed in the daytime! True, it was during your free time, and you were undressed and covered with a blanket, as the rules prescribe, but still . . . And then, at the "Educational Commission," you did not admit to having committed a crime, did not wish to discuss the matter; well, pride rides for a fall. You were overdoing it, Citizen Zionist.

But then you have two certificates of higher education, and your case made a lot of noise, and on top of it there is that silly detente—I guess I had better send someone to check, just to make sure. He, the controller, knows what is wanted of him: of course, he'll never reach your camp, and he will not have you called. He will deliver to me the report that I expect of him: it appears that not Polyakov but you are the persecutor, that you persecute poor Polyakov. And here, at last, we see Zionism on the rampage; it began with the innocent lying under a blanket during the day and now has reached its apogee.

And now only a month has passed, and here you go again. And it's getting worse. You were taking two albums of postcards from the storeroom to your section, and Senior Lieutenant Kuznetsov objected, on the grounds that it is prohibited to dirty your section. (True, to the Senior Lieutenant, albums look like books, and he hates books fiercely and ferociously.) You tell him that this is strictly your own business. The report will state that you used insulting language. It does not matter that you are entitled to have with you your personal letters and postcards, without any limitations. It is also of no importance that you are even allowed to have

five books (just in case you really had been carrying books). It is not *important that punishment in the USSR is not meant to cause suffering,* physical or moral. It is quite sufficient that Senior Lieutenant Kuznetsov and Captain Polyakov have set themselves to just this task.

Last month a punishment, this month—a punishment again. What for? You have been a prisoner for seven years already and understand what they are after. You are being prepared for Vladimir Prison. You left it only five months ago to return here. All that is needed is to add a few papers to your file, and the flow has already started: refused to greet an officer, was lying in bed during the day, tried to dirty the section. And now it is up to the court, and the court knows its business: in just a few minutes the court will deprive you of three years of life in the present, and it is difficult to say of how many in the future.

It does not matter that your family is waiting for you in Israel, it does not matter that your children are growing up as orphans even though their father is alive, it does not matter that your wife begs you in every letter to guard what health you have left. She does not know that almost every day you face the choice: whether to preserve your moral or your physical health.

Jump to your feet when your executioner enters the room, stand at attention, remove your cap, and shout: "Good morning, Citizen Chief!" Then wait, perhaps he will even condescend to answer, and everything will be well. You will not be sent to the punishment cell, you will preserve your physical health, and there will not be another paper in your file.

You were called to the "Educational Commission," your lying in bed during the day was being discussed. You stood in the middle of the room, no one offered you a chair, while a dozen or so "educators" who because of the constant meetings, have never had the time to read the section of the rules dealing with your rights (they have read only the one describing your duties) looked you over, and each sought to outdo the others in humiliating you. If you had tried to justify your behavior, asked for indulgence, humiliated yourself, perhaps this would have helped, and no new paper would have been added to your file. But you knew that lying in bed in your free time has never been prohibited. Indeed, one is not allowed to lie in one's clothes, but you were undressed, and next to you other prisoners were doing the same. Senior Lieutenant Kuznetsov chose you. It would be surprising if in addition to all his other merits he were not an antisemite as well.

A swarm of memories passes through your head. A motley collection of mockeries and humiliations the official name of which is the Corrective Labor System unrolls before your mind. Everything that has happened

since you last put your daughter, then four years old, to bed, while they were waiting. "Are these your friends, Papa, will you return soon?" she asked. "Yes, yes," you lied to your daughter, not for the first time. Now she is almost eleven.

However, we have strayed from the subject. You are standing in the middle of the room like a naughty schoolboy, and they are "educating" you. They are educating you, while you remember. You remember how your relatives who come to see you are forced to undress down to the skin, how your wife and your sister, who have traveled thousands of miles from Leningrad to see you for two hours, are unceremoniously sent back because you allegedly wear your hair one centimeter longer than provided by the rules.

And you remember other things, many other things. And it is only from time to time that the voices of the members of the commission penetrate to you, as if through a dense fog: refuses to be re-educated, does not learn, deliberately lies in bed. And among the voices, their voices, which you will now recognize always and remember forever, to the end of your life, there are those belonging to Lieutenant Kuznetsov and Captain Polyakov. You will remember their names. Someday, when it is they who are sitting on the bench of the accused, you will remember their names.

And again you are faced with a dilemma: to debase yourself together with them or . . . You choose the "or." You tell the commission in some detail what you think of their methods of education. Naturally, you speak loudly, excitedly, you are not as yet a robot and human feelings are not dead in you. Yet, although in your little monologue you did not use a single impolite word, yet another paper is added to your file, yet another paper bringing you closer to Vladimir.

You left it only five months ago, and about forty of your friends are probably still languishing in their same cells. Ahead of you are jails—you have already passed through dozens—and "transfers." A visit to the theater begins with the cloakroom, time in the camp begins with the transfer. Anyone who has gone through one of these Soviet transfers even once will remember it forever. And if he should live to a ripe old age, he will still sometimes cry out in his sleep because he dreams he is on a transfer.

Vladimir is a town on the Klyazma River. The high walls of that prison could tell many a tale. Fedoseyev, the young Lenin's teacher, was confined there at the end of the past century. He was allowed to send 19 letters a month to his relatives and friends. When *you* arrive in Vladimir you will write only one letter in two months. Fedoseyev complained of the dozens of prisoners who habitually loitered in the yard and the corridors, of political quarrels and meetings that stopped him from working

(i.e., from writing articles). Luckily, you will be spared this type of disturbance.

The cruel Czarist days, when prisoner Frunze breathed deeply in his cell at Vladimir, have long since been consigned to oblivion. Frunze would not recognize the place today. The cell that formerly housed three people now houses six. Where there was formerly one single iron bar, there are now two. And today, in front of the windows there are blinds, extremely opaque. They stop your glance, hungry for the sky, which is barely visible (the earth, you will never see at all: the blinds are carefully adjusted that way). And all this against the background of semi-starvation (the first month following arrival is officially a hungry month, by order of the Ministry of Interior).

When a person who is hanged suffocates, he suffocates quickly and turns blue. When a prisoner in Vladimir suffocates, he suffocates slowly and turns white.

In Vladimir Prison there are many little pleasant things, but I shall not write about them, for my statement has become too long already, and it is probably time for you to go home. You are probably a family man, a loving wife and obedient children are awaiting you.

You may have noticed that now I am addressing you as *you,* the artistic approach has come to an end. I do not know whether you have understood anything through having been in my place, but I can stand your chair no longer. Apart from everything else, I want to change back for purely practical reasons.

I firmly believe that the time will come when the Polyakovs and Kuznetsovs will have to face an honest and impartial court for having refused us prisoners even the few sparse rights granted us by Soviet laws. I am afraid that by remaining in your place I should have to bear my share of responsibility for what was going on in the administration under my command.

I should not even be able to say that I did not know what was happening, for your statements, dug out from the archives, would shout: "I knew, I knew, I knew."

THE INTEGRATIVE FORCE OF PSYCHODRAMA IN PRESENT-DAY PSYCHOTHERAPY

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(Below is a transcript of the J. L. Moreno Memorial Lecture, delivered by Dr. Leutz at the Sixth International Congress of Group Psychotherapy, August 1, 1977).

Mr. President, Ladies and Gentlemen:

This Sixth International Congress of Group Psychotherapy is covening in Philadelphia, the city where forty-five years ago at the annual meeting of the American Psychiatric Association, J. L. Moreno called for the introduction of group methods into psychotherapy, thus opening a new era of therapy.

At that moment he presumably did not imagine today's congress to take place at this very, hospitable city, but he certainly anticipated the world-wide development of what he so passionately called for and what he considered his personal calling.

Locating this congress in Philadelphia therefore impresses us an event of historic significance. Our thanks for this felicitous choice for the organization go to Dr. Samuel Hadden, President of the International Association of Group Psychotherapy and a resident of Pennsylvania; to Dr. Jay Fidler, another American colleague; to Mrs. Zerka T. Moreno; and to Dr. Malcolm Pines from London, as well as to the entire staff engaged in this difficult undertaking.

Before going into detail on the "Integrative Force of Psychodrama in Present-Day Psychotherapy," I should like to commemorate J. L. Moreno as an outstanding integrative person, and his life's work—the therapeutic triad psychodrama, sociometry and group psychotherapy—as a most integrative method.

Already as a young man Moreno was passionately engaged in philosophy, anthropology, religion, medicine, psychology, and the arts. Therefore it is not astonishing that the products of his activities prove to be highly integrative. Anthropologically he breached the heretofore unbreachable gaps between the social sciences, as expressed in classical sociology, the human sciences as studied in medicine and psychology, and the arts as practiced in the theatre by developing his broad *role-theory*. Philosophically Moreno did not go along with the general trend of the first quarter of our century

that regarded man either as an individual or as a mass. Instead he saw man in his natural interaction in small groups, a phenomenon that has always been portrayed by the theatrical arts. In consequence he focussed on the *group* as the highly important link between individual and the mass. Due to this view *action-microsociology* emerged as a subdiscipline of sociology. And in his endeavor to investigate the emotional processes in small groups Moreno devoloped *sociometry.*

But also as a physician—particularly interested in psychiatry and psychology—he did not consider man only as an individual, as was the view at that time, but in *interaction* with other persons and objects contained in the cosmos, thus becoming one of the precursors of present trends in biology, medicine, and psychology. But above all, this philosophical approach led to the development of psychodrama and group psychotherapy. The essence of the latter Moreno formulated in the following words: *"The goal of group psychotherapy is a) to promote the integration of the individual against the uncontrolled forces which surround him; this is achieved while the individual investigates this immediate surrounding, for example by sociometric analysis; b) to promote the integration of the group. This two-sided approach from the individual as well as from the group makes mutual integration possible. The basic rule is "spontaneous and free interaction" between the patients as well as between therapists and patients."* This practical approach Moreno derived from his essential Theory of Spontaneity and Creativity.

New let me state the theme of my communication: "The Integrative Force of Psychodrama in Present-Day Psychotherapy", with the motto *"Psychodrama is the operational climax of all psychotherapies".* I came across this reference in Moreno's contribution to the *Handbook of American Psychiatry.* At first sight the statement seems rather presumptious. Yet the more I thought it over on the basis of my own experience in the practice of psychodrama, and in view of other psychotherapeutic methods with which I am familiar, the more relevant did this statement appear. When Moreno refers to psychodrama as the operational climax of all psychotherapies he means—as spelled out in many of his writings—the natural realization and integration of various psychotherapeutic methods in the psychodramatic process. As you will see, this is also true for the methods I chose as examples, although they differ considerably in their approaches or even seem to rule each other out. Thus it is all the more interesting to show that there is an operational level in which they have a common ground. This common ground can be made visible in the psychodramatic process and understood through explanation of the latter.

Therefore the properties of psychodrama have to be outlined. The out-

standing characteristics of psychodrama is the phenomenon of spontaneous play. Even more unique and revolutionary is the most important psychodramatic technique known as *role reversal.* It overthrows the assumption that the feelings of one person (the protagonist) cannot be experienced by the other partner of interaction (the antagonist). Yet role reversal helps the partners to experience intellectually, emotionally, and physically the circularity of their communication pattern, to apply a term used in communication theory, and by this intense experience overcome their frozen positions.

The mirror technique, another psychodramatic technique, topples the assumption that no one in interaction with another person can watch and judge himself from outside the interactional system. (Of course this assumption has been previously overruled by the invention of the video-recorder).

A young man, Bob, who was in the process of preparing his university exams, did not succeed because the relationship to his fiancee, with whom he lived, was daily torture. In psychodrama he showed their usual interaction. He would get up in the morning with marked anxiety, trying to avoid trouble with his girlfriend by relieving her of all kinds of household chores. However, unable either to please her or to counter her nagging he would withdraw, very angry that he was still unable to find enough inner peace to concentrate on his work. As a matter of fact, due to growing tension, the young man had developed symptoms of nervous exhaustion. In the course of our psychodrama he experienced by means of role reversal the interaction with his girlfriend from both positions. This certainly made him aware of how they mutually contributed to their negative interaction. However, in either role he was so deeply involved and contributing to the perpetuation of their game that I decided to use the mirror-technique. I instructed a group-member to watch the protagonist's behavior and to remember his verbal communications as well as his facial expressions, his movements and gestures. After a while I cut the scene, asked the protagonist to get up on the *high chair* and to watch from there the repetition of the same scene, his role now being mirrored by the auxiliary ego in the same interaction with the antagonist that had just been played by the protagonist himself. While witnessing the familiar scene between him and his girlfriend from the unusual elevated position outside their interaction, Bob's eyes widened, his face turned pale. After a while I asked him to talk to Bob down there. In an angry voice he said (to his mirror image engaged in the interaction): "You cannot go on like this; tell her off." Immediately I had him reverse roles with the auxiliary ego that mirrored him. Bob resumed the interaction, while the auxiliary ego watched from

the high chair. His attempt to change his behavior fell short of success. Again roles were reversed, with the auxiliary ego portraying his rather helpless attempt to change. Standing on the high chair Bob's posture again became much more erect than down below in the interaction. Also his expression became determined. All of a sudden he addressed himself again to Bob down below and slowly shaking his head, said in a cool and distinct voice: "Spank her, shake her, get out of it, do anything, but don't go on like this!"

Please note, that the advice to Bob is given by nobody else than Bob himself; yet it is coming from outside the interactional system, namely from the high chair. It reminds one of the puzzling uncommonsense ability demonstrated by Baron Muenchhausen when he pulled himself from the quagmire by his own pigtail; a deed that in the view of ordinary logic would be impossible; yet it is in certain accordance with what the mathematical Theory of Logical Types calls *second-order change.*

Since practically all of Moreno's inventions represent a second-order change from one premise to another it is only too understandable that superficial critics often considered his statements and inventions as illogical, thus preventing themselves from getting acquainted with the tremendous operational power of his method as well as from any fruitful exchange of ideas. Thus I consider it especially important to have such an exchange take place at this congress.

Having outlined the most important features of the psychodramatic method, I shall now turn to three therapeutic methods whose theoretic concepts are based upon mathematical logic, physiology, and psychodynamics respectively, and show how they are organically contained in psychodramatic operations. I chose these three schools—namely, Brief Psychotherapy based on the Theory of Communication to which I shall refer as Communication Therapy, Behavior Therapy, and Psychoanalysis as examples because they are widely regarded psychotherapies of our time, and because they derive their theoretical concepts from the above-mentioned different disciplines.

It is not surprising that the present- and future-oriented pragmatic methods, communication therapy and behavior therapy, with their direct approach to the symptom, have quite a number of traits in common with psychodramatic operation. I therefore shall only summarize these therapeutic methods, whereas psychoanalysis, to which Moreno developed his method deliberately as an alternative, shall be discussed at greater length.

The main similarity between psychodrama and communication therapy lies in the fact that they both focus on interpersonal interaction. Communication therapists study the pragmatics of communication in order to

bring about second-order change. In accordance with the mathematical Theory of Logical Types used by the communication therapists as a theoretic explanation of this method, Watzlawick describes second-order change *"as something uncontrollable even incomprehensible, a quantum-jump, a sudden illumination that has us perceive an old situation in a new light."*

You all notice the striking similarity between this statement and the formulation of Moreno's definition of spontaneity: *"Spontaneity is an adequate response to a new situation or a new response to an old situation."* On the other hand, first-order change in accordance with the mathematical Theory of Groups may only provide for all possible internal changes of a system without effecting a systemic change, the system remaining trapped in a so-called "game without end". Termination of such a game, like waking-up from a nightmare, is not part of the game. Termination is *meta* to the game, is of a different Logical Type. Therefore, the communication-therapist takes very concrete steps in the life-situation of the patient to change the patient's pathogenic system of interaction. He may even use fallacies of communication and interaction such as paradoxes and double-bind situations for a therapeutic aim. Yet, whereas communication therapy takes place in the reality of life, in situ, psychodrama operates not only 'in situ' but especially in the semi-real situation of play, the so-called semi-reality of psychodrama, a meta-reality.

While the theory of communication always stresses the significance of such meta-level, its practice has (to my knowledge) not yet developed a therapeutic setting of equal meta-quality as psychodramatic play. Regarded from the opposite perspective, psychodrama seems to be the practical proof of these theories. Psychodramatic operation makes interactional patterns and communication systems visible in the therapeutic setting in the briefest possible time. Therapeutically psychodrama operates in the life-like, yet less committing semi-reality of the stage, a meta-level that provides the protagonist and the group with great freedom to explore possibilities and to train new role-behavior.

If we now examine the common ground of psychodrama and behavior therapy we realize that both schools independently of each other and in different ways have been taking account of two very important phenomena —namely, physiological reactions and the ability to learn. Their differences in approach result from their different anthropologies leading to different research conditions.

Behaviorists carry out their research and develop their therapeutic methods in the laboratory situation, whereas psychodramatists examine the above mentioned phenomena both in situ—i.e., in the concrete life-situation,

and on the stage. In the psychodramatic process the psychodramatists also observe most striking psychosomatic reactions—not only in the protagonist and his auxiliary egos, the therapeutic actors, but also in the audience, the emotionally participating group. This is comprehensible if we consider the fact that psychodrama as the action method 'par excellence' involves man totally . . . from his overt responses to a dramatic situation like moving or screaming to the finest reactions of the autonomous nervous system. To explain these reactions, which can be observed in psychodrama as well as in life, Moreno has developed a broad *role-theory* which not only comprises man's social roles but also his psychosomatic roles. Moreno defines role as "a unit of conserved behavior". He considers man's natural behavior as a performance of roles in interaction with other persons or objects, similar to the behaviorist view of behavior as a response to specific stimuli. Roles as patterns of complex behavior are also learned, can be extinguished; new ones can be found, explored, and trained. Behavior can be conditioned, inhibited, extinguished, and shaped. The behaviorist Wolpe says: *"A habit is a consistent way of responding to defined stimulus conditions. In order to change a habit it is always necessary to involve the individual responses that constitute it. Change depends on eliciting behavior that can compete with these individual responses."* Consistent with this view, psychodrama therapy puts emphasis on the creation of new roles in which man is able to experience and master life in a heretofore unknown way.

Now let us turn to psychoanalysis. Moreno himself, in comparing behavioristic schools on the one hand, and psychodynamic schools on the other, comes to the following conclusion: *"Behavioristic schools have been limited to observing and experimenting with 'external' behavior of individuals, leaving out major portions of the subjective. Psychological methods such as psychoanalysis . . . . went to the other extreme, focussing on the subjective but limiting the study of direct behavior to a minimum and resorting to the use of elaborate systems of symbolic interpretation. The psychodramatic method brings these two extremes to a new synthesis. It is so designed that it can explore and treat immediate behavior in all its dimensions."* We know that psychodrama is predominately, or at least philosophically, present- and future-oriented, but it is nevertheless concerned with the dimension of the past inasmuch as traumatic events may have blocked man's spontaneity. In order to free the way for new creative development, obstacles set in the past are to be overcome, unresolved problems to be completed, and catharsis to be brought about in psychodrama. If this is so important a part of the psychodramatic procedure why—we ask ourselves—did Moreno claim to have developed his method as an "anti-

thesis" to psychoanalysis? What is so antithetical about it? For one, Moreno stressed not the word but the act, the latter being the more inclusive category, or its life-like practical approach. To fully estimate the impact of this position, we must go back half a century when Moreno introduced his revolutionary practices, at a time when psychoanalysis was practiced in his orthodox manner. We must try to imagine what it then meant that he replaced:

the predominant concentration on the psychodynamics of the individual
by the study of group processes,

the artificial setting of the psychoanalyst's office
by the life-like semi-reality of the psychodramatic stage-setting,

the immobilization on the couch
by action,

the transference-relation to be tediously established and to be even more tediously resolved by the analyst and his analysand
by the patient's direct confrontation with the representatives of his significant others,

the more or less covert acting-out in the psychoanalytic transference-relation
by the overt interaction on the stage.

If, for example, we take the phenomenon of transference to point out the differences as well as the common denominator of psychoanalysis and psychodrama, let us first examine Freud's view of transference. In his endeavor to help the patient to get a conscious grip on his powerful unconscious impulses Freud says in his treatise 'The Dynamics of Transference': *"The unconscious impulses do not want to be remembered in the way the psychoanalytic treatment describes them to be, but endeavor to reproduce themselves in accordance with the timelessness of the unconscious and its capacity for hallucination . . . This struggle between the doctor and the patient, between intellect and the instinctual life, between understanding and seeking to act, is played out almost exclusively in the phenomena of transference. It is on that field that the victory must be won whose expression is the permanent cure of neurosis. It cannot be disputed that controlling the phenomena of transference presents the psychoanalyst with the greatest difficulties. But it should not be forgotten that it is precisely they that do us the inestimable service of making the patient's hidden and forgotten erotic impulses immediate and manifest. For when all is said and done, it is impossible to destroy anyone in absentia or in effigy."* In the face of this statement we wonder why Freud, who always tried to be an abstinent therapist, did not find any other way to deal with the patient's powerful unconscious impulses than involving himself in the

struggle between intellect and the patient's instinctual life, between understanding and seeking to act? Yet, as pointed out by the theory of communication it is not so easy to perform quantum-jumps from a given premise to a new one (which from within the old premise may appear "illogical and uncontrollable"). To do so may require an artist's temperament!

How then does psychodrama deal with the transference-phenomena, which according to Freud do us "the inestimable service of making the patient's hidden and forgotten impulses immediate and manifest?" Psychodramatic operation makes use of exactly those properties of the unconscious to which Freud refers, namely of the timelessness of the unconscious and its capacity for hallucination! However, while treating past events in the present and as 'real' (i.e., with the help of the group-members in "semi-reality" on the stage) the psychodramatist does *not* get involved when during psychodramatic action "the patient regards the products of the awakening of his unconscious impulses as contemporaneous and real". This is due to the fact that (a) the patient is not focussed on acting-out with the therapist, but in psychodramatist interaction with his "images" embodied on the stage and (b) because the psychodramatist changes the setting in time.

When during the first part of psychodrama, the warm-up, the patient begins to relate a screen memory—i.e., a childhood memory characterized both by its unusual sharpness and by the apparent insignificance of its contents, the patient is asked by the psychodramatist to immediately stage the scene. He thus turns into the protagonist. While the protagonist goes about it, the psychodramatist gradually retreats to the edge of the stage and out of the patient's play of transferences, which are now getting actualized in the psychodramatic scene. In the meantime the protagonist turns the past event into a present event. The second part, or action phase, of the psychodrama begins. The protagonist may move about the stage and say, pointing in a certain direction: "The table which at home stood in the right-hand corner of the dining room now stands over there. Father, mother, and my brother are sitting at the table; my mother is looking at me." Immediately upon this information real chairs are placed by the protagonist in their proper place. He is then encouraged to choose group-members to play his significant others. When the choice—in other words the transference of the imagos of his relatives to strangers—is accomplished, the group-members chosen as auxiliary egos for the play sit down on the chairs with little more instructions than for instance: "it happened at lunch time." The female auxiliary ego begins to enact the mother dishing out food, while the actor of the father cracks a joke. At this point the protagonist interferes: "My father would never have done this." So the psychodramatist tells him to reverse roles and to show how his father actually behaved. The protagonist,

slipping into his father's role, begins to yell at the mother. Thereafter, the protagonist, back in his own role and interacting with the father now correctly portrayed by the auxiliary ego, turns pale, his lips being to quiver. The psychodramatist requests him to turn his head and to speak out loud what he thinks and feels. The protagonist says: "Father only scolds and terrifies Mother, and I am so helpless. I cannot look at her, nor come to her aid. Father would get furious, he'd never let me."

This example shows how in no time psychodrama may lead the protagonist into the core of his father-complex. Catharsis may take place during interaction with his parental representatives. When being questioned by the psychodramatist if he knows this feeling of helplessness only from such childhood situations he answers: "No, I experience exactly this feeling whenever I am in front of a beloved woman. It makes me miserable as an adult." This remark may be the indication to stage scenes of present conflict and future situations in which the patient can explore and train new, more adaptive role-behavior.

The third part of psychodrama, which follows the second or action part, consists of the feedback of the protagonist and the auxiliary egos on their actual experiences in the different roles, as well as the feedback of group-members who identified themselves with those on stage. This process brings about an understanding of the interactions which have spontaneously occurred, on the stage, thus integrating without struggle the patient's "desire and necessity to act with the therapeutic goal to understand his spontaneous memories." In psychodrama the latter come to the fore not only by means of free association but by the very similar yet more powerful free action.

Moreno in summarizing the psychodramatic operation makes the following statement: *"Because we cannot reach into the mind and see what the individual perceives and feels psychodrama tries, with the cooperation of the patient, to transfer the mind 'outside' of the individual and objectify it within a tangible, controllable universe . . . Its aim is to make total behavior directly visible, and measurable. The protagonist is being prepared for an encounter with himself. After this phase of objectification is completed, the second phase begins; it is to resubjectify, reorganize, and reintegrate that which has been objectified. (In practice however, both phases go hand in hand)."*

Whatever method of psychotherapy we consider (and today I could only discuss very few points of three methods), their effective properties can be traced in the psychodramatic process. It can even be shown that they reach an operational climax in this very procedure. It may therefore be said that psychodrama integrates the individual into the group and relates the group to the individual. It integrates life, including the various psychotherapeutic

methods, to the metaexperience of play and playback of life, so that in the sense of Watzlawick's description of second-order change: "*"We no longer consider ourselves as pawns in a game whose rules we call 'reality' but as players of the game who know that the rules are 'real' only to the extent that we have created or accepted them and that we can change them."* And as expressed in the memorable words of Moreno, phrased fifty-five years ago, we realize that in psychodramatic operation *"Man gains towards his own life, towards all he has done and does, the point of view of the creator—the experience of true freedom, the freedom of his own nature."*

Dr. Lentz's addrees is Uhlandstrasse 8, D7770 Uberlingen au Bodensee, Germany.

WHAT'S GOING ON IN PSYCHODRAMA AND GROUP PSYCHOTHERAPY

Psychodrama and Morenean ideas are alive and well. The flourishing life of the institutes now in operation throughout the country and the steady flow of new books in the field evidence the fact. In addition, 1977 saw developments on the following fronts:

AMERICAN BOARD OF EXAMINERS

The American Board of Examiners in Psychodrama, Sociometry and Group Psychotherapy is constituted to establish national standards both for individual practitioners and institutes. The Board considered applications for "grandparenting," or certification by recommendation, through August of this year: henceforth an examination will be required. Board members are Don Clarkson, Marjorie Creelman, Dean Elefthery, Jim Enneis, Zerka T. Moreno, and Bob Siroka. The address of the Board is 606 A St., Washington, D.C. 20032.

A.S.G.P.P.

Big news at the American Society of Group Psychotherapy and Psychodrama is that Stephen F. Wilson, A.C.S.W., has been made Executive Director. Dean Elefthery was elected President of the Society at last April's meeting in New York, with Lee Fine, 1st Vice President and Gene Eliasoph, 2nd Vice President. For the record, the program of presentations at the 1977 annual meeting is reprinted in this issue.

INTERNATIONAL CONGRESS

The Sixth International Congress of Group Psychotherapy was held from July 31 to August 5, 1977, in Philadelphia. More than 700 participants attended from over twenty countries, including among others, Senegal, Hungary, Argentina, Venezuela, Spain and Portugal. Dr. Samuel B. Hadden was President. First Vice President was Dr. George Vassilion; Secretary-General, Dr. Adolf Friedemann. Mary Ellen Dinan was Registrar. The date for the next International Congress is 1980, the site still to be designated. The new President of the International Association of Group Psychotherapy is Dr. Raymond Battegay of the University of Basel, Switzerland.

CONFERENCE ON TRAINING

As a reflection of the growth of training facilities for psychodramatists, the first "Conference on the Teaching and Training of Psychodramatists

and Sociometrists" took place in Miami from January 13-16, 1977. Leading trainers from throughout the country attended the forum, which was hosted by Dean and Doreen Elefthery. Conference organizers were Zerka T. Moreno, John Nolte, Joe Power, and Peter Rowan.

APA PSYCHODRAMA WORKSHOP

Under the aegis of Dr. Neville Murray of San Antonio, the American Psychiatric Association now sponsors a psychodrama workshop during the Association's Annual Meeting. Physicians and psychiatrists can receive Continued Medical Education credit for the workshop. For further information contact the APA or Dr. Murray (Suite C, Villa Rosa Prof. Building, 2727 Babcock Rd., San Antonio, Tx. 78229).

PSYCHODRAMA LISTING

The American Psychological Association has, for the very first time, listed psychodrama as an official psychological specialty in its triannual directory at entry Number 07.01.20, under Clinical Psychology, between Jungian and Rational-Emotive therapy.

ARTS FESTIVAL

The Second Moreno Festival of the Arts was held July 30, 31 at the Moreno Institute in Beacon, featuring psychodrama by Zerka T. Moreno and Ann Hale, Playback Theater, and a spectrum of workshops from social atom to mime to tarot reading. The Residence was overflowing for the event, which is devoted to embodying those Morenean cornerstones—creativity and spontaneity. Festival Director was Jonathan Fox.

J. L. MORENO'S PAPERS

J. L.'s papers will be given a permanent home in the Francis A. Countway Library of Medicine, a combined facility of the Harvard University and the Boston University Medical Schools. It will take some time before the cataloguing of Moreno's extensive corpus can be completed.

ZERKA T. MORENO'S TRAVELS

Fulfilling her function as the premier ambassador of psychodrama, Zerka T. Moreno has undertaken a continuous traveling schedule in the past year which has taken her to thirteen states including a number of training centers and mental hospitals. Zerka also initiated major training programs in Finland, Sweden and South America in 1977. For 1978 return trips to

Scandinavia and Germany are planned, as well as a lecture tour to Puerto Rico.

AUSTRALIA

Teena Lee has provided an update on doings Down Under which we are happy to include in these notes. Her lines bear the title, "Don't Forget Australia!"

I noticed the Journal did not display
Psychodrama the Australian way.
Surely there is something I can say
To change this sad omission.

Lynette & Max Clayton blooming in Perth
Have created much psychodramatic birth
Of budding trainees of considerable worth,
Of inspiration, and of mission.

Sydney, Brisbane and Melbourne Town,
And various smaller towns around,
(Even Adelaide) have been making sounds
To improve available tuition.

For '76 the New Year attraction
Was the one and only Zerka T. in action.
Leon Fine too, brought satisfaction,
And Martin Haskell arrived, but in traction.

I now return to Melbourne, Victoria,
Agonized, protagonized, and finally directoria,
Full of the old Morenean gloria
And ready to create my own vision.

THE AMERICAN SOCIETY OF GROUP PSYCHOTHERAPY AND PSYCHODRAMA

The pioneering membership organization in group psychotherapy, the American Society of Group Psychotherapy and Psychodrama, founded by J. L. Moreno, M.D., in April 1942, has been the source and inspiration of the later developments in this field. It sponsored and made possible the organization of the International Committee on Group Psychotherapy in Paris, France, in 1951, whence has since developed the International Council of Group Psychotherapy. It also made possible a number of International congresses of group psychotherapy. Membership includes subscription to the journal *Group Psychotherapy and Psychodrama,* founded in 1947, by J. L. Moreno, the first journal devoted to group psychotherapy in all its forms.

The Society is dedicated to the development of the fields of group psychotherapy, psychodrama, sociodrama and sociometry, their spread and fruitful application.

Aims: to establish standards for specialists in group psychotherapy, psychodrama and allied methods, to increase knowledge about them and to aid and support the exploration of new areas of endeavor in research, practice, teaching and training.

The following membership categories are now available: Student (for undergraduate students only), Member and Fellow.

Membership in any of these categories enables the member to attend the annual meetings at the registration fee limited to members.

Student membership is open to students whose interests are devoted primarily to specializing in the field of group psychotherapy and psychodrama, but who have not as yet attained the training and professional experience required for membership. Student membership is a non-voting membership, includes the journal, *Group Psychotherapy and Psychodrama,* and costs, $8.00 annually. It is limited to two years when the student should apply for a change in status to full member.

Membership is open to psychiatrists, psychologists, sociologists, social workers, educators, group workers, mental health workers, and other professional persons who have contributed or show promise of contributing to the advancement of group psychotherapy and psychodrama. Membership costs $15.00 annually and includes the journal, *Group Psychotherapy and Psychodrama.* Members can serve as elected officers of the society.

Fellowship is open to all members of not less than two years' standing who have specialized in the practice of or research in group psychotherapy and psychodrama for not less than five years and who are practicing or

doing research in group psychotherapy and psychodrama, either in private practice or institutional work; and whose accomplishments—position, publications and activities—on behalf of the society are approved by the Council. Fellowship costs $30.00 annually and includes the journal, *Group Psychotherapy and Psychodrama.* Fellows can serve as elected officers in the society.

Foreign members must add $1.50 to the above membership fee to cover additional postage for mailing of the journal.

Certificates for Students and Members are issued upon entering membership in one of these categories. Fellowship certificates are issued upon entering the Fellowship category and costs $5.00 per copy.

Applications for membership and requests for further information should be sent to Stephen F. Wilson, Secretariat, A.S.G.P.P., 39 East 20th St., New York, N. Y. 10003. Tel: 212-260-3860.

ANNOUNCEMENT

A.S.G.P.P. 36th ANNUAL MEETING

The 36th Annual Meeting of the American Society of Group Psychotherapy and Psychodrama will be held April 6-9, 1978 at the St. Moritz and Barbizon Plaza Hotels. For program information write to A.S.G.P.P., 39 E. 20th St., New York, N. Y. 10003.

FINAL PROGRAM

THE AMERICAN SOCIETY OF GROUP PSYCHOTHERAPY AND PSYCHODRAMA

ALL-DAY PSYCHODRAMA TRAINING INSTITUTE

THURSDAY, APRIL 21, 1977

WORKSHOPS

1. ON DEATH AND LIVING

Zerka T.Moreno, President, Moreno Institute, Beacon, New York.

2. FUNDAMENTALS OF PSYCHODRAMA

Robert W. Siroka, Ph.D., Executive Director, Institute for Sociotherapy, New York City; Past President of American Society of Group Psychotherapy and Psychodrama.

3. AN INTRODUCTION TO PSYCHODRAMA THERAPY

Dean G. Elefthery, M.D. and **Doreen Madden Elefthery,** Psychodrama Institute and Institute for Human Relations, Miami, Florida and International Foundation for Human Relations, Arnhem, Netherlands; Incoming President, American Society of Group Psychotherapy and Psychodrama.

4. EXPERIENTIAL PSYCHODRAMA—A TOTAL METHOD

Elaine Eller Goldman, Executive Director; **Delcy Schram Morrison,** Assistant to the Director, Camelback Western Institute for Psychodrama, Phoenix Arizona.

5. WORKSHOP IN THERAPEUTIC PSYCHODRAMA

James M. Enneis, M.S., Chief, Psychodrama Section, Saint Elizabeths Hospital, Washington, D.C.

6. NUANCES OF DOUBLING

James M. Sacks, Ph.D., New York Center for Psychodrama Training, Brooklyn, New York.

7. EXPERIENTIAL PSYCHODRAMA—FUNDAMENTALS AND TECHNIQUES

Tobi Klein, B.Sc., M.S.W., Co-Director of CHANGE (Center for Human Achievement & Group Experience), Montreal, Canada.

8. PROJECTIVE TECHNIQUES IN PSYCHODRAMA

Martin R. Haskell, Ph.D., Professor, California State University, Long Beach, California; **Rochelle J. Haskell, M.A.,** Role Training Associates, Long Beach, California.

9. CLASSICAL PSYCHODRAMA ACCORDING TO MORENO

Lewis Yablonsky, Ph.D., Professor of Sociology, California State University, Northridge, California; **Donna Yablonsky,** Director, California Theatre of Psychodrama, Beverly Hills, California.

10. EXPERIENTIAL PSYCHODRAMA WORKSHOP

Leon J. Fine, Ph.D., Clinical Psychologist, Clinical Professor of Psychiatry (Group Processes), University of Oregon Medical School and President, Seminars in Group Processes, Portland, Oregon.

11. HOW DID THE SESSION GET TO WHERE IT WENT?

Eugene Eliasoph, A.C.S.W., Co-Director, New Haven Center for Human Relations, New Haven, Connecticut.

12. THE USE OF PSYCHODRAMATIC TECHNIQUES IN HELPING RELATIONSHIPS

David A. Wallace, M.S., C.S.W., Psychodramatist, Institute for Sociotherapy, New York City, and Senior Social Worker, St. Luke's Hospital, New York City

13. USE OF PSYCHODRAMA WITH FAMILY & COUPLES

Hannah B. Weiner, M.A., East Coast Center for Psychodrama, New York City.

14. INTRODUCTION TO PSYCHODRAMA THEORY AND PRACTICE

Donald Clarkson, M.S.W., Chief of Psychodrama Programs, Washington Psychiatric Institute, Washington, D.C.

15. USE OF PSYCHODRAMA AND CREATIVE ARTS IN GROUP THERAPY

Meg Uprichard Baumm, Psychodramatist, Horsham Clinic, Ambeer, Pennsylvania.

16. THE UNIQUE STRENGTHS OF PSYCHODRAMA WITH MAXIMAL CHORUS (GROUP) PARTICIPATION

Doris Twitchell Allen, Ph.D., Professor of Psychology, University of Maine at Orono, Maine.

17. TRAINING SKILLS WORKSHOP

Douglas Warner, Ph.D., Director, Maryland Institute of Psychodrama, Hagerstown, Maryland.

18. PSYCHODRAMA, ACTION SOCIOMETRY AND HUMAN SEXUALITY
Joe W. Hart, Ed.D., Graduate School of Social Work, University of Arkansas, Little Rock, Arkansas.

19. PSYCHODRAMA: THE THERAPEUTIC THEATRE
Robert M. Ginn, M.F.A., and **Ildri L. Bie Ginn, M.A.,** Co-Directors, Psychodrama Institute of Boston, Inc., Boston, Massachusetts.

20. THE PROCESS OF PSYCHODRAMA FROM WARMUP TO ACTION
Merri Goldberg, M.S.W., Consultant, Silver Springs, Maryland.

21. PSYCHODRAMA FOR THERAPISTS OF OTHER PERSUASIONS
John Nolte, Ph.D., Director of Training, Moreno Institute, Beacon, New York.

22. PSYCHODRAMA WITH CHILDREN AND ADOLESCENTS
Peter I. Rowan, Jr., Co-Director, New England Institute of Psychodrama, Inc., Boston, Massachusetts.

23. PSYCHODRAMA AND RELIGION AND RITES OF PASSAGE AND OTHER CEREMONIAL USES OF PSYCHODRAMA
Clare Danielsson, M.A.T., Faculty Moreno Institute, Beacon, New York and Weinwright House, Rye, New York.

24. ADVANCED PSYCHODRAMA WORKSHOP
Carl E. Hollander, M.A., and **Sharon L. Hollander, R.N., B.S.,** Co-Directors, Colorado Center for Psychodrama, Sociometry and Sociatry, Englewood, Colorado.

FRIDAY, APRIL 22, 1977

9:30 AM — 5:30 PM

CONTINUOUS PERMANENT THEATRE OF PSYCHODRAMA
Anath Garber, Ann Hale, David Wallace

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TO DREAM AGAIN
Zerka T. Moreno, President, Moreno Institute, Beacon, N.Y.

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USES AND ABUSES OF THERAPIST'S SELF DISCLOSURE IN THE GROUP
Arnold Rachman, Ph.D., Postgraduate Center for Psychotherapy, New York City; **Noona- Slavenska-Holy, Ph.D.,** Postgraduate Center for Psy-

chotherapy, New York City; **James Sacks, Ph.D.,** New York Center for Psychodrama Training, Brooklyn, N.Y.

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ONE STEP AT A TIME: ONE DAY AT A TIME: A PSYCHODRAMATIC WARMUP AS AN ENTRY INTO LIVELINESS AND LIFE: EXPERIENTIAL

Lawrence Goldstein, Ph.D., Professor, Hunter College, NYC.

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GESTALT THERAPY AND ENERGY BLOCKS: A DEMONSTRATION

Jonathan Kogen, Ph.D., New Institute for Gestalt Therapy, NYC.

105

PSYCHOPOETRY: A NEW APPROACH TO SELF AWARENESS THROUGH POETRY THERAPY

Gilbert A. Schloss, Ph.D., Department of Psychology, Manhattan College; Institute for Sociotherapy, NYC.

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MOVEMENT AND IMPROVISATION AS CREATIVE RESPONSE: EXPERIENTIAL

Eloise Ristad, B.S., M.S., Teacher, Author-Composer, Boulder, CO.

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PUT-DOWNS AND ARGUMENTS: THEIR HANDLING THROUGH ROLE TRAINING IN THE SPEECH CLASS

Doris Newburger, Ph.D., Professor of Speech and Communication, Borough of Manhattan Community College, NYC.

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THE GROUP AS A SUSTAINING OBJECT FOR END-STAGE RENAL DIALYSIS PATIENTS

Sharon Cerny, M.S.W., Social Work Coordinator; **Helene Jackson, M.S.W., J. Philip Reimherr, M.D.;** Depts. of Psychiatry, Boston VA Hospital-Tufts University School of Medicine, Mass.

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OVERCOMING YOUR FEAR OF FLYING

Irving N. Levitz, Ph.D., Professor, Wurzweiler School of Social Work, Yeshiva University, Director, Flying Fears and Phobias, NYC.

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BEING, HAVING AND DOING MUSIC

Robert L. Fuhlrodt, C.S.W., M.M., Staff, Institute for Sociotherapy, NYC.

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VIDEO-PSYCHO-THEATRICS

Jack Herman, M.A., C.A.S., New York Center for Psychodrama, NYC; **Louis Claudio,** School District 6, City College of NY.

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THE TEAM APPROACH TO SYSTEMS THERAPY IN A RURAL AREA: DISCUSSION AND DEMONSTRATION

Diane Kurinsky, M.A., Anne Zak, M.S., Steve Gross, M.Ed., Dick Baldwin, M.A., Tina Tucker, B.A.; Family Service Outreach Team, Athol, Mass.

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THE USE OF DIFFERENT GROUP TECHNIQUES WITH DIFFICULT TYPES OF DRUG ABUSERS

Edward Kaufman, M.D., Chief Psychiatrist, Lower Eastside Service Center, Faculty, Columbia Psychoanalytic Clinic, NYC.

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EXPERIENTIAL FOCUSING AND FEELING LOWERING IN A GROUP SETTING

Neil Friedman, Ph..D., Professor, Stony Brook School of Social Welfare, NY.

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AN ONTOLOGICAL VIEW OF PSYCHODRAMA AND GROUP PSYCHOTHERAPY: PAPER

David A. Wallace, M.S., C.S.W., Psychotherapist, Psychodramatist, Institute for Sociotherapy; Consultant, New York State Department of Mental Hygiene, NYC.

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LIFE STYLES IN TRANSITION

Selma H. Garai, M.S.S.W., C.S.W., Instructor, New School for Social Research, NYC.

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"ILLEGAL ALIENS": EXPERIENTIAL

Antonio Z. Perez, C.S.W., A.C.S.W., Training Supervisor, Office Staff Development and Training, Department of Social Service, NYC.

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CONTEMPORARY GROUP PSYCHOTHERAPY WITH ADOLESCENTS

Lewis H. Richman, M.D., Clinical Associate Professor of Psychiatry, U. of Texas Health Science Center, San Antonio.

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Delivered by:

Anne Ancelin Schutzenberger, Ph.D.
Director Adjoint du Laboratoire de Psychologie Sociale,
Universite de Nice, France

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ANNUAL MEETING DANCE & PARTY
SUNDAY, APRIL 24, 1977

A.S.G.P.P. Membership Meeting
Dean G. Elefthery, M.D., presiding

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HISTORY OF THE INSTITUTE

The Institute was founded in 1936 by Jacob L. Moreno, M.D., psychiatrist, psychologist, sociologist, educator, philosopher, theologian, dramaturge, teacher and poet. He developed a system consisting of three branches, group psychotherapy, sociometry, and psychodrama, which have achieved worldwide recognition.

The Institute is now under the direction of Zerka Toeman Moreno, his widow and chief assistant since 1941. She has made a number of contributions to the field, both as co-author with J. L. Moreno and in her own right. She has traveled widely to bring these methods to the attention of professionals, both here and abroad.

The Theater of Psychodrama, constructed in 1936, the first of its kind, has served as a model for this type of vehicle.

The publishing house associated with the Institute, Beacon House, specializes in books and journals in the field, obtainable on the premises.

Daily Schedule

Opening Session:	3:00 p.m. of the first day
Final Session:	5:30 p.m. of the last day
Morning Session	10:00-12:30
Afternoon Session	3:00-5:30
Evening Session	8:00-10:30

It is requested that students plan to arrive in sufficient time to be present at the 3:00 p.m. opening, so as not to disrupt the group process.

Students unable to arrange this should so inform the office, by mail or telephone in advance.

Enrollments must be made for a minimum of three days, but students may elect either a three-day, one, two or three week periods, as their schedule permits.

TRAVEL INFORMATION

Train: Penn Central to Beacon; car: Beacon, on Route 9D; plane: either LaGuardia or Kennedy Airports, then by Hudson Valley Airporter Limousine to Holiday Inn, Fishkill, N.Y., thence by taxi to 259 Wolcott Avenue, Beacon. Limousine service has red phone at airports next to Baggage Claim.

QUALIFICATION FOR ADMISSION

The program is on the graduate level. All persons in the helping professions are admitted. Although the largest number of students go on to certification, many enroll to enlarge their armamentarium of intervention and to learn more about action and group methods.

Certified Directors may wish to present themselves for examination by the American Board of Examiners for recognition at the national level.

DESCRIPTION OF THE PROGRAM

Students live in close proximity, in a miniature therapeutic society, incorporating the spirit of a scientific laboratory. Participants explore the structure of their own group. Sociometric and role tests are some of the measures used.

Participants are expected to become actively involved as protagonists, auxiliary egos, group members, or directors. Evaluation of performance, informal lectures, discussion periods, practicum sessions, videotape and films, open and closed groups are all part of the learning process. Faculty members are assisted by advanced students.

ACCOMMODATIONS

The student residence is attached to the psychodrama theater. A number of private rooms are available.

Room and board is included in the fee. Students must make their own arrangements if they wish to sleep off campus, and carry the cost. Room assignments are on a first-come basis. In case of overflow, inexpensive rooms are available off campus. Meals can be taken at the residence as included in the fee.

OPEN SESSIONS

These take place every Saturday night. The public is admitted and students participate freely. This gives them a chance to try out their new skills with a variety of groups. Advanced students may direct some of these sessions under the guidance of a staff member. Special sessions for students from nearby colleges are also part of the resident program.

POINT SYSTEM

Each 6 point period is made up of 7 days. A week consists of 7 times 7½ hours, total 52½ hours. Because of the intensity of the sessions, students may wish to take a free period during the week. This will not affect the points if a minmum of 50 hours are spent in session.

Total number of points for certification is 96; the number of hours 840.

INTERIM PRACTICUM PERIODS

Students are expected to apply their new learning between training periods. This contributes richly to the growth of skill and experience, enables the student to evaluate himself at each level and points to strengths and weaknesses which can be corrected as learning proceeds.

Consultation and guidance by staff members are offered throughout.

CERTIFICATION

Although students may enroll for a minimum of three days, the actual training is divided into four levels:

1. Auxiliary Ego—Training period of six months covering four weeks of resident training and a back home practicum. 24 points.
2. Assistant Director—Training period of one year covering eight weeks of resident training and back home practicum. 48 points.
3. Associate Director—Training period of eighteen months covering twelve weeks of resident training and a back home practicum. 72 points.
4. Director—Training period of two years covering sixteen weeks in residence and a back home practicum. 96 points and a thesis. The thesis may be begun upon completion of the previous level.

TIME: Starting at 3 p.m. Friday, ending Thursday, 5:30 p.m.

DEPOSIT: $80.00 is required with registration blank; not refundable, but credited toward other workshops.

TUITION: Including room (when available) and meals, $420.00 per week minus deposit. Rooms are on a first-come basis.

DIPLOMATES

Graduates work in a large variety of fields: mental health centers, community centers, day care centers, schools, family counseling, private practice, education, business and industry, government, theater, the ministry.

TRAINING SCHEDULE FOR 1978

January 2-22	June 30-July 20
January 27-February 9	July 28-August 17
February 17-March 2	August 25-September 14
March 10-26	September 22-October 12
March 31-April 6	October 20-November 9
April 10-30	November 17-30
May 5-25	December 8-28
June 2-22	December 29-January 4

July 22-27 Arts Festival weekend, followed by Jonathan Fox's workshop, "Training for Group Leaders."

Write Moreno Institute for information about special workshops during intercession periods.

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Psychodrama: rehearsal for living, by Adeline Starr. Chicago: Nelson Hall, 1977. 379 pages.

Adeline Starr has written a readable and most welcome addition to the psychodrama literature in her book, *Psychodrama: rehearsal for living.* Mrs. Starr is a senior person in psychodrama, having been trained by Dr. Moreno many years ago and a key trainer in the Chicago area through her independent work and her affiliation with the Alfred Adler Institute of Chicago.

Her style of writing makes her book very readable. She gives a thorough step-by-step introduction to the methods of psychodrama, supporting them frequently with theoretical references to Moreno's spontaneity theory. Particularly useful are her case studies which she annotates with explanations about the director's motives or the choices made by the double.

She has chapters on how to set the stage and how to warm-up the auxiliaries and the group. Specific chapters describe her methods and give case studies in working with marital therapy, children, alcoholism, drug abuse, psychosis, depression, and out patient groups.

This is an excellent book for the beginner, and the old hand will find it very useful for review.

Leon J. Fine

The Intensive Group Experience, by Max Rosenbaum, Alvin Snadowsky, et al. New York: The Free Press, 1976. 210 pages.

The senior authors of this collection of essays are all distinguished academics qualified as psychoanalysts, psychiatrists, or professors of psychology or sociology. The two associate authors are completing Ph.D.'s in psychology. It is clear as they write about the different forms of intensive group experience that are provided in the United States in the 1970's that each is an expert in his or her own field.

The authors are disturbed by what they see in America as the result of a systematic erosion of religious authority resulting in mass confusion. As more and more people search for a meaning for existence, they look to many different kinds of groups that claim to offer a solution to life's struggles. As a response to the chaotic search the authors offer their professional experience in the form of a "consumer's guide" to groups, believing that intensive group participation can be an important and meaningful contribution to human welfare, but *not* a religious experience.

In addition to biographical notes on the authors, preface, and introduc-

tion, the book includes five chapters on various types of group experience, reference notes, and a name and subject index. In the first chapter Max Rosenbaum provides a history and overview of eight types of group psychotherapy: (1) group psychotherapy from a psychoanalytic base, (2) existential-experimental approaches, (3) transactional analysis, (4) gestalt therapy, (5) psychodrama, (6) humanism and the encounter group, (7) behavior therapy, and (8) supportive and adaptational approaches. As a psychoanalyst Rosenbaum sees more merit in group therapies that are analytically based.

In the second chapter Martin Lakin gives a detailed account of a typical six day training laboratory in human relations as it is conducted at Bethel, Maine. This method, initiated by Kurt Lewin in 1946, provided the core of experience and theory which led to a number of variations in the 1960's under such headings as "sensitivity training," "encounter," and "personal growth" groups. In the third chapter Burton Giges and Edward Rosenfeld describe some of the methods used in these variations, such as growth games, body work, and meditation.

David Hays and Yael Danieli, in the fourth chapter, give short descriptions of types of intentional groups with a specific problem orientation focus. These include: groups of criminals in prisons, The Fortune Society for ex-convicts, Alcoholics Anonymous, Gamblers Anonymous, Recovery, Inc. for ex-hospitalized mental patients, Weight Watchers and Diet Watchers for obese persons, and Synanon for persons addicted to drugs.

In the final chapter on the romance of community Rosabeth Moss Kanter reviews the history of intentional communities. Some have been monastic, some in pursuit of the millennium, and some searching for utopia. She provides an overview of early and more recent experiments in communial living by considering six commitment-building processes that seem to result in strong communities: sacrifice, investment, renunciation, communion, mortification, and transcendence.

The book achieves its goal. It can indeed serve as a "consumer's guide" for persons who may be searching for a type of group experience that meets their needs. It should also be useful for university courses dealing with group dynamics.

A. Paul Hare

Socioanalysis: Self-direction via Sociometry and Psychodrama, by Martin Haskell. Long Beach, Cal.: Role Training Associates, 1975. 298 pages.

Professor Martin Haskell is one of a small number of students closely related to Moreno during his spell at teaching at New York University, Graduate School of Arts and Sciences, in the 1950's and 60's. Moreno

often took an anti-psychiatric position in that he proclaimed that analysis of the individual was a huge waste of time, inefficient and unsuited to the needs of the human being as a *socius*. Haskell was particularly influenced by this trend of thought and began, as a sociologist and criminologist, to be sensitive to the sociatric aspect of the treatment program. He agreed with Moreno that what the human group needed was socioanalysis. This book has grown out of Dr. Haskell's teachings and thinking over the past 25 years or more. He offers it as "An Alternative to Psychoanalysis".

The table of contents offers such topics as: the Socioanalytic Process, the Psychodramatic Method, and the Socioanalytic Process Applied.

The book is well organized and thoughtfully carried through. Students and practitioners should find it profitable to read. It contains many stimulating and clarifying points.

Zerka T. Moreno

If You Have an Article . . .

We encourage the submission of articles about psychodrama, sociometry, and group psychotherapy from those familiar with J. L. Moreno's wide range of work in psychotherapy, education, training, and the arts.

Articles should be typed in conformance to the *Publication Manual* of the American Psychological Association, submitted in triplicate, and accompanied by a stamped return envelope to the Editor, *GPPS,* 259 Wolcott Ave., Beacon, N.Y. 12508. Each article is read by one or more members of the Editorial Committee.

As mandated by the Council of Fellows of the American Society of Group Psychotherapy & Psychodrama, the Council of Fellows is trying to encourage interaction between ASGPP members and this Journal. To this end, suggestions, notes on activities, reviews, and articles are especially solicited from ASGPP members.
