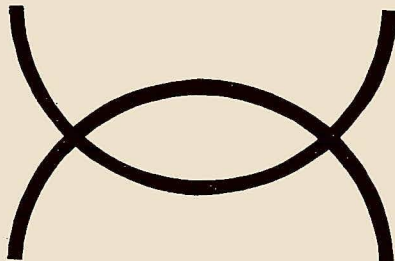


GROUP PSYCHOTHERAPY AND PSYCHODRAMA

OFFICIAL ORGAN OF THE
AMERICAN SOCIETY OF GROUP PSYCHOTHERAPY
AND PSYCHODRAMA



Vol. XXIV, No. 1-2, 1971

GROUP PSYCHOTHERAPY AND PSYCHODRAMA

Volume XXIV

1971

No. 1-2

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GROUP PSYCHOTHERAPY AND PSYCHODRAMA

Volume XXIV

1971

No. 1-2

CALENDAR OF PSYCHODRAMATIC CONVENTIONS IN 1971

Sixth International Congress of Psychodrama and Sociodrama,
Amsterdam, Netherlands, August 22-27, 1971.

Psychodrama Seminar, American Psychological Association,
Washington, D.C., September 4, 1971.

Seventh International Congress of Psychodrama and Sociodrama,
Tokyo, Japan, 1972.

Seventh International Congress of Psychodrama and Sociodrama,
Münich, Germany, date to be announced.

Eighth International Congress of Psychodrama and Sociodrama,
Jerusalem, Israel, date to be announced.

GROUP PSYCHOTHERAPY AND PSYCHODRAMA

Vol. XXIV

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FOUNDED BY J. L. MORENO, 1947

RELATION OF THE DELUSIONARY PROCESS IN GOETHE'S LILA TO ANALYTIC PSYCHOLOGY AND TO PSYCHODRAMA*

GOTTFRIED DIENER, Ph.D.

Bamberg, Germany

The making conscious of experiences, interpretation and understanding, of fantasy and psychotic images represents a necessary but not a satisfactory contribution to successful therapy. Psychoanalytic exposition and clarification of the world of images which emerge from the unconscious through the association and interpretation of words is not effective at deeply influencing states of depression or schizophrenia, particularly because the patient who suffers from emotional and psychotic conditions is unable to carry on a real dialogue in the treatment during which he may be required to remain in the horizontal position on the analyst's couch. Even the successful treatment of a neurosis through transference upon the therapist is more difficult, if not impossible, in the treatment of a psychosis. It is common experience that the mere talking about and interpretation of traumatic problems, as well as of dream and fantasy images, is hardly able to free the neurotic from his repressions, but is never able to assist the truly psychotic to overcome his distance from reality and his ego alienation. Upon this psychodrama, the method which emphasizes movement, gestures, action, free association through free action, transference to the therapist through cooperation with the entire group, self-control by means of spontaneity, substituting or completing analysis by creative play, has been founded.

"There are deep layers of the psyche," thus writes J. L. Moreno, the inventor and leading practitioner and theoretician of psychodrama, "into which one cannot penetrate with the technique of word association, because they are below the formulations of language."¹ Psychodramatic acting out is also useful in classic psychoanalysis because it brings the neglected "dimensions of actions and the psychomotoric processes which underlie language" into therapeutic intervention. The spontaneity of the patient which is not left arbitrary but directed by the therapist upon definite themes and goals, is "effective not only in the dimensions of language and words, but also in all

* Excerpts from *Goethe's Lila, Treatment of a Psychosis through Psychological Cure*, Comparison of the Three Versions of "Lila", with Unpublished Texts and Notes, with Psychodrama.

* Pp. 189-201, published by Athenäum, Frankfurt am Main, Germany, 1971. Reproduced in English translation by permission of the author.

¹ *Gruppenpsychotherapie und Psychodrama*, Thieme Velag, Stuttgart, 1959, p. 93.

other dimensions: in dialogue, in action, in interpersonal relations, in dance, music. . . ."² All these elements are combined in the psychodramatic cure of *Lila*. Goethe, as connoisseur and producer, as dramatic poet and director, aware of all conditions of the normal psyche, is also aware of the therapeutic effects of theater (for instance as Dr. Verazio in *Lila*) from which one hundred and fifty years later the psychiatrist Moreno³ developed his psychodramatic method of treatment.

Moreno applied his "dynamic theory of roles" first in Stegreif plays and discussion groups (1910-1914) in which he encouraged individuals of various age levels and occupations, of weak, undeveloped or uncontrolled consciousness (children and prostitutes in Vienna) to act out their psychological difficulties and problems on the spur of the moment. During the First World War he introduced this method of spontaneous production of psychic traumata in a refugee camp near Vienna. After the war he also founded the Stegreif-theater in Vienna (The Theater of Spontaneity) in which he further explored the therapeutic potentialities in "active and structured acting out of psychological conflict situations." He currently leads in the development of group psychotherapy which, in contrast to the individual method of psychoanalysis, treats the patient within the framework and with the aid of a group. Moreno coined the term group therapy, this youngest child of psychotherapy of our time which, in his words, "was conceived in Europe but born in America." A special variety of group therapy is the dramatic acting out of individual or collective psychological problems with the aid of an entire group. This is psychodrama.

Moreno brought the ideas of group therapy and psychodrama from Europe to the United States where they have found widest spread and the most intensive application to date. He now directs the Moreno Institute in Beacon, where neurotic and psychotic patients work out their psychological conflicts by means of psychodrama.⁴

In the section following we will select from the many forms, methods and fields of application only those which show a similarity or identity with the psychodramatic group therapy applied in *Lila*. "*Lila's case*" and treatment represent in the terminology of Moreno the cure of psychosis through the

² Op. cit., p. 295.

³ For the history of group therapy and psychodrama, see J. L. Moreno, "Das Psychodrama," in *Handbuch der Neurosenlehre und Psychotherapie*, Urban und Schwarzenberg, München and Berlin, 1959, Vol. IV, p. 312.

⁴ Op. cit. p. 312. Henceforth all references in the text will refer to either *Gruppenpsychotherapie und Psychodrama* or *Handbuch der Neurosenlehre und Psychotherapie*.

mixture of two forms, the "therapeutic" psychodrama and the "existential" psychodrama in which "symbolic method of realization" is applied.

In the "therapeutic psychodrama" the patient presents with the aid of the "auxiliary egos" (we will later discuss their function) his "private traumata" and "private ideologies." In the "existential psychodrama" the individual player is in an "existential group" which presents its external and internal life "in the make-believe" of the dramatic play not only "to heal himself, but the love for his own demons precipitates the theater." Every real second time is a liberation from the first." "One attains the attitude of the creator towards one's own life, the feeling of true freedom" (p. 88). Lila, too, repeats in her psychodrama her individual sufferings which are simultaneously the sufferings of the group of relatives and friends with whom she is intimately connected. Further, she is confronted by her "own demons" which she must recognize, although she does not love them, but from which she must liberate herself. However, as Lila's emotional conflicts do not exist in real life but only in fantasies and hallucinations, the wise magician invents a psychological variety of treatment which one may call, as does Moreno, a symbolic method of realization. This method is applied as a psychodramatic technique not only by the dramatization of psychotic hallucinations, but also in symbolic dream contents. The patient (for instance, a neurotic) acts out his own dream, the auxiliary egos present the roles of the dream characters. Frequently, it is through this dramatic interplay "of word, symbol, behavior and action" that the deeper parts of the unconscious are disclosed and integrated into the conscious (p. 97; p. 319).

The same symbolic events, motives and figures which appear in the dreams of normal and neurotic persons emerge also in the wake dreams and semiconscious or unconscious hallucinations of psychotics. In order to prevent that the patient who is isolated from reality sinks more deeply into the dark of his fantasy world, the psychodramatic method of Moreno attempts to present the fantasy figures as real characters on the stage and thus to expose the inner psychological events as external dramatic actions. In the following thoughtways and varieties of treatment Verazio-Goethe follows exactly the rules of Moreno's psychodrama:

1. The insanity is a loss of reality and cannot be considered cured unless the return of the psyche to the actual reality of the world is accomplished.
2. The fantasy and hallucinationary images of the patient should not be considered as worthless or even be suppressed; just because they cannot be reasoned out or suppressed they prove their inner reality and

dynamics. The ego is already absorbed to a high degree but not entirely involved in them.

3. The contents of the sick fantasy should not be repressed in the period of realization, but rather activated, made tangible and felt and be represented on the psychodramatic stage as actual scenes with real people with whom the patient must be confronted.

4. In this way, the reversal of the symbolic realization process becomes possible. The auxiliary egos who participate in the psychodrama turn gradually from being figures in the inner reality into representatives of the external reality, until the patient is opened up to life completely, so that he is able, with all his heart and senses to hold onto his own ego and his own milieu.

These four points of view which are presented by Moreno in the "Psychodramatic Treatment of Psychosis" can also be applied to Lila's mental disorder.

Reference to Point 1: Madness as Loss of Reality

According to a remark which Goethe made at a later date, but which can cast a clarifying light upon Lila's sickness, such people who are placed in midst of a real world develop a mental disorder "if they lose the conviction of the existence of the world around them" and dream of "things of a different world" which, however, are unreal ghosts. Thus also Lila's melancholia gradually turns into madness when she loses the sense of reality; "fantasies have turned her head upside down." She considers all her friends and lovers as shadows and as personae projected by magicians, whereas in reverse her own mad images of fairies, ogres, demons and witches appear as the true reality. She flees her intimate friends from whom she first withdraws timidly, later in growing paranoiac terror, finally failing to notice them altogether. Moreno reports similar observations of several cases of dementia praecox treated by him. "In the case of a psychotic patient the normal reality is replaced by delusions and hallucinated elements . . . It seems as if he does not notice the presence of other people in the house. The psychotic ego has changed. It has split into several part-egos. It is replaced by such roles as mystifiers and Christs."⁵

Reference to Point 2: Involvement of Delusionary Images and Ideas

Moreno takes the products of fantasy very seriously in his psychodramatic treatments; they have for him an "important characteristic." He

⁵ Pp. 275, 285.

tries not only to understand the protagonist's "poetic language" as does the psychoanalyst, but considers the patient with his helpers as a poet "who is at the moment possessed by the creation of his fantasy." The therapist must attempt to penetrate the grammar of his fantasy logic, so as to be able to speak the same language as his patient in the psychodrama, and to surround him on the stage with the personages of his auxiliary world by means of the auxiliary egos.⁶ Dr. Verazio-Goethe proceeds similarly with Lila's fantasy images. She does not see them as "nonsense," produced by an irregular, arbitrary fantasy, which Goethe selects from the production of creative fantasy. The events and persons in Lila's fantasies create a very serious, even poetic impression. Thus, Dr. Verazio decides to let an impromptu play emerge from the inner drama. This impromptu play corresponds to the dramatic personae of Lila's sick and poetic imagination; Lila herself plays the chief role as protagonist. Whereas the realistic, prosaic husband considers Lila's fantasies as stupid and superficial tales, Dr. Verazio recognizes them as creative and therefore also as a curative force. Therefore, he wants Lila and her friends to enact the story of her fantasy, so as to cure "fantasy through fantasy."⁷

Reference to Point 3: Realization of Delusionary Fantasies

The leading therapists in *Lila* and in modern psychodrama begin now to deal with the external representation of the internal (largely fantastic) reality of the mental patient. They feel, as Moreno formulates it, that reality and fantasy of their patients are not contradictions, but consider and treat them as "functions within a wider sphere, the psychodramatic world of persons, objects and events," whether they are real or delusionary. Delusions of the senses and hallucinations attained a gestalt through embodiment on the stage and are equated with normal sense perceptions (p. 77). In this way, the patient in psychodrama can encounter the concrete persons of his surroundings—as far as they play a role in his psychological conflict—as well as the figures of his fantasy which frequently represent "parts of his own ego."

A drama and its presentation in the theater contain theme and story, poet and producer, the protagonist as representative of the chief role, the carriers of supportive roles who come into being as followers or adversaries of the "hero," stage and stage setting, at times also music and dance. Theme and substance of the psychodramas are the suffering "psyche itself" and its genuinely experienced problem whether real or symbolic (p. 80). In Goethe's

⁶ P. 275.

⁷ P. 236.

Lila the story of the psychodrama consists of the history of Lila's fantasy in which Lila as embodiment of the sick psyche plays the chief role herself. The patient is always the protagonist. He is "creator, actor and spectator at the same time" (p. 280). He always represents the unconscious "creator," frequently already in the dramatic formation of ongoing events and representation in fantasy; he becomes a more conscious creator and simultaneous actor if he, under the leadership of the therapist on the stage "is able to transpose his irrational ideas and feelings into living action." In his acting out liberating spontaneity is combined with "structured acting out" (p. 294); therefore, the psychodrama must maintain the arbitrary, improvised character of the impromptu play and still in theme and function of the co-players be clearly outlined. The therapeutic director has to guide the process. Last not least, the protagonist is not only the patient but also the spectator of the dramatic presentation of these problems and fantasies, especially in those parts of the psychodrama in which he is not actively involved, but in the passive role of the observer. In this manner Lila observes and listens to what the magician does when he is in search of remedial herbs and in his soliloquy relating to herself, or, she pursues from a hidingplace the symbolic alternating chorus between the spinners and their spirits.

If now the patient, in his fantasies, himself creates the theme and character of a psychodrama in which he plays the most important role as actor or spectator, then without the preparatory formative, regulating regime of the leading therapists, the psychodrama would never develop and would never unfold in a meaningful way. The chief therapist must carefully prepare the performance of the psychodrama because as he has the task of identifying the play with the life of the protagonist (p. 78), he cannot be satisfied merely with the exact diagnosis of his case, he must attain a clear picture of all the circumstances in the life of the patient and of his utterances, even of his most abstruse fantasies; this is best attained through his own observation, questioning, analysis, (not in a psychoanalytic sense) but in an indirect way, trying to obtain from the members of the patient's family, and the therapeutic helpers all obtainable material. In the same manner, also Dr. Verazio tries to explore all circumstantial details of Lila's sickness. He finds it unfair that the baron hinders him from obtaining the necessary information through personal acquaintance with his wife. But he is very skilled and collects material from the observations and experiences which Lila's friends and relatives have gathered either on their own or through the intervention of the maid, and thus brings the plan and development of the psychodrama into accord with her present situation, her previous life and her

fantasies. Dr. Verazio has also, similar to the director of a modern psychodrama, the task of fulfilling the most varied objectives: medical diagnosis and treatment, playing of the psychodramatic "leitmotiv" on the basis of the patient's life history and present condition, organizing the scenes of the improvised play, guidance of the protagonist, instructing the participating auxiliary egos in their roles, his own direct share in the psychodrama as auxiliary ego and participant observer and intermediary translator" (pp. 295 and 318). Dr. Verazio is auxiliary ego in all scenes in which he himself acts his own role and provides assistance to the suffering protagonist; he is further a silent observer, for instance, during Lila's second relapse, as well as intermediary translator when he explains to the bewildered co-actors Lila's ever-changing emotional conditions and gives them new directions for their behavior in the drama.

All therapeutic assistants are called auxiliary egos, physicians, nurses, therapists, but also co-patients who take part in the psychodrama. They embody on the stage either persons with whom the patient is acquainted, or fantasy formations, complexes which have developed an independent existence, part-egos of the suffering ego; they help him through self-recognition and activation of his suppressed or entangled libido and finally of his inner liberation and return to reality. Moreno's interpretation of the functions of this group of auxiliary egos could also serve as characterization of the therapeutic help which is provided for the sick Lila by her relatives and friends as co-players in the psychodrama. According to Moreno the auxiliary egos represent the real or symbolic persons of her life space (p. 78). They appear either as persons who are close to her or as individualizations of her delusions and hallucinations (p. 82). In the final version of *Lila* her cousin Frederick appears as an actual person who is recognized and touched by the reality-alienated Lila, as the first messenger from the world of concrete reality, whereas in the second version she sees him floating among both real and ghostlike phenomena. All other members of the patient's family represent embodiments of delusions and hallucinations. As Lila's fantasy is filled with bad and good fairies, due to the imprisonment of her husband by the demon also the auxiliary egos in the roles of fairies and demons represent incidents of the suppression of Lila's husband and friends. In the psychodramatic treatment of psychosis Moreno, too, permits his auxiliary egos to play fantasy and delusory persons from the world of the patient, so that the patient simultaneously is confronted with the real as well as with his psychodramatic half-world in which he lives. He reports a case of dementia praecox in which the patient considered himself as the reborn Christ and surrounded himself in

fantasy with apostles and evangelists; psychiatrists, nurses and friends undertook to represent all the roles which corresponded to his religious fantasy world. They played in suitable costumes all the roles which corresponded to this fantasy world and helped him to activate psychodramatically his religious paranoia (p. 275). This overcoming of his dangerous introversion through acting out in interaction with real people is naturally the desired goal in all these group dramatizations of inner perceptions to which one could apply Goethe's concept of the great delusion. The energy which the patient for a long time has invested in his dream and fantasy world, which has impoverished his real ego, made it sick and weak, is mobilized again through psychodramatic realization. It is reintroduced into the external world and becomes available to the ego (p. 82).

Reference to Point 4: Return to External Reality

The psychodramatic phase of realization (of the fantasy production) is now followed by the reversal of the process. The auxiliary egos who thus far tried to enter into the largely symbolic world of the patient so as to present it on the stage in an objective manner, now become more and more the "representatives" of external reality. Many mentally ill patients must pass through numerous symbolic actions until they can accept a direct and immediate encounter (f.i., the embracing of a real person). Long and difficult are the stages which the patients have to go through (according to Moreno) in psychodramatic treatment. This is true also of Lila in her psychodramatic travail, passing from delusion to reality. Thus Moreno reports about a patient Mary, suffering from a paranoia (p. 290), who is continuously in search of John, the "product of her fantasy." In the "period of realization" the auxiliary egos play the persons of her fantasy: an illusionary person and also the relatives of John (who apparently lives somewhat at a distance). In the beginning Mary shows the same symptoms as Lila; refusal to reveal her hallucinations, suspicion of the physician and fear of being deceived by him; a surplus of clarity of the experienced fantasy images, in contrast to the reality which is confused and distorted.

The slow return to reality comes to Mary and Lila in similar phases. Mary's libido which is in her delusions fixed to John, is transferred in the course of the psychodrama to that auxiliary ego who has taken over the role of John's friend. Finally Mary transfers her liberated feelings upon a stranger, a man who does not belong to the play group of auxiliary egos, whom she marries at the end. She gives to the child resulting from this marriage in a turn of wise humor the name of her original dreamlover; the masculine

ideal which John represents in Mary's fantasies is now reborn in her real son.

Similarly, also Lila is first lured into the external world by the voice of a trusted "auxiliary ego," the wise magician (not without some reverses, the same as Mary); the roles of the good fairies and bad demons who correspond to the inner images penetrate through these roles to their real carriers, until all masks drop and Lila is in the arms of her husband. Real life grabs again and leads.

The passionate activities of these psychological events which move from the inner world to the external require psychodramatic embodiment and cannot be limited to the "Procrustus couch" of the psychoanalyst. Only the "multi-dimensional stage" provides the space for the exposition of the tied up forces of the body and mind, for human contact and spontaneous action (p. 81). Moreno's psychodrama unfolds on the stage or in a room, in the open field, in a garden, in front of a building (p. 97), a hall, parks, buildings are all parts of the setting for Lila. In the liberation of the psyche the free movements of the body serve in psychodrama as well as "colors, lights, music and dance" (p. 97). Similarly Verazio-Goethe considers in his psychic cure "music and dance" as essential helpers. Lila returns to real life when she joins "the dancers and singers."

From whatever side we look at the dramatization of Lila's pathologically increased but productive fantasies, they appear to us as a real psychodrama which contains all the elements of the presentday psychodramatic method of cure. Verazio-Goethe could not anticipate and foresee that his bold improvisation will some day develop into the theory and techniques which could plan the return of mental patients from their unreal world to real and active life by means of an organized Stegreiftheater. Moreno's psychodramatic school should not forget its great precursor, Goethe.

COMMENTS ON GOETHE AND PSYCHODRAMA

J. L. MORENO, M.D.

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Professor Diener indeed has rendered a great service to the philosophy, history and science of psychodrama. It is therefore a special honor to know that the great poet and philosopher Johann Wolfgang von Goethe thought along psychodramatic lines and that he wrote plays on the subject. There is no writer in the Anglo-saxon literature, not even Shakespeare, who has attained Goethe's rank as an overall creator in the sciences and arts.

I was aware that Goethe was interested in impromptu theater. In his book *Die Lehrjahre*, second book, ninth chapter, he wrote: "Das Stegreif-theater soll in jedem Theater eingeführt werden. Das Ensemble soll regelmässig auf diese Weise trainiert werden. Das Publikum würde profitieren wenn ein ungeschriebenes Spiel einmal im Monat aufgeführt wird." "Spontaneity theater should be introduced into every theater. The ensemble should be trained regularly in this manner. The public would benefit if an unwritten play were produced once a month."

GOETHE'S PHILOSOPHY OF PSYCHOLOGICAL CURE

Goethe, while neither a physician nor a psychiatrist, was deeply interested in mental healing, as frequently expressed in his writings. He conceived of neurosis and psychosis as a creative process similar to a work of art.

I was not aware of Goethe's interest in psychodrama. Indeed, the very term psychodrama was not known at the time of Goethe but was introduced by myself in the U.S.A. One may say that Goethe was a profound observer of mental illness and frequently discussed and alluded to it in his writing. Let us, therefore, evaluate what Goethe actually said. Goethe made an important philosophical statement as to how mental illness should be treated and cured. He pointed out frequently that "the best way to attain a psychological cure is by allowing madness to enter into the treatment in order to heal the condition." He wrote, for instance, in a letter to K. F. Grafen Brühl, the director of the Royal Theater on October 1, 1818: "Das Spiel der *Lila* ist eine psychische Kur, wo man den Wahnsinn eintreten lässt (d.h. ihm nachgibt, ihn sogar verstärkt) um den Wahnsinn zu heilen." "The play *Lila* is actually a psychological cure in which one allows the madness to come to the fore (that is, goes along with it, even intensifying it) in order to cure it" (Diener, pp. 147, 180). In that letter Goethe speaks of a "psychological cure" which

is in opposition to physical treatment and other methods which were the fashion of his time. This is indeed a deep anticipation of an important aspect of psychodramatic philosophy.

But there is a great jump from a "written" play to the psychodrama. *Lila* is a written play describing the sufferings of an *imaginary* mentally ill person. *Lila* is a fiction, arising out of the mind of Goethe, the playwright; she does not exist. However, in that version of psychodrama which is most popular in the U.S.A. the situation is very different. There is no written play. There is no playwright and no script. The drama is real, although it assumes the form of a play. The protagonist is real; he is not a fictitious character. In a psychodrama the people who act are real people. They are not actors. The protagonist presents his real anxieties, his real fears, his real hopes. He does not have to prepare for the drama, it is in him, ever ready to be brought to life. It is in the here and now.

The question is, notwithstanding the differences outlined between a live psychodrama and a so-called written psychodrama, whether there are any common factors which justify interpreters of Goethe's calling *Lila* a psychodramatic play? Perhaps Goethe tried to give a universal illustration in the form of a play how a mental illness begins, develops and terminates, using a sort of didactic method. One can imagine that someone in our own time who has conducted thousands of live psychodramas would be tempted to put its main features into one single play, like writing a text for psychodramatists.

And if one wants to give full credit to Goethe, one can say that, at least to my knowledge, no other playwright has constructed *an entire play*, that is, *every scene, every word*, the *entire structure of the play*, to demonstrate drama itself as cure. This is exactly what he has done and he had in his time no precedent. It is, of course, not a "living" psychodrama in our modern sense but it can be called psychodrama. What is in a word as long as we agree as to its meaning?

GOTTFRIED DIENER'S INTERPRETATION OF GOETHE

It is appropriate to point out Diener's great contribution in his beautiful book. Diener became interested in psychodramatic literature and tried to "explain" Goethe's playwriting in terms of psychodrama, at times very intriguingly. Diener extensively discusses also the dramatists before and of Goethe's time, especially those with a psychodramatic orientation, pointing out Shakespeare's play within a play in *Hamlet*, Hamlet putting his mother and stepfather on the stage, he himself being the director. It is, however, only a brief intermezzo in *Hamlet*. The Spanish writer Cervantes, in his novel

Don Quixote shows how the Don was treated and cured of the mental illness from which he suffered, by a psychodramatic method,¹ but the psychodramatic interlude was again only an interval in the big novel.

There have been many other playwrights and novelists, from Aristophanes to Ibsen and Strindberg who have used psychodramatic techniques within their plays. Diener finally points also to the work of Reil and, last not least, of Raimunds "Alpenkönig und Menschen feind."

I, in my turn, would be glad to render a service to Professor Diener, and the german version of Psychodrama for the purpose of clarification, by inviting him to come to Beacon for a session in which Diener could play Goethe, Goethe playing Diener, I to play myself.

¹ See Francisco Garcia-Valdecasas, "Don Quixote and Psychodrama," *Group Psychotherapy*, Vol. 20, 1-2, 1967, Welcoming Address, Second International Congress of Psychodrama, Barcelona, August 29, 1966.

THE USE OF PSYCHODRAMA TO DIMINISH TRANS-CULTURAL DISTANCE IN PSYCHOTHERAPY*

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INTRODUCTION

Since the end of the Second World War the number of foreign students, businessmen, scientists and scholars living in the United States for one to four year periods has increased dramatically. Separated from their native cultures and families, often under heavy work pressures, and relating in a foreign tongue, many of these foreign visitors develop psychiatric symptoms or frank psychiatric illness. When illness strikes, the therapist to whom they turn for help is often at a great disadvantage in treating his "foreign patient."

Several factors unique to the foreign patient's treatment situation tend to increase "therapeutic distance" and complicate the work of psychotherapy. Much of the difficulty may be related to the patient's own culturally based expectations of what therapy should consist of. For example, Morita therapy emphasizes bed rest, patient self-report by journal writing, therapist's authority, work, and an acceptance of what life brings—if it be anxiety, the Morita concept is that acceptance will handle it perfectly.¹ Leonhard, writing of the expectations of German patients, says that such an approach is totally unacceptable to that cultural group.² German patients, he emphasizes, expect to manipulate the phenomenological world by tangible interventive means, relying heavily on physical activities, prescribed medications and organic therapies.

Factors other than the cultural determinants of therapeutic method also play an important role in maintaining therapeutic distance. Suspicion, mistrust of foreign customs, and the notion that a foreigner no matter how well

* Some time ago the senior author had the pleasure of chatting with Dr. Moreno and at that time I recounted the case described in this paper and the success I had with the patient because of psychodramatic techniques. Dr. Moreno was equally enthusiastic and suggested I write up the case for publication.

** At the time the case cited herein was treated, the senior author was associated with the Henry Phipps Psychiatric Clinic, Johns Hopkins Hospital, Baltimore, Maryland.

¹ Hiroshi, I. and Reynolds, D. K. "Morita Therapy: The Views from the West," *Amer. J. Psychiat.* 126:1031-1036, 1970..

² Leonhard, K. "Die Japanische Morita-Therapie aus der Sicht Eigener Psychotherapeutische Verfahren," *Arch. Psychiat. Nervenkr.* 207:185, 1965.

educated cannot really understand one's problems also separate the foreign patient from his physician. The fear of disgrace if the patient's illness should become known to his countrymen and the notion of total isolation further increase the foreign patient's difficulties. When a language barrier exists, the patient often feels helpless due to the enormous frustrations of not being able to adequately express himself to his therapist.

The use of a modified form of psychodrama, in our experience, has been instrumental in decreasing the trans-cultural therapeutic distance and thus "permitting" therapy to take place. The goal of psychodrama with foreign patients is self-acceptance rather than the development of effective facades or the acquisition of an American style of culturally determined insight or behavior. Since the technique is motoric and requires active participation by both therapist and patient, it helps to establish the "therapeutic alliance" and provides the patient with a degree of control over his own therapy. The action of dramatic psychotherapy permits greater depth and breadth of awareness than is obtainable through verbal means alone. The following case is presented to exemplify the use of psychodrama with a foreign patient.

CASE HISTORY

The patient was a male Japanese university professor in his late 30's on a one year visiting fellowship, who was admitted to the Henry Phipps Psychiatric Clinic following a suicidal attempt by wrist-cutting. The patient was described by both his wife and his colleagues as having been apprehensive, withdrawn and bizarre in his behavior for the two weeks prior to admission. On the insistence of an American colleague who had noticed his troubled manner, the patient had visited a local psychiatrist shortly before admission; the several visits were not, however, felicitous. At the time of admission he was living with his wife and two children in rented quarters; his youngest child had been born during his U.S. visit.

Communication with the patient was extremely difficult for the first several days after admission; during this time the therapist was using a conventional face-to-face interview technique. The patient was reluctant to speak and remained seclusive on the ward; during interviews he answered all questions politely, often with a smile, and nearly always answered "yes." At first this was attributed to language difficulty, but both his wife and his colleagues considered his English language ability as adequate for ordinary conversation. Whenever any mention of his behavior in the two weeks prior to admission was brought up, the patient principally remained silent or indicated that

he did not understand what the therapist was saying. Although the patient occasionally talked on very neutral data during these first sessions, it became clear that a conventional type of therapy would be entirely useless.

The format of the therapy session was then changed to one of modified psychodrama. Initially the patient was given a detailed explanation of what his role was and what a person with troubled or sad thoughts might reasonably expect from both himself and from a hospital. At this time, the therapist compared his own role to that of a computer (with which the patient as a physical scientist was quite familiar). In this model the patient was expected to furnish those thoughts and feelings that were unfamiliar, puzzling, or frightening to the computer; the computer would process the data and return information to the patient on his troubling thoughts that might clarify them. The patient immediately seized upon this model and for a number of hours engaged in a protracted, and much less guarded conversation concerning learning, problem-causing conflicts, models and roles. The computer concept was useful; as it finally emerged, the patient had not the slightest idea of the concept of thoughts and feelings leading to illness. Unlike the vast majority of patients treated with intensive psychotherapy, he lacked familiarity with the jargon and ideas of psychiatry that educated Americans so often learn from popular magazines and other mass media. For example, later in therapy, he shared with the therapist that he had been having auditory hallucinations of a persecutory nature. It had seemed perfectly logical to the patient that this should be combated by putting his fingers in both ears; he was puzzled and dismayed that, after hours of attempting this, no relief ensued.

After a number of sessions utilizing this computer model, the patient tended to compare some of the general concepts being discussed to some of his own problems. Following this initial advance it proved quite useful to have the patient assume other roles.

In bits and pieces garnered from the patient, his wife and his colleagues, it was learned that the patient had experienced a great deal of stress in the months preceeding his hospital admission. This stress was largely due to his guilt over frequent absences from work due to the birth of his second child and his wife's subsequent illness. The immediate crisis that had preceeded admission occurred during a formal presentation of his research findings. During this presentation the patient had been asked several difficult questions and, in one instance, a segment of his work was disputed. The patient had taken this as a severe blow; he had hoped, during his stay in the United States, to accomplish significant research and thus justify the faith his teachers had

placed in him. The result was a thought disorder accompanied by delusions of persecution, auditory hallucinations damning him and calling him insane, together with significant depression.

When this information was learned, the patient was asked to assume the role of student and to ask the therapist (in the role of teacher) the types of questions he had been asked during his formal presentation. This format was then changed to the patient's playing the role of how a student would ask similar questioning statements of a professor in a Japanese classroom. Following this, the therapist assumed the role of student and asked the patient to role play how a Japanese professor would handle such a situation, especially if the student was correct in his questioning. This role playing and role reversal continued through a wide variety of interpersonal situations of the type that the patient had found difficult. Much information emerged which helped explain why the classroom episode was perceived as such an ego blow.

Later, when the patient associated the classroom to a father-son relationship, the focus shifted to the traditional Japanese father-son relationship with the patient and the therapist alternating these roles. In every situation that was role played, comparisons were drawn between Japanese and American cultures.

Extremely helpful during the experience was the therapist's consultation with a psychiatrist born and educated in Japan, who illuminated the therapist's understanding of Buddhism and other aspects of Japanese culture.

The patient began to improve from the beginning of the modified psychodramatic treatment. He utilized information learned during the role comparisons of Japanese and American life styles in his conversation on the hospital ward; these conversations added to reality testing, enhanced verbal interaction and decreased loneliness. Despite his original suspicious rejection of drug therapy, the patient accepted Stelazine, 2 mg. three times a day as an adjunct after one week of psychodramatic therapy. Following approximately two weeks of role playing and role reversals, the hallucinations had cleared considerably and his apprehension was greatly diminished. At that time he was returned to his university position and he was maintained as a night patient; therapy sessions were continued during evenings. The patient was discharged before the end of his successfully completed fellowship period. A follow-up report from Japan received six months after discharge showed that the patient continued to function well.

DISCUSSION

Section I: Motoric Interaction Unique to Psychodramatic Situation

The role induction interview³ as described in the case history set the stage for therapeutic progress by clearly defining the format of therapy and the therapist's expectations of the patient. Once the psychodrama actually began the method itself seemed to decrease the patient's paranoid suspicions by giving him control over the flow of information and interpersonal boundaries. The motoric component of therapy provided the patient with a reality-based mirror of his own activity and de facto established his success in fulfilling his part of the therapy contract. His control over didactic and intrapsychic material coupled with the unconditional positive regard of the therapist permitted him to "teach and enlighten" his therapist about factors which he had previously felt were beyond the comprehension of a foreigner. As the therapist became more aware of the cultural determinants affecting the patient's illness, the patient's notion of trans-cultural isolation was diminished.

The drama provided objective evidence to the patient of developing social skills, thus reversing his pattern of increasing regression. As the patient incorporated the social skills learned in the psychodramas into his behavioral repertoire, his interactions on the ward improved dramatically. The drama helped the patient to test and validate his impressions of intra- and extrapsychic tensions and provided him with tangible evidence for his increasing feelings of being understood and supported by the therapist and the hospital staff.

Section II: Meaning to the Patient of Psychodramatic Interaction

The therapy employed in this case also permitted the patient to assume a "teacher" role; he took pains to familiarize the therapist with the cultural differences in school, home and other interpersonal interactions between the United States and Japan. Also, such therapy moved the patient into a familiar mode of relating, as his "normal" profession involved a great deal of teaching. As the patient felt more at ease with his teacher role in the therapeutic interaction, his feeling of self esteem increased and it was evident to the therapist that he took pride in his participation. His success in this therapeutic transaction appeared to give him greater confidence in socializing with others on the ward.

³ Hall, R. C. W. and Neuman, G. "The Role Induction Interview for Group Psychodrama" (in preparation).

Importantly, the modified psychodrama met the patient's need to produce in order to "feel worthy." He had been greatly troubled by his inability to comprehend what was expected of him in the hospital. Also, he felt a strong need to fulfill the expectations of his American colleagues by working at therapy. Here was a way that he could work hard within a defined role knowing that his productions were useful.

As the interactions increased with the therapist and the staff, the patient found his situation more understandable, his efforts goal-oriented and his isolation decreased. This in turn decreased his fear of insanity. Earlier, nothing had been understood; voices called out to him saying: "Dr. — is insane." Now, as his behavior could be seen as a response to stress, worry and lack of diversion and his efforts seemed directed toward easing that situation, the voices diminished, then disappeared within several weeks. The specific behavioral problems dealt with in the context of the psychodramatic therapy included the patient's persistent worrying, his lack of a hobby or any other diversion from his demanding work and his inability, especially during stressful times, to "step back" for a perspective of the relationship of some current problem with his hard, driving work pattern.

Section III: Meaning to the Therapist of Psychodramatic Interaction

Psychodrama allowed the therapist to transform a frustrating case into an enlightening one; importantly, it decreased the therapist's anxiety in dealing with a patient where significant trans-cultural distance made communication between patient and therapist extremely difficult. The experience enhanced the therapist's sense of worth as well as the patient's.

Once the initial impasse was breached, psychodrama assisted the therapist in defining realistic expectations for the patient, as well as gauging the pace of therapy. The therapist was able to deal with specific behavioral problems that were present and amenable to change without threatening the patient by confronting a total pathologic picture that seemed anchored in and reinforced by cultural patterns.

Section IV: The Effect of Psychodrama on the Patient's Utilization of the Hospital Milieu

The effects of psychodramatic therapy persist long after the actual therapeutic session ends. Participation in this form of therapy increases the patient's self concept and self confidence, promotes appropriate means of social interaction, and helps the patient's behavior seem less strange to those about him. As therapy proceeded in this case, the patient's interactions with the

hospital staff and other patients increased markedly; his physical isolation decreased and he verbalized his own increased confidence in dealing with social situations. He became less suspicious of those about him and began to actively involve himself in ward activities. Behavioral analysis of ward behavior showed an increase in his one-to-one interactions, increased participation in sports such as ping-pong, increased attendance and participation in the occupational therapy program and at ward community meetings. He experienced less fear of the hospital and began thinking of himself as a member of the ward rather than as a "foreigner imprisoned in a hospital environment." Thus, his increased involvement in hospital activities made him less dependent upon his therapist and more accessible to the influences of the total therapeutic milieu.

CONCLUSION

We feel that the use of psychodrama can be of great benefit in decreasing the trans-cultural difficulties in the treatment of the ever-increasing numbers of foreign visitors seeking psychiatric help in this country. The case discussed demonstrates (in one area) the value of psychodramatic principles included in the education of psychiatric residents; there are, of course, many other areas for its use. By increasing the patient's participation in therapy and giving him control over the therapeutic situation, by promoting the flow of communication between patient, therapist and staff, decreasing the patient's suspicion of foreign physicians and making the therapeutic milieu more available to the patient, psychodrama seems ideally situated to the treatment of foreign visitors.

REFERENCES

- HALL, R. C. W. & NEUMAN, G. "The Role Induction Interview in Group Psychodrama" (in preparation).
- HIROSHI, I. & REYNOLDS, D. K. "Morita Therapy: The Views from the West," *Amer. J. Psychiat.* 126:1031, 1970.
- LEONHARD, K. "Die Japanische Morita-Therapie aus der Sicht Eigener Psychotherapeutische Verfahren," *Arch. Psychiat. Nervenkr.* 207:185, 1965.
- MORENO, J. L. "The Concept of Sociodrama," *Sociometry*, Vol. 6, 1943, Beacon House, Beacon, New York.
- MORENO, J. L. *Psychodrama*, Vol. I, Third Ed., 1969, Beacon House, Beacon, New York.
- MORENO, J. L. "Inter-Personal Therapy and the Psychopathology of Inter-Personal Relations," *Sociometry*, Vol. I, 1937, Beacon House, Beacon, New York.
- MORENO, Z. T. "Political Aspects of Psychodrama," *Group Psychotherapy* 22(3-4):213, 1969.
- MORENO, Z. T. "A Survey of Psychodrama Techniques," *Psychodrama and Group Psychotherapy Monographs*, #44, 1969, Beacon House, Beacon, New York.
- STURM, I. E. Note on Psychodrama in a "Helping Relationship," *Group Psychotherapy* 22(3-4):191, 1969.

PHILODRAMA AND PSYCHOPHILOSOPHY*

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The thousands of years of written and unwritten human history have been marked by a series of continual dissatisfactions with the status quo, a constant effort to change, either through revolution or evolution. Man's continual impatience creates a frustration which is further aggravated by the ever-popular conception of the futility of life: a trout battling its way upstream, only to perish before ever defining its goal.

These definitions of goal have been the basic concern of social scientists long before Socrates planted those seeds of curiosity on the seven hills of Athens, but only recently has consideration been given to defining the conditions in which men must set their objectives, and searching for a concrete tool through which men may examine and settle upon them.

The following is an attempt to outline several relevant contributions regarding these questions in the past, and synthesize these contributions into a new sort of philosophy of the psyche; for future reference, a Psychophilosophy.

Now it appears that we are dealing with two disciplines: Psychology and Philosophy. For example: each has gained its own place in our educational institutions as separate academic departments. To those of us involved in the science of man, this is indeed a lamentable development. William James agrees when he points out in his textbook, *Psychology*, that "it is obvious that problems irrelevant from one standpoint may be essential from another. And as soon as one's purpose is the attainment of the maximum of possible insight into the world as a whole, the metaphysical puzzles become the most urgent ones of all. Psychology contributes to general philosophy her full share of these."

Therefore, a necessary basis for an inter-disciplinary thesis as the one I am about to undertake is a recognition both of the vital questions which philosophy poses and the queries which psychology makes and contributes to these.

Let us go on now to analyze the specific relationship of Psychology to Philosophy, for a basic understanding of that relationship will prove necessary later on.

* Presented at the 29th Annual Meeting of the American Society of Group Psychotherapy & Psychodrama, Hotel Americana, New York City, April 1-4, 1971.

There is a fascinating paradox with regard to the relationship of these two disciplines. We are well aware that historically, the philosopher claims the role of the pioneer in nearly all phases of scientific inquiry. The Greek scholars were "philosophers," (from the Latin "philosophia"), but they sought to understand all phases of their surroundings, from Democritus' first theorizing the atom of physics, to Socrates' first definition of civic responsibility, giving rise to a science of politics.

In one sense, therefore, the philosophy is indeed the parent of all the sciences, including the newcomer psychology. In a far more vital sense, however, philosophy, and all the other sciences, is the result of these very factors in the human personality which psychology has endeavored to study.

Let me clarify this point by quoting John Dewey, in his essay "Psychology as Philosophic Method," where he states: "Were not the universe realized in the individual, it would be impossible for the individual to rise to a universal point of view, and hence to philosophize." Further, and this is the key, "The Universe, except as realized in an individual, has no existence." What Dewey is pointing out to us is simply this: philosophy studies man's universe and, because it is man's universe philosophy studies, psychology, the science of man, is the window out of which philosophers must look. Is not the whole issue of the fallibility of the great philosophers incumbent on the point that they are but men, and are therefore subject to the very reactions to stimuli with which the psychologist is concerned, and that these reactions may be inappropriate, and that they may therefore miss the philosophical or ethical point?

I raise this discussion simply to emphasize that we are not dealing with two clear-cut disciplines, but that each is vitally involved with the other; that each shares the distinction of being the mother and the father of the disciplines. The mother is philosophy with the potential to produce many offspring. But the father is psychology, the psyche, which must fertilize the mother's reproductive organs with the chromosomes which will be the determinant of the nature of the offspring, whether it be physics, chemistry, mathematics, sociology and so on.

Dewey gives us an appropriate summary of this point: "The relation of psychology to philosophy now stands, I suppose, something like this. There is an absolute self-consciousness. The science of this is philosophy. This absolute self-consciousness manifests itself in the knowing and acting of individual men. The science of this manifestation, a phenomenology, is called psychology."

The reality, of course, remains that philosophy and psychology have, for

better or for worse, been divided in the past. It is my thesis, however, that each is now crying out to the other for what only the other can give; that the two sciences are not merely related in the above outlined manner but that each may engage the other in the utilization of the best points of each. The two were married long ago to produce the family of man's sciences. They were the victims of a divorce. But now, in 1971, they are ready to encounter each other again.

Let me illustrate my point by describing the recent developments in each area which have led me to suggest this.

Philosophic study is still embroiled in a debate which has been raging among its scholars for years. On the one side stand the linguists and, on the other, the contextualists. Each accuses the other of being shortsighted and unrealistic, and, until I make the following proposal, there has seemed to be no way to reconcile the two groups. Let us first understand the position of the linguists, whose greatest spokesman and founding father may be Immanuel Kant.

In his *Critique of Practical Reason*, published in 1788, Kant introduced the concept of the "Imperative," which, he thought, was the command of Reason, and the obligation fell upon the Will to obey that command. Further, there were two types of Imperative: the Categorical and the Hypothetical. In the hypothetical imperative, the action chosen is *instead of* the other possible actions; in other words, Action A is chosen over Actions B and C not because it is good in itself, but because the others are clearly the poorer alternatives. In the Categorical Imperative, Action A is chosen not because it is preferable, but because Reason dictates that it is absolutely the best possible alternative; it is chosen for its own worth; it is objectively necessary. This latter point, to Kant and his followers, is precisely what makes Philosophy more than simply an intellectual exercise, but a real science: that the Absolute in a situation is not only extant, but recognizable. The Linguistic Analysts, therefore, work toward the recognition of those Absolutes.

Now, let's try to keep all that in mind as we examine the position of the Contextualists, for whom one of the greatest of theorists is William James. In his book *Pragmatism*, published in 1907, James outlines the pragmatic method, which attempts "to interpret each motion by tracing its respective practical consequences." It is conceivable to James that no alternative may be truly sound, and therefore, in his words, "all dispute is idle." This principle of Pragmatism was first introduced by Charles Peirce in 1878.

The room for argument between the two groups is obvious. The Linguists reject the notion that one may *have* to explore a number of possibilities before

acting, as they feel there must be a categorical imperative to make philosophy a science. The Contextualists are still defending the position that there may be no categorical imperative, and there probably is not. Dr. Evelyn Shirk, a contemporary philosopher, presents a cogent argument for the latter in her book: *The Ethical Dimension*, in which she points out that man's entire life is embroiled in a series of choices, from birth to death, morning till night, and that this choosing can only occur in the light of the situation. Let me point out that it is essential for the modern psychologist to lend his tools to the philosopher in the pursuit of the answer to the question of choice. As John Dewey stated three quarters of a century ago in *The Quest for Certainty*: "Science has placed in our hands the means by which we can better judge our wants, and has aided in forming the instruments and operations by which to satisfy them. That the same sort of thing has not happened in the moral and distinctly humane arts is evident. Here is a problem which might well trouble philosophers."

In fact, as psychophilosophers, two questions will trouble us:

1. By what techniques is the debate between the contextualists and the linguists soluble?
2. What are the benefits which accrue to the psychotherapist through the application of this technique?

The following is an actual case which will allow me to illustrate the practical application of the answers to these two problems. What is remarkable is that the Psychodramatic director was unaware that she was pursuing the technique which I call Philodrama—the ethical inquiry through psychodramatic techniques.

The patient's name is Ann: she is an eighteen year-old high school senior, not unattractive though slightly overweight at the time of this session. She has had a suicidal history for the past six months with a brief period of hospitalization, but has somehow managed to remain in school and graduate. She explains to the director during the warm-up that six of her friends have died in the last year, either violently or as the result of illness, and the trauma of seeing so many with whom she was involved sociometrically suddenly and completely disappear forced her into this depressive state.

The director proceeded to ask Ann, the protagonist, to place six chairs on the uppermost level of the psychodrama stage, each empty chair representing one of her deceased associates. The director knew intuitively that her problem was to illustrate to Ann the various possibilities open to her. The director asked Ann to reverse roles with each of the deceased by sitting in

their chairs and taking their roles. In each of the chairs the director asked Ann, as the double for each, to evaluate this girl in the light of her potentials and achievements, as they knew her. In each case Ann responded quite differently in the chairs than she did as herself regarding the correct choice: i.e., to live or die.

"She's always been really smart in school, one of the top kids in her class," Ann would respond as one of her deceased friends. This was a far cry from the manic-depressive young girl who held little hope for herself, as herself; but stepping into these new roles made the choice quite clear to Ann; when removed from subjective emotion, the choice "to live" was the obvious one, simply because as she herself said in role reversal, "Ann has everything to live for."

Ann's problem, in Kantian terminology, was that her comprehension of the categorical imperative was blurred by her emotional involvement. Hypothetically, in her confused state, she perceived suicide as the most likely alternative to living in a world where life itself appeared fruitless. When placed in a role reversal where her emotion was controlled, however, she recognized that the only truly logical choice open to her was that of life, thus, for her and in her particular situation, she discovered the elusive categorical imperative through the psychodramatic techniques employed by the director.

Ann was making a choice, an ethical decision, i.e., life or death, and thus was making an ethical, philosophical decision of the highest order: the very continuation or *discontinuation* of the I, the ego, the self, or whatever one may call it. This particular session was not only a psychodrama but a philodrama: an inquiry into an individual's philosophy, using psychodramatic techniques.

But how would this process satisfy the prerequisites of both the linguistic and the contextualist philosophers?

Recall that the objective of Kant and his modern followers was twofold: discovering that choice which was absolute in a given situation, and using a definitive method for finding that categorical imperative, thus making philosophy a true "science." The philodramatic technique described above fulfills the linguistic prerequisites: Ann, under the direction of the therapist, was forced to employ Reason to discover that choice which was undoubtedly the correct one. Kant thought that the true categorical imperative would be obvious to the individual upon revelation, and certainly the fact that this choice of life was apparent even to a girl who had been suicidal indicates that this was indeed the resounding categorical imperative. I think the linguist would further be satisfied with this technique as it is just that, a

specific methodology: Psychodrama, recognized as a logical therapeutic process.

The contextualist would also find satisfaction in this process because we are looking at the alternatives in the *context* of the situation. We have found that alternative which may be termed the "better," as the contextualist would call it.

I believe that, for the first time in the history of metaphysics, a real parallel has been found in the debate between the absolutist and the pragmatist. This philodramatic approach is by no means a compromise between the two groups, but rather a method which may concretize many of the questions which have been haunting contemporary ethical thinkers.

But how does this discussion relate to those of us in clinical psychotherapy? Of what good is it to us that the philosopher has a new ground from which to operate? After all, we may say, the philosopher deals in abstract issues. It is we, the psychologists, who must deal with the spectrum of real human difficulties every day!

The crucial point in this entire paper is that we have just given philosophy a psychotherapeutic tool with which to work. Philosophy, as I see it, has for hundreds of years, had a goal but no concrete method, one which could consolidate the various groups. On the other hand, modern psychotherapists have a plethora of methods for dealing with individuals and groups, but no concrete goal in the long-term rehabilitation of an individual or the re-cohesion of the group. Instead, we have a wide range of loosely prescribed goals when we deal with a patient, from "cure" to "re-socialization." I am satisfied with none of these. Rather, I believe it is time we recognized and dealt with another basic drive in the human consciousness, one vital in both a man's outlook on life and in his relationship with those around him. Experiments have demonstrated that there is indeed a curiosity drive; this is the central need that all of us involved in scientific inquiry feel; but it is also inherent in a psychophilosophy whose function will be to answer those ethical questions facing us all.

This proposal has not been influenced by the several previous efforts in a similar direction, simply because the author was not familiar with them at the time.

The term "Psychophilosophy," I should point out, has been used before, but not to represent a new field of concern based on the fusion of the two disciplines. Among these previous efforts have been Victor Frankl's Logotherapy and Albert Ellis' Rational Psychotherapy.

The differences between my technique of philodrama and these previous applications of philosophic thought will have to be dealt with at length elsewhere. Suffice it to say that these systems have recognized the necessity of a healthy ethical outlook to the individual, but have narrowed the scope of this idea unnecessarily. They both attempt to apply a specific philosophic system to a psychological problem. Frankl, for example, utilizes the existential viewpoint in his logotherapy. Ellis' rational psychotherapy seeks to point the patient in the direction of a rational self-analysis of his situation, à la the dialectic, first introduced by the ancient Greeks.

Other philosophic systems have also been applied to psychological problems, among them the stoic philosophy's application to psychotherapy by William Sahakian. Each has had some success with immediate readjustments of the patient's viewpoint.

They all, however, seem to have underestimated two contentions inherent in psychophilosophy: that the creativity of the patient needs to be restimulated so that he may establish his own ethical base, and that this original philosophy of the patient's is more deep-rooted and personalized than any application of a previous philosophical system could be.

Psychophilosophy, therefore, does not attempt to utilize existing philosophies, but rather encourages the patient to formulate his own; and, through the philodrama, he tests and re-tests this viewpoint.

In the tradition of the psychodramatic and sociometric ideals of growth and individual creativity, the psychodramatist's first concern is not with influencing the patient in a particular direction, but rather, with encouraging the individual's philosophic growth and experimentation.

USING PSYCHODRAMA TO INTRODUCE A NEW DRUG ADDICT TO MEMBERS OF A CONCEPT HOUSE: A CASE STUDY

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After a new member has gone through the initial "screening" and is admitted as a family member to a drug program, there is a considerable amount of initial anxiety felt by the new member. If this member happens to be a female being admitted to a program than has previously been available only to males, such anxious feelings are compounded. Additionally, male members of the program have many varied reactions to the sudden presence of a female in their midst.

When I was confronted with this situation, I decided a good approach to the problem would be one using the methods of psychodrama. At the time, two new females had been admitted to the drug house where I was working as a director of psychodramatic scenes.

The uneasiness of the group became apparent when I first sat down and the male family members nervously explained to me that they had some new "sisters" in the house. I ventured the opinion that this must be creating a lot of feelings among the members and the girls (now also members). I suggested that perhaps something could be done in psychodrama to get these feelings out into the open so they could be dealt with.

As an initial "active" way of getting acquainted, I asked each girl if she would feel comfortable going around to each member of the family present, holding that person's hand, and telling the person how she felt about him while looking into his eyes. There was some initial reluctance to this exercise so I suggested that the two girls stand in the center of the room together with their backs touching two male family members. Each in turn then presented his feelings and worries. They spoke in general terms of their nervousness and anxiety and of the pleasure it gave them to be present there. The males spoke more convincingly of how they really "lit up" at the sight of a female in the house. Then I had them turn and face each other, touching hands, and continue expressing their feelings.

When they had expressed themselves to their own satisfaction, I again asked the girls if they felt they could go around to each member of the family and speak to him personally about the feelings they had about him. In turn each person would also speak back relating his feelings about the

particular girl. This time the girls agreed and began going around the room one at a time.

It was easy for me to see that the male family members felt much more positively about one of the girls, Sue, than about the other, Alita. With Sue they told her they really dug her, that she didn't seem like a "dope fiend," that they felt she could make it in the program, that she made them feel protective toward her. She, in turn, expressed many positive feelings in regard to them.

Alita, however, was received quite negatively. She was told she was a "typical dope fiend broad," that she probably wouldn't make it in the program, that she was distant and made them feel uncomfortable and uneasy.

At the conclusion of the exercise, I felt that Alita had been very hurt by what the group had said to her. I suggested she confront the group with her feelings but she was reluctant to do so. At this point, it was felt that a double might be of assistance in helping Alita to get in contact with her feelings. Sue, as a double, expressed the feelings "I am hurt and the only way I can show my hurt is anger." Sue progressively became more angry until she was screaming obscenities at the "goddam men" in the group. Alita began to become more involved with the action. Suddenly she, too, was yelling at the men, and then, just as quickly she stopped and went back into hiding her feelings. She backed up and began to cry and ran out of the room.

I followed her into the other room and told her I would help her. She could hold onto me and gain some of my strength and that would enable her to face them again. She was shakey but returned with me and faced the group. Holding my hand tightly she began yelling at the group as I yelled also. Again, however, she retreated and became silent.

One of the male family members, Brian, suggested a scene in which he play her boyfriend. It was quickly arranged and he began pushing her around and bullying her, demanding things, threatening. She kept backing away from him. Finally, with the support of Sue as a double and me, she was able to scream how much she really hated him and despised him for what he was doing to her. I led her toward the couch and told her to pretend it was her boyfriend. She said she couldn't, she was afraid. She thought that he would punish her, in some way get back at her. I told her that her new brothers in the house would protect her, and this was echoed by comments from the group such as "I won't let anybody hurt *my* sister." Finally, one male group member stepped forward and said he would help her. Together they began to hit the couch. Suddenly an uncontrollable rage went through Alita and she began screaming obscenities and hitting the couch and kicking

it, pounding it until she was nearly exhausted. When she stopped, she sobbed for a few minutes holding me, as her brothers came over, touching her and reassuring her. We spoke briefly about what was going on in the group, and then a smaller group was organized for later where Alita could talk about the feelings that had come out in the psychodrama.

Now, several months later, Alita is still a member of the house, working hard at the program. She has been active in several psychodramas since the initial one, and her feelings and actions are becoming increasingly spontaneous.

BEYOND ARISTOTLE, BREUER AND FREUD: MORENO'S CONTRIBUTION TO THE CONCEPT OF CATHARSIS

(First J. L. Moreno Memorial Lecture, Presented at the 29th Annual
Meeting, Am. Society of Group Psychotherapy and Psychodrama,
Hotel Americana, New York City, April 3, 1971)

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Social scientists have traditionally been looked down upon by physical scientists and, to a considerable extent, are so today. The reasons are numerous, the major one being that according to the detractors social science continues to be an admixture of art with science, therefore not "pure" science.

To illustrate the fallacy in this type of thinking, allow me to share with you a small fable I have written à la Aesop or Jonathan Swift, with, of course, proper apologies to these illustrious poets. It is called "Barney, the Insightful Bumblebee."

Once there was a little bumblebee known as Barney who spent all his wake life flying and being lightwinged. One day he made friends with a mathematician. This mathematician really enjoyed his friendship with Barney but gradually Barney noticed that his friend was frequently more and more morose. So he decided to ask him what he, Barney, had done to upset him. "Well," the mathematician shook his head which was so full of wise thoughts, "well, yes, Barney, to tell the truth, there *is* something about you which upsets me deeply. I love you and value your friendship and do not want any harm whatsoever to befall you. But you see, I have made careful studies of all known mathematical laws and *there is simply no way of excusing your ability to fly. It is against all laws of aerodynamics.* The plain truth is, Barney, you just ought not to fly around like that! It is dangerous! Because there is no way of figuring out how you are able to fly, you ought not to be doing it. Your body and wingspread simply are not properly geared to it. I often have nightmares about it and wake up in a cold sweat when I realize that you and all your relatives and friends are literally taking your lives in your wings every time you take off. I can not tolerate the idea that one of my friends lives and flies in constant danger." And he shook his wise old head again in dismay. Barney was astounded, to say the least. Imagine! He and all his relatives and friends were endangering their lives by doing just that for which they had been created! He was deeply shocked. "Well,"

he told Mr. Mathematicus, "I will have to go and warn them and we will have to hold a family council. I know you are my good friend and want to save us all from a fate involving death." He tried to fly away—which was, after all, his normal mode of transportation—and found to his own dismay that, spread his wings as he would, he could not lift his large, bulky body off into the air as he had been doing almost since he was born. What suffering! What misery and anguish of mind, heart and body that poor Barney underwent! He saw no way out to save himself and his own kind. He began to lose weight and became so deeply depressed, even suicidal, that he had to undergo psychiatric treatment. But there are no psychiatrists anywhere trained to deal with so existential a problem. Try as he might, going on foot or on the shoulder of his very best friend Mr. Mathematicus, from one type of therapist to another, representatives of all the different schools—of which there exist quite a few—none and no one was able to cure poor Barney. Mr. Mathematicus now had real reason to be concerned about the welfare of his friend and besides, began to feel more and more guilty, responsible for the fading away of his friend. Periodically, he would sit down again and try to refigure the laws he was so familiar with; but, try as he would, he could not find a rational basis for encouraging Barney to undertake such a dangerous task. What a dilemma! He could not lie to his friend convincingly because he saw no way out. The mathematical truth was: Barney really *should* not be able to fly and therefore it was dangerous!

Out of the depth of their mutual despair, they decided to leave no stone unturned and, having made a long odyssey all around the globe, they take their strange case for consultation to a psychodramatic therapist. After all, they had nothing to lose and a great deal to gain.

In difference from all the other specialists previously consulted, the psychodramatist is not at all amazed. Barney's problem is one he has long been encountering, every day, in myriads of forms. He listens and watches very sympathetically and intensely as Barney re-enacts the entire story of his sad debacle from the moment he has gained insight into his "dangerous condition". "Barney," says the psychodramatist, "I want you to sit very still, here, right by me, for a few minutes and concentrate very, very deeply." The psychodramatist darkens the theater, turning down the lights until only a glimmer of blue is visible. "Concentrate upon your dream, my friend, give it everything you've got, and when you are warmed up to represent it in action, just start *doing* it. No more words or thoughts or puzzlements. Just be silent, sink into your innermost and then begin to act on the very wildest dream you have ever had or ever will have in your life."

Barney does exactly as he is told and, lo and behold, to the astonished eyes of Mr. Mathematicus, Barney spreads his wings, ever larger and larger, so wide as to make his bulgy body appear a lot less impressive, takes a few faltering first steps but, encouraged by the psychodramatist, lifts his heavier-than-air bulk up, up into the ocean of air and FLIES! The more he flies, the more his heart lifts up and the more that happens, the better and higher he flies. "Barney," says the psychodramatist while opening the door of the theater wide for him onto the great, beautiful world, "forget about all your past troubles, they can not be changed. Just live as you feel is best for you. And when wellmeaning friends warn you of your foolishness, remember this moment. Remember all your hopes and dreams of the wildest schemes; never let go of them and put them into action to the best of your ability."

And Barney flew off so fast, he even forgot to say goodbye to his good friend; off he went, into the azure blue sky.

That is how Barney was cured of his crippling insight for ever.

We are not apologists for the social sciences. On the contrary, there is overwhelming evidence to convince us that no one be truly called a scientist who does not, in fact, embody both science and art, whether he be physical or social scientist. Indeed, the history of the physical sciences is replete with human errors, blindness, mythology and intuition. To quote Einstein, who, as is usually comfortably repressed by physical science representatives, failed ninth grade mathematics, "Imagination is more important than knowledge." This same Einstein was so overwhelmed when he first heard Yehudi Menuhin play at age fourteen that he embraced him and said: "You have once more proved to me that there is a God."

In his book *The Sleepwalkers*, Arthur Koestler declares that if Galileo would have been truly "scientific," that is, basing his opinions on knowledge of astronomy available in his own lifetime the history of his own life as well as of science *could* have been very different. First, he might not have been condemned for his views and second, more importantly, he could have speeded up man's knowledge of the physical universe enormously, simply by thoroughly acquainting himself with the work of Johannes Kepler, a contemporary genius and visionary, and by acknowledging his contribution. Instead, due to his narcissism, he brought about his own disgrace at the hands of his inquisitors and impeded progress in the area of physical sciences. According to the same author, Galileo's real, immortal contribution to science rests on his work on dynamics and not on his sketchy knowledge of astronomy. Yet it was the latter which earned him his worldwide reputation. Indeed, it was his "ill-conceived crusade which had discredited the heliocentric sys-

tem and precipitated the divorce of science from faith." Incidentally, Kepler had apparently a wake-dream dealing with moon flight and moon landing described in his *Somnium*, published posthumously. It was the first science-fiction book ever produced and influenced later authors on interplanetary flight. The *Somnium* appeared in 1634, although he commenced working on it in 1609 and even sent in his fanciful description to Galileo, according to Lewis Mumford's report in *The Myth of the Machine*. Koestler reports that he worked on the *Somnium* until his death and adds: "All Kepler's work, and all his discoveries, were acts of catharsis; it was only fitting that the last one should end with a fantastic flourish."

In our own time we need but to look at the level of care given by the medical profession who specialize at that apex of the physical sciences—medicine of the body—to recognize the inadequacy of the coldly scientific approach.

All this by way of saying that the stamp of a good scientist is a synthesis between art and science, giving equal weight to both. They not only have common roots in religion but one can not long survive without the other. A most fortuitous instance of the happy marriage between the two is the little known fact of the birth of the phrase "count down," familiar to all who are part of the space age. This phrase, all assumptions despite, was not coined by anyone even remotely connected with astronautic engineering or mathematics. Instead, it was created by Fritz Lang, a famous German film producer-director. It occurred in 1929, while shooting the take-off to the moon for a movie called "Die Frau im Mond" or "Lady in the Moon." It was a science fiction story of the moontrip of two male astronauts and one very beautiful blonde lady astronaut—a new twist to the eternal triangle—and a film for which Willie Ley, the rockets expert, was technical adviser. Lang conceived the idea as the scene was built up to enormous tension, while the spaceship is preparing for take-off on the pad and the count one to ten is about to begin. Lang stops the actor portraying the counter of the final ten seconds, saying: "This counting is dull, predictable and anti-climactic. Let's do it backwards, let's *count down*, from ten to one!" This has since then become the standard term as well as accepted procedure in preparation for space travel. By the way, I was twelve years "young" when I saw the film and, believe me, it made the actual recent moonlandings appear like science fiction; it was a superb, pioneering creation of cinematographic art.

No other social scientist embodies, in our time, the requirements stated above as succinctly as does Moreno, whose pioneering ventures in both branches of the sciences as well as in religion have been wellsprings of in-

spiration. The eventual effects of his work upon mankind are far from being predictable. History and posterity will, I am certain, be better able to evaluate this than we, his contemporaries. It is a peculiarity of human nature to make respectful genuflections at the genius of the past and to belittle, deny, detract from, overlook and even ridicule the genius in our midst. If we here are truly to be considered as social scientists, let us be this consciously, systematically, objectively and intuitively.

One of Moreno's fundamental contributions to the knowledge of man's emotional life is the concept of mental catharsis based upon action. For the term and description of catharsis itself we must go back to Aristotle, who in his *De Poetica* describes the effect of tragedy upon the spectators in the theater of his day. Aristotle goes into great detail on the structure of comedy and tragedy. His frame of reference was, of course, drama in its *conserved* form, although he does state quite clearly, and I quote: "It—tragedy and comedy—certainly began in improvisations." However, he does not dwell any further upon its beginnings; he concentrates his attention on what happens in the audience as the play unfolds before it and defines tragedy as follows, and I quote again: "Imitation of an action, in a dramatic, not in a narrative form; with incidents arousing pity and fear, wherewith to accomplish its 'catharsis' of such emotions." Catharsis, then, is a purging, an emptying, a cleansing. Many of us remember from our childhood an unpleasant medication, the purgative, which was popularly labelled a "cathartic."

Aristotle described the phenomenon from the point of view of the *spectator*. This is important and should be borne in mind, as it has a bearing upon the particular interpretation Moreno gave, as well as upon his unique contribution which has carried us beyond Aristotle and beyond Breuer and Freud, to whom we shall now turn our attention.

Breuer and Freud both first used hypnosis with patients. As we know they later parted ways and Freud then developed his technique of free association, dispensing with hypnosis altogether. It is not the purpose of this paper to dwell on the reasons for these developments; they are not germane to it. Rather, we must concentrate on our central theme, catharsis.

Breuer and Freud observed that when their patients under hypnosis described particularly painful scenes of their life, they often burst into tears, showed anger, even rage, or succumbed to the stress of those scenes in visible ways. Breuer called this phenomenon "catharsis" and attached the label "the cathartic method" to this use of hypnosis. However, because the patients *reported* the scenes, that is, verbally recalled them, they were still

observers in the sense in which Aristotle spoke, namely of "incidents arousing pity and fear wherewith to accomplish a catharsis of these emotions." True, the drama was not written by a playwright and the fact that these were scenes in their own life made the feelings genuine and more explosive, but from the point of view of *method*, Breuer and Freud did not go beyond Aristotle. Like him, they did not move the person out of the seat of the observer. However, Aristotle does make a distinction between poetry and tragedy when he says of the latter (and again I quote): "In a dramatic, not in a narrative form." The *narrative* form, he implies, is a form of *poetry*. Aristotle did not deny that catharsis can be evoked in the listener of the narrative but he stressed the *quality of drama* as especially provocative. We may say, therefore, in Aristotelian terms, that Breuer and Freud's hypnotisands were, at least methodically speaking, at best poets or songsters, narrators of their own life. Lacking the actorial dimension, one may wonder whether Breuer's designation of the word catharsis or cathartic method obfuscates rather than clarifies the underlying processes.

Beyond the above quoted reference as to the early beginnings of tragedy in improvisation, Aristotle himself did not deal with the function of the actor in more detail or depth. His observations did not include the dimension of the actor's contribution to the process. Indeed, he never clearly envisioned the distinction between actor and spectator, nor does this arise in the thinking of Breuer or Freud. Their observations simply are not in this realm; the actor has no part in their system.

Therefore, whenever we use the terms "spectator catharsis," "actorial catharsis," "actor's catharsis" or "catharsis of action," it is always in the sense of Moreno. It is entirely due to his penetrating insight into the totality of the processes of drama, conserved or spontaneous, whether dealing with the function of the actor or that of the spectator, that we have gained this multidimensional vista.

If Moreno would have been satisfied with the *word*, he would not have been able to move beyond the spectator. It was his absorption in and involvement with the concepts of spontaneity and creativity, with the moment, the here-and-now, with the idea of immediate creation, that led to the new dimension of catharsis, the "catharsis of the actor in situ." His concern was not the past but the living present, the encounter, the moment as a dynamic, pulsating, arising category, not already experienced.

Methodologically, this made Moreno turn away from the frozen, given moments of creativity whose products he called "cultural conserves," away from the rehearsed form of the drama, away from the recalling of the past

however intensively recorded, perceived and experienced. His first step was to remove the actor's script. He tore off the mask of the actor and forced him to reveal himself, placing his own, private person on center stage. This "liberation of the actor from the script" took place first in the classic theater and led to the development of a new form of theater, the theater of pure spontaneity, spontaneity as an esthetic form, an art of the moment. When this art of the moment was established, the catharsis of the actor in situ became a visible reality. Now the actor was no longer the slave to another's creativity, he could be the master of his own. The peeling off of psychological layers of himself, of his own masks, made him helpless, vulnerable, weak, dependent. It simultaneously forced him to rely upon his spontaneity and creativity. All his earlier crutches were taken away; it was a most painful process. In place of them, Moreno asked him to trust his inter-actors, to throw himself not merely upon his own resources of spontaneity and creativity, but also upon those of his co-producers, the other actors in the evolving drama. Thus he was made to deal with the "counter-spontaneity" evoked in the interaction with his partners. It was an humbling experience. It involved not only the words, but the motions, the actor's total mnemotechnical equipment. Whenever an actor began to freeze his better motions, lines, facial expressions, at the cost of his continuing creativity, Moreno subjected him to exercises of "deconservation," forcing him into new modes of contacting his spontaneity, to keep it in ready, liquid form. This was such a difficult task that it may have been largely responsible for the fact that the actors, disillusioned in their own spontaneity returned to the classic form of the conserved drama, in a majority of cases. Nevertheless, this was and remains today, one of the profoundest revolutions in the domain of theater. It has led far beyond Stanislavski, to the eventual development of Second City, the Premise, the Happening, the so-called Living Theater, Open Theater, Guerilla Theater, Theater of the Streets, etc. However, not a single one of these later offspring are as pure or essential a form of spontaneous-creative theater as was the Theater of Spontaneity. Each has given up part of or bastardized both spontaneity and creativity of the actors.

Besides leading the actor back to his own spontaneity-creativity, Moreno helped him to focus on the role. In liberating the actor from the script Moreno gave him the leeway to try a variety of versions of the same role. The role of the father, for instance, was no longer subject to a single interpretation; the actor could try out any number of versions to his soul's content. Thus, the tyrannic father, the gentle father, the strong but patient father, the weak, dependent father, the cold, critical distant father, the warm,

responsive, companionable father all fell into the realm of possibilities of action. His co-actors' repertoire too, was thereby enormously expanded as the above variations of roles required the complementary son role for their completion. Each individual actor now became the carrier of almost limitless possibilities. When, for instance, one of Moreno's actresses in the Theater of Spontaneity developed a "histrionic neurosis"—another of Moreno's diagnostic terms—that is, a neurotic condition due to her spontaneity being channelized only into roles of "pure, virginal womanhood" which caused her to behave like a wild virago in her private world as reported by her husband, Moreno hit upon the idea of "role-range expansion." Henceforth he had her take roles of women of the lower depths in the Theater of Spontaneity. Not only did she do them well, but the process enabled her to effect a more complete integration of both kinds of womanhood within herself. This then, was the conscious turning point of the Theater of Spontaneity as an art form into the Theater of Catharsis, the Theater of Therapy. Step number one, *the catharsis of the actor*, was assured and completed.

Moreno discovered early in his work with the children in the gardens of Vienna that even a role conserve can be catharsis-producing for the actor, provided the role dynamics parallel those of the actor, that they are "the right fit," do not crush his spontaneous-creative function and help him to expand and intensify this function.

A striking example of this type of actorial catharsis, though merely as an observation and happy accident, not as a central theme of her book, may be gleaned from Pearl Buck's autobiography *My Several Worlds*, from which I quote:

"That spring a little dramatic group among the foreigners gave a play for the English-speaking community. It was *The Barretts of Wimpole Street*. I do not remember the other actors but only the little frail creature, whose name I have forgotten, but who played the part of Elizabeth Barrett. She was a missionary, I was told, a shy virginal woman, not young, not old, whom nobody knew. But she had great dark sad eyes and a small olive-skinned face and heavy dark hair, and a soft stealing footstep. Upon the stage she became Elizabeth herself, the beloved of a poet, and before our amazed eyes she gave a performance so passionate, so true, so utterly astounding in the perfection of its sensitive comprehension of a poetic love, that I have never forgotten it. And indeed when later I saw our own great Katharine Cornell play the same part in revival, I felt the little missionary had surpassed even her performance. Yet when the play was over that small

creature shrank away again, and when she was tried in another play was quite mediocre, I was told. Something in that play and in that one character fitted, I suppose, the emotional need of her own life at the moment."

What happens to the catharsis of the spectator when the catharsis of the actor is being unfolded? For a truly magnificent exposition of spectator catharsis I am indebted to St. Augustine, who, describing his early and, to him, most sinful youth in Carthage, states in his *Confessions*: "Stage-plays also draw me away, full of representations of my miseries and of fuel to my fire. Why does man like to be made sad when viewing doleful and tragical scenes, which yet he himself would by no means suffer? And yet he wishes, as a spectator, to experience from them a sense of grief, and in this very grief his pleasure consists. What is this but wretched insanity? For a man is more affected with these actions, the less free he is from such affections. Howsoever, when he suffers in his own person, it is the custom to style it 'misery'; but when he compassionates others, then it is styled 'mercy.' But what kind of mercy is it that arises from fictitious and scenic passions? The hearer is not expected to relieve, but merely invited to grieve; and the more he grieves, the more he applauds the actor of these fictions. And if the misfortunes of the characters (whether of olden times or merely imaginary) be so represented as not to touch the feelings of the spectator, he goes away disgusted and censorious; but if his feelings be touched, he sits it out attentively, and sheds tears of joy."

As St. Augustine so beautifully sums up: you don't *do* anything as a spectator, you just sit and watch it all happen.

It is quite a different experience, for an adult at least—children are easily captivated by dramatic magic if they have not yet established the break between fantasy and reality within themselves—to know the play to be "as if," a fiction, and the actors merely players, mask bearers, than to be shocked into an awareness that the actors in *this* theater are real people, without their masks, truly experiencing what they are now living, before one's very own eyes. *Their* suffering and joy is actual, here; *their* tears are what they are; *their* laughter is the genuine article.

Moreno distinguished three forms of catharsis: 1) the esthetic, that is, the experiencing of beauty; 2) that of the spectator, already dwelt upon and 3) actorial catharsis or catharsis of integration. It is the actorial catharsis, the catharsis of integration, which is his particularly momentous contribution. It was born when he turned the protagonist into the *actor of himself* rather than the narrator-spectator. The transposition of the actor from the level of "as if" and his transformation into the *primary source* of catharsis

itself, moves the spectator from the level of "as if" to the level of "is," from the recognition of "he is" to "I am." This shock of awareness of real other creates a parallel shock of real self-recognition in the spectator and astronomically intensifies it. But, Moreno was not content with leaving the spectator there, either, in his seat, merely being the receptacle of other people's spontaneity-creativity. He proceeded to propel the spectator, too, out of his seat, demanding him to turn into an actor, here, now, just as had the others before him. This was the completion of the catharsis of the actor, coming from the level of former spectator, and taking central stage in due course. Thus, the spectator represented not merely the watching, judging world as public opinion, but the larger all-inclusive world of total creativity and total involvement. The audience as actors and interactors could now complete the final round: that of therapeutic actors.

We know from psychodrama that the greatest depth of catharsis comes not merely from re-enactment of the past, however traumatic or instructive, but from embodying those dimensions, roles, scenes, and inter-actions which life has not, can not and probably never will, permit. It is in the realm of surplus reality that the catharsis of action, of both individual and group, is achieved in its purest form.

And who is there to predict with absolute certainty and foreknowledge, which of man's dreams and visions is capable of realization? Freud's concept of the dream was that it is a wish and wish fulfillment. Yet, Kepler's dream became a reality four hundred years later.

In Freud's work the encounter is an intellectual phenomenon. In Moreno's work encounter between I and Thou results in a direct, mutual catharsis. To quote Ramon Sarro in his Foreword to Ann Schutzenberger's book *Introduccion al Psicodrama* just published in Spain: "The essence of the act, its final meaning, is to provoke an encounter, not only a catharsis."

The work of Freud was based on atheism. There is no significant, fundamental relationship between atheism and catharsis. The atheistic position is without promise and hope.

Moreno's work is based on religion. This gives catharsis a religious anchorage.

In conclusion, this then, is the lesson we learn from Moreno: "Throw away that old script. Redo it, here, now. Act yourself as you never were, so that you may begin to be what you might have become. Make it happen. Be your own inspiration, your own playwright, your own actor, your own therapist and finally, your own creator."

DIMENSIONS OF CATHARSIS, DISCUSSION OF ZERKA MORENO'S LECTURE

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Every therapeutic operation has as its base or root a concept of man. As we have heard, the Morenean concept of catharsis rests on a ground different from the Freudian-Aristotelian view. Moreno views man as a creator seeking to free his spontaneity, breaking the shackles of restrictive conserves moving into action to define himself. Catharsis, then, involves action and further interaction.

Actional Catharsis may be viewed along three dimensions: the physical-situational, the temporal, and the role dimension.

Physical-situational dimension. In what place does the catharsis occur? For example sharing the moment with a protagonist who says about his father, "I wish he could have lived to see this. This is a part of my world that I could never share with him." In psychodrama this action can happen—breaking the conserve of the unfulfilled wish.

Temporal Dimension. Past—When the protagonist acts as himself at a previous time. Present—An interaction of individuals who are physically or psychologically present such as a couple working out their current relationship. Future—In the projected future as the person you might become.

Role Dimension. Actional catharsis can occur in the role of another during psychodrama. A young woman who as a child survived the ravages of World War II in Germany rages at her withdrawn and depressed father for years of unexpressed hurt. She reverses roles and in the role of the father for the first time emotionally connects the demoralizing events of the father's life with his unavailability to her. This act, resulting in tremendous emotional release, insight and understanding became a critical event in beginning to free the young woman from the painful effects of rejection.

The level of catharsis is then related to man's warmup to the act, the locus of the act and his ability to enter into the psychodramatic dimension of surplus reality. Catharsis is the conversation that never occurred, the role that was never played, and the fulfillment in the here and now of the possible. Actional catharsis is not retrospective but ontological. In psychodrama, actional catharsis can be experienced by the protagonist, auxiliaries and audience. Actional catharsis can occur in the role of another, in the manifest

past or projected future. Actional catharsis is neither role-bound nor time-bound. It is the agent which facilitates spontaneity, and enhances personal freedom.

Actional catharsis then is not only the drain-off of a traumatic-wound, but a springboard of human possibility.

AMERICAN SOCIETY OF GROUP PSYCHOTHERAPY AND PSYCHODRAMA

J. L. Moreno Memorial Lecture

The Council of the Society is pleased to announce a decision made at its last meeting to inaugurate from time to time a J. L. Moreno Memorial Lecture, to be given at the Annual Meeting by a person whose contribution to group psychotherapy and/or psychodrama or sociometry merits recognition and from whom the members would be glad to learn.

The First Lecture under this series was given at the banquet of the Annual meeting in April, 1971 by Zerka T. Moreno and is included in this journal.

The Council will award a prize to the deliverer of this lecture commensurate with the effort. Announcement of the next speaker will be made in due course.

Program Chairman for 1972 Annual Meeting

The success of the 1971 annual meeting was in large measure due to the Program Chairman, Dr. Robert W. Siroka, ably and enthusiastically assisted by Ellen W. Siroka and their staff. The program contents, the participational level, the warmth and enthusiasm and the large attendance were clearly evidence of the high level of their efforts.

The Council is therefore happy to be able to announce that Dr. and Mrs. Siroka have agreed to undertake this function also for the 1972 annual meeting. They have chosen as Assistant Program Chairman—besides Ellen Siroka, another person, Mr. Stephen F. Wilson.

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Juan Carlos Garcia Badaracco, M.D.	Louis Morin, B.Th.
Marsha Bain	Marc A. Nevejan, M.D.
Joachim Bakey, M.A.	Dominick Nigro, Ed.M.
Raphael Balgur, Ed.D.	Mary Nolte, B.S.
Harold John Benner, Ph.D.	Linda Oxman, M.Ed.
Joel O. Brende, M.D.	Joan Parent, M.A.
John D. Brindell, B.A.	Hilarion Petzold, Ph.D.
Craig R. Brown, B.S.	Suzanne Cody Polatin
Martha Butler, B.A.	Nelly M. Ritsema
Freya Caplan	Martina Sabo
Frances Charles	Thomas Shostak, M.A.
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Janice Dobrovolski, M.Ed.	Stephanie Spencer
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E. J. Van Der Flier	Conchita Tan-Willman, Ph.D.
April Fredericks	John W. Travis, B.A.
Anath Garber	Eric Paul Vivian, B.A.
Rhona C. Gerber, B.A.	Carolyn B. Walker, B.S.
Ira Hantman	David A. Wallace, B.S.
Joseph L. Hart, Ph.D.	Nancy M. Warren, M.Ed.
Beverley Iwaasa	Pearl Wellins, B.A.
Dale F. Jeffers, B.S.	George Whitson, B.S.
Katherine Jeffers, M.S.W.	Alison Wilson, B.A.
Jennifer Johnson	Stephen F. Wilson, M.S.W.
Frank Jordan, J.D.	Paula Womack
Sheila Jordan, Ph.D.	Clare C. Woock, M.A.
Kenneth Jue, M.S.	Donald E. Young, M.S.
Henry Kopple, M.A.	Rosalie Yazbeck, M.S.

New York City Branch, 236 W. 78 Street

PROGRAM

Sessions open to the general public every night at 8:30, except Sundays, conducted by trained specialists in psychodrama, group dynamics, sociodrama, roleplaying and their various derivatives now known as encounter groups, sensitivity groups, sensitivity training, T-group, gestalt therapy, behavior training and behavior therapy, to mention but a few. The sessions are intended to acquaint participants with some of the ways in which these methods may be used in exploring interpersonal and intergroup relations, and are of a didactic nature. Because of the dynamic character of the operations involved, group members often attain deep catharsis and personal growth, whether as active participants, as auxiliary egos or as group participants.

Students attend in large groups, coming from all sectors of the greater metropolitan area, as do single individuals, couples and small groups. Arrangements for large groups—thirty or more—should be made in advance to ensure seating. A special student rate is extended on Sunday and Monday nights, when payment is made in advance for groups of thirty or more. Sunday night sessions are conducted *only* by previous reservation and if prepaid in full.

TOPICS

Family, marriage, employment, delinquency, criminology, racial and ethnic conflicts, birth control, etc.

HISTORY

Founded: 1942, at 101 Park Avenue. Lecture-demonstrations were given gratis every Friday night for several years. Later a small fee was charged. Appreciation of the sessions grew and when the Institute moved to its present location the program was expanded to nightly sessions.

The modern trends in mental health work, education, professional training, administration in business and industry, child guidance and personal growth all owe an infinite debt to these early attempts to break the communication barrier. The Moreno method and the pioneering workers trying to introduce them met with enormous resistance, not to say opprobrium, rejection and open hostility. The present generation is itself the product of this liberation from isolation and can hardly imagine the enormous difficulties which had to be overcome. Lest anyone lull himself that this is no longer so, it must be stated that there are still numerous persons and areas of operation in human relations for whom openness and honesty between human beings is a dire threat.

PURPOSES OF THE OPEN SESSION

Demonstration sessions were intended to familiarize specialist and layman with the Moreno methods. It was assumed that this would make the public aware of the evaluation of skills and help them to recognize the untrained worker. They were never intended as a course of training for unselected persons, nor as an introduction to a practicum.

PROFESSIONAL TRAINING

From its inception Moreno Institute stressed the need for special training of concerned, responsible professional personnel. Training courses were first started in 1939 in Beacon, at the Institute of Psychodrama, on the graduate level. The courses have been conducted there uninterruptedly and are recognized by the University of the State of New York in Albany.

Moreno Institute trainees are distinguished by their certification on four different levels: Auxiliary Ego, Assistant Director, Associate Director and Director. Only a person certified as a Director is recognized as a properly graduated trainee by the Moreno Institute, Beacon, N. Y.

For complete information, write to: Moreno Institute, 259 Wolcott Avenue, Beacon, New York 12508, where these residence courses are held.

GROWTH

A world-wide movement was spearheaded by the Moreno Institute which now has centers all over the globe, east and west, south and north, in front of and behind the iron curtain. Specialists meet at International Congresses to share experiences and interchange information, every other year. The Sixth International Congress for Psychodrama will be held in Amsterdam, Netherlands, August 22-27, 1971.

LITERATURE

With the above described growth, literature appeared in more than twenty languages. For the US, the publishing house dealing with this material is Beacon House Inc., organized in 1941 and specializing in books and films encompassing the classic Moreno scientific tradition. Catalogues may be obtained from Beacon House, P. O. Box 311, Beacon, New York 12508.

STAFF OF DIRECTORS, N.Y.C.

Adina Hurvitz, B.A.
J. L. Moreno, M.D.
Jonathan D. Moreno
Zerka T. Moreno
Joseph Powers, M.A.

James Sacks, Ph.D.
Robert Siroka, Ph.D.
Ellen Siroka, M.A.
Hannah B. Weiner, M.A.

Admission: \$3.00 per person Monday through Thursday; \$4.00 Friday and Saturday. Special student groups of 30 or more, if prepaid and confirmed, MONDAYS ONLY: \$2.00 per person. (SUNDAYS BY SPECIAL REQUEST ONLY.)

Beacon Branch, 259 Wolcott Avenue

TRAINING PROGRAM

The scientific tradition of sociometry, group psychotherapy, psychodrama, encounter groups, group dynamics, sensitivity training, creativity training, initiated by J. L. Moreno, M.D., between 1914 and 1937 are continued at the pioneering center. This tradition, theory and methods have achieved world-wide recognition.

ENROLLMENT PERIODS

Longer training periods may cover either one, two or three week periods as listed.

Enrollments are taken for three-day weekend workshops, starting at 3:00 p. m. on Fridays, ending at 5:30 p. m. on Sundays (departure time can be adjusted), or for any three-day period during the week, whenever classes are in session as listed in the Calendar below.

The schedule is kept fairly flexible to accommodate the student whose time is limited, but no one can be enrolled for one or two days.

1971-72 CALENDAR

Commencing at 3 p. m. of the first day, ending at 5:30 p. m. of the last day listed.

June 11 through July 4

July 9 through 29

Aug. 6 through 19

Sept. 10 through 23

Oct. 1 through 21

Oct. 29 through Nov. 18

Nov. 25 through Dec. 15

Dec. 23 through Jan. 2, 1972

Dates subject to change

Please Note

Dates of seminars are made up far in advance. Changes may occur in them from time to time. To avoid disappointment, it is suggested that each

participant planning his attendance write to MORENO INSTITUTE at least two weeks ahead, to insure enrollment and ascertain that there has been no change in the calendar listed above.

HISTORIC BACKGROUND

The Institute grew out of the Sociometric and Psychodramatic Institutes organized in 1942. In 1952 the name Moreno Institute was adopted, and it was recognized by the Board of Regents of the State of New York.

PURPOSE

Moreno Institute is an accredited school, on the graduate level. Its courses are approved by the University of the State of New York. It is the only institution devoted entirely to teaching and training in the above named disciplines.

ACHIEVEMENT

More than eighteen hundred students have been admitted for training, seminars and workshops conducted by the Institute and by the Annual Moreno Academy between 1960 and 1970. Certificates are issued for attendance and training, consonant to the achievement level of students.

CERTIFICATION

Students may be recognized as having attended for a three-day Workshop, one, two or three weeks training, and beyond this, on four more advanced levels:

(1) *Auxiliary Ego*—24 points; *Assistant Director*—48 points; *Associate Director*—72 points; *Director*—96 points. Membership in the Moreno Academy is required; this includes subscription to the journal *Group Psychotherapy* and entitles students to participate actively in the program of its annual meetings.

DIPLOMATES

Graduates work in a large variety of fields: mental health centers, day care centers, community centers, family therapy, private practice, education, universities, industry, the ministry, public health, the military, etc.

SESSIONS OPEN TO THE PUBLIC

Every Saturday evening, open sessions, which the public may attend, are being conducted, at 8:15 p. m., dealing with a broad range of topics.

SPECIAL GROUPS

These can be accommodated, either for single sessions, for one or two day seminars, or for brief courses consisting of once a week classes, covering special areas as: the family, the drug syndrome, alcohol addiction, marital counseling, educational problems, etc. Such courses can focus on the socio-metric approach, role training, sociodrama, and psychodrama, and are structured according to the interests and needs of the group members.

FACULTY

J. L. Moreno, M.D.

Zerka T. Moreno

James Sacks, Ph.D.

Jonathan D. Moreno

James Enneis, M.A.

Joseph Powers, M.A.

Robert Siroka, Ph.D.

Ronald Robbins, Ph.D.

Ellen Siroka, M.A.

Gloria Robbins, B.A.

Hannah B. Weiner, M.A.

COMPLETE BULLETIN

This is merely a brief outline. For a complete, detailed bulletin, including fees, enrollment blank, location, etc., please write:

MORENO INSTITUTE, INC.

259 WOLCOTT AVENUE, BEACON, N. Y. 12508

*Recognized by the University of the State of
New York as an Approved School*

INTERNATIONAL COUNCIL OF GROUP PSYCHOTHERAPY, FINANCIAL REPORT

On Hand with Treasurer, Dr. A. Friedemann

Dr. A. Friedemann, Treasurer of the International Council of Group Psychotherapy, Biel-Bienne, Switzerland reports a current balance in the account No. 935702 at the Schweizerische Bankverein since October 28, 1966 in the amount of Swiss Francs 1, 1176.

On Hand in Beacon, N.Y.

The Beacon Savings Bank Account shows a balance of \$459.95 as of May 24, 1971.

Contributions Received in Beacon in Response to Recent Campaign

NAME	AMOUNT	NAME	AMOUNT
J. L. Moreno	\$25.00	W. F. Gibbs	\$25.00
Zerka T. Moreno	10.00	Samuel B. Hadden	\$25.00
H. Klarman	100.00 D.M.	Irving Salan	\$10.00
M. Bechtel	50.00 D.M.	Erling Eng	\$ 5.00
J. Goffin	\$20.00	C. van Emde Boas	\$10.00
W. Binswanger	100.00 Sfrs	Helen H. Jennings	\$10.00
Dietrich Haupt	20.00 D.M.	Abraham E. Knepler	\$10.00
A. Grisoni	\$27.20	Hannah B. Weiner	\$20.00
Ann Knudsen	\$10.00	Clyde V. Martin	\$10.00
Jorge S. Tico	\$10.00	Adaline Starr	\$25.00
Martin R. Haskell	\$25.00	Kurt Brack	\$20.00
		S. Blajan Marcus	\$21.61

Further contributions are expected to come in.

Fifth International Congress on Group Psychotherapy

This congress is being planned for 1972 or 1973. The city will be either Zürich or London. Further details will be announced as the plans develop.

IN MEMORIAM, ASYA KADIS

1902-1971

Asya L. Kadis, born in Riga, Latvia, was educated at the University of Vienna. She came to the United States in 1940 and began to attend sessions at the Psychodramatic Institute in New York City regularly in 1942, later spent weekends during training periods at the Moreno Institute in Beacon.

Mrs. Kadis was an old friend of the Morenos and her warm humanness will be long remembered by them and by all those who came into contact with her.

BOOK REVIEWS

ROBERT W. SIROKA, ELLEN K. SIROKA, and GILBERT A. SCHLOSS (eds.). *Sensitivity Training and Group Encounter: An Introduction*. New York: Grosset and Dunlap, 1971. 216 pp. \$5.95; paperback, \$2.95.

What is perhaps the first definition of encounter was published by J. L. Moreno in 1914. He depicts it as, "A meeting of two: eye to eye, face to face. And when you are near I will tear your eyes out and place them instead of mine, and you will tear my eyes out and place them instead of yours, then I will look at you with your eyes and you will look at me with mine." Although largely overlooked by Freud, the structure and dynamics of the group and its role as a therapeutic agent were a major focus of study for Moreno. Recent years have seen the evolution of several approaches to the utilization of the group for human relations training and personal growth. T-groups, sensitivity workshops, marathons, and encounter groups are to be found in industrial, governmental, religious, and educational as well as therapeutic settings. Professionals in the fields of human relations and the behavioral sciences are rediscovering many of the concepts and methods formulated by Dr. Moreno over the past half century.

Sensitivity Training and Group Encounter is a collection of articles which together furnish the reader with a useful and informative guide to these group phenomena. Separate sections are devoted to psychodrama, encounter, t-groups, the attack approaches, and marathons. Bibliographies on each of these approaches are included. The contributors include J. L. Moreno on Psychodrama and Group Psychotherapy, Carl Rogers on the basic encounter group, Robert and Ellen Siroka on Sensitivity Training and George Bach on marathons.

The final section of the book entitled "Buyer Beware," is concerned with a discussion of some of the dangers and limitations of sensitivity and encounter. The articles in this section are written from the experiential point of view of the participant as well as from the theoretical view point of the leaders. The editors conclude with a "Consumers' Guide to Group Process." This guide presents a classification of the major types of groups and what the editors feel are the necessary qualifications for leadership.

I recommend *Sensitivity Training and Group Encounter* to professionals and students interested in an introduction to these group techniques, to the layman who is considering participation in a group or workshop, and to any-

one who would like a concise description of the various approaches and a brief history of their development.

David A. Wallace, B.S.
Columbia University,
School of Social Work

J. L. MORENO: DAS STEGREIFTHEATER, SECOND EDITION

Reviewed in German by Professor Andreas Ploeger, M.D.

Psychiatric Dept., Medical Faculty, University of Aachen, Germany

This review is simultaneously being published in the following German journals: *Der Nervenarzt*, *Zeitschrift für Psychotherapie und Medizinische Psychologie*, *Praxis der Psychotherapie*, and *Gruppenpsychotherapie und Gruppendynamik*.

There is hardly any other book which has accomplished that, after forty-seven years, a second edition is released, and there is hardly any other author who experiences such a new edition while himself still active in midst of his work.

This has been accomplished by *Das Stegreiftheater* (*The Theater of Spontaneity*) and its author, J. L. Moreno. This book was first published in 1923 in the Kiepenheuer Verlag, Berlin, and has been republished in 1970 by Beacon House, a publishing house in the USA. It was then, forty-seven years ago, in the beginnings of psychodrama therapy in Vienna and has experienced its rebirth today, when this form of therapy has begun to be rediscovered and to be integrated into the institutions of the German-speaking countries. It is probably not purely by accident although it has not been referred to specifically in the scientific press, that also in 1970, the first organization of German psychodrama therapists is being founded, "The Psychodrama Section within the framework of the Deutscher Arbeitskreis Für Gruppenpsychotherapie und Gruppendynamik.

"Every true second time is the liberation from the first." This is written in the original text of the book, p. 77, of the new edition. With this the "catharsis," the liberation through play, an essential moment in psychodrama therapy is indicated. No other phrase could better signify the historic background for the long interval between the two editions; *The Stegreiftheater* (*The Theater of Spontaneity*) is not only a book. It was also an actual theater, which Moreno directed between 1921 and 1924 in the Maysedergasse in Vienna. It had as its "central task to bring about a revolution of the theater, to change completely the character of the theatrical event." In the Introduction to the new edition it is stated that this change failed: "hundred percent spontaneity in which actors and public were involved, the essence of the Stegreiftheater faced the greatest resistance from the public and from the press. They were accustomed to rely upon the cultural conserves of the drama and not to rely upon spontaneous-creativity. When, therefore, in the Stegreiftheater, good theater, honest artistic spontaneity was offered, the

matter appeared suspicious, the Stegreifplay appeared carefully prepared and rehearsed, in other words, a swindle. But when a play was miserable and lifeless they concluded that genuine spontaneity is not possible. We lost the interest of the public and it became difficult to maintain the financial stability of the theater." That is what Moreno reports. Moreno came to the highest points of the crisis when he began to lose his best players. He did not see any other alternative except "to change the attitudes of the public and of the press and newspaper reporters. This appeared to be impossible without a total revolution of our culture."

But this crisis was the moment of birth for the therapeutic theater, because "it was easier to tolerate imperfections and irregularities in an abnormal person, in a patient. It was easier to fulfill hundredpercent spontaneity in a therapeutic theater." The crisis explains, however, why the psychodrama is not only a therapeutic method but also, beyond the medical framework, a worldwide movement: spontaneity and creativity are, according to Moreno, the essential attributes of men. They are not only blocked in the psychotic individual, but they represent a universal symptom. They are, however, more easily released in mental patients because we are more easily inclined to accept unusual behavior from mental patients. As a matter of fact, it is easier to warm up groups of patients in a psychodramatic way than in so-called normal individuals, unless also these are motivated to present their own experiences. The great crisis of today, in the variety of social structures, reflect the question which is widely discussed among psychotherapists and psychiatrists, whether the psychologically ill individuals are symptoms of a "sick society." This thesis was raised by Moreno already fifty years ago when he demanded and insisted upon the necessity for a cultural revolution. Is it possible that the current wide spread of interest in psychodrama and in its application is closely related to the general crisis in culture and society?

Many critical assessments of the "global importance of the psychodramatic world movement" may have to be re-evaluated from this point of view. This, however, does not relieve us from the responsibility to apply psychodrama in its many variations as a means of medical therapy for mental patients, with the aid of groups, only with clear indication and well organized methods. The liberation from the first objective, the therapy of the theater, paved the way for going beyond the therapy of mental patients in psychodrama to the "sociodrama" of entire groups and of social systems. The new edition signalizes this liberation. The sociodrama is therefore closer to the spontaneity theater which tried to involve large collectives, than the psychodrama.

The new edition appears also at the right time insofar as the aim of the Stegreiftheater, which one may call a liberation of the masses from passivity, has moved much closer to the actual goal of many political groups in varying life contexts and countries. One could see in this a continuation which goes far beyond the original aim of starting a revolution of the theater. Nevertheless the Stegreiftheater has also here influenced the course of many developments as Moreno explains in his Preface. However, the actors are even today tied down to proscribed roles, and the public so far as it is involved in the modern theater is still guided by the actors. Therefore, we have not overcome the drama conserve, the repetition of the theme in the play, and we have not yet achieved the stage of total spontaneity.

The value of the book lies in the tendency towards emancipation, a motive which is better understood in our time than at the time of its first appearance. The closing of the Viennese Stegreiftheater and Moreno's emigration to the USA was a regrettable development because our cultural realm thus lost an original impetus. These circumstances are again being brought to our attention in the sketchy link to actual, societal processes.

The value of the original establishment of the Stegreiftheater in Vienna lies however, thanks to the indestructible initiative of the founder of the beginning of psychodrama and of group psychotherapy in their true essence, that this resulted in the discovery of man as a social being in the medico-therapeutic field. That this discovery was unknown for a long time in central Europe where it originated, remains a tragic event. It was not only due to the series of catastrophic political developments. There was and still is today, a resistant mentality which assigns to the single individual a disproportionately larger importance when compared to that of groups and thus ignores the effect of groups and masses. In this perspective a change is now taking place. The new edition could accelerate this change because it indicates that constructive and collective communication—here in the realm of the theater—is at least a possibility and the start of the group as a medium for therapy.

Perhaps the stamp of the original text dealing with the chapters on "Konflikttheater," the "Weihetheater," the idea of a "Theometrie der Orte" and the "Theometric Locus of the Book," as well as the extensive theory on the Stegreiftheater due to the selfcentered and stubborn influence of the biography, the person and the styles of thought and language of the author prevent a broader influence of the new edition. It is difficult to enter into the written world of ideas then extant. This would probably be true even if the style of diction were the best for if not of essence to all originality that it can not be comprehended with common schemes of thought? The book itself

ends with the sentence: "This book about the perfect theater is an illustration of a poorly written book. It is a report of imperfection." Indeed, the presently written Preface to the new edition of the original book presents the ideas of Moreno far more clearly. Indeed, the presently written Preface to the new edition of the original book presents Moreno's ideas far more clearly. The final sentence in the book, "Therefore, it demands cure through the Encounter" is an imperative that the communication through the written word be restored to its element, the deed. This happened not only through the spread of psychodrama therapy in which many of the categories described in the *Stegreiftheater* (especially techniques of spontaneity and spontaneous production), reappear partly unchanged; impromptu notes and impromptu diagrams, erstwhile attempts at written recording of the relations of impromptu players among one another, are actually early forerunners of Moreno's sociometry and even of Kurt Lewin's topology. Psychodrama, sociometry and Lewin's field theory, however, each have undergone a branched-off development, and now belong to the foundations upon which rest contemporary group psychotherapy and social psychology. The *Stegreiftheater* was therefore a wellspring of new sources of ideas; it is a milestone in the history of these disciplines. From this viewpoint the book may attain today perhaps still more recognition and approval than it did forty-seven years ago. We therefore gratefully acknowledge the new edition.

JEAN FANCHETTE, M.D.: PSYCHODRAME THERAPEUTIQUE
ET THEATRE MODERNE

One of the profoundest joys accorded to a pioneering teacher is to be able to convey to students that vision of the world which the teacher himself has been able to achieve after long, arduous and lonely travail into the cosmos. The process is not recommended to any person short on patience. But for the patient one, such occasions are peak experiences. When, in addition, the student strikes out on his own and in his turn blazes new trails for others, his efforts are well and truly rewarded.

Such has been the case in our relationship to the author of this book, Jean Fanchette.

The book is a comprehensive survey and evaluation of the history of psychodrama with special emphasis upon: 1. the contribution of J. L. Moreno; 2. the forerunners of psychodrama and the link to theater, both classic and modern, Shakespeare, Stanislavski, Pirandello, Artaud; 3. experiences with psychodrama—a. the neurosis, b. the schizophrenic group, c. a protocol of the psychodrama of schizophrenia, and lastly, a comprehensive bibliography.

The book is to be published in the fall of 1971 by a French publisher. We herewith wish the book and its author, Jean Fanchette, our warmest good wishes and continued creative efforts in the future.

Zerka T. Moreno
Beacon, N.Y.

JEAN-JACQUES FOMBEUR: FORMATION EN PROFONDEUR
DYNAMIQUE DE GROUPE ET PSYCHODRAME

This book has just been released by Dunod Economie, Paris, France, in their series Collection la Vie de l'Enterprise, in a papercover, pocketbook edition, pp. 120.

It is divided into three main chapters, 1. Human Relations and the Major Currents of Contemporary Psychology; 2. Themes and Orientational Axes of the Psychology of Communication; 3. The Routes of Authentic Communication.

This straight forward booklet is the best small monograph on group formation that has appeared so far in Paris. It is an excellent introduction for students and can be well recommended.

Zerka T. Moreno
Beacon, N.Y.

REVIEW OF JULES MASSERMAN'S "PSYCHIATRIC ODYSSEY,"
WITH SPECIAL EMPHASIS ON CHAPTER ELEVEN,
"PSYCHODRAMATIC VENTURES AND
MISADVENTURES"

J. L. MORENO, M.D.

Moreno Institute, Beacon, N.Y.

Masserman is a man who has no charysma but a lot of "chutzpah." Chutzpah is Yiddish; it means gall, brazen, nerve, effrontery, incredible guts, presumption plus arrogance, such as no other language can do justice to.* He gets along better with cats and monkeys than with people.

His book is largely a collection of letters, often onesided, from him to others, rarely including their answers to him and then only if they fit his argument or are so bland as to be inoffensive.

In order to give the book an adequate overview, certain facts in his chapter dealing with his relationship to myself have to be set straight. He has obfuscated or distorted them so that they are reported "out of joint." Having worked with him for many years on various projects and publications I have learned at last not to trust him but to examine carefully every phrase he puts forth. In the course of years I discovered that there are several techniques of communication which he uses to reflect glory on himself and to place the other fellow in an unfavorable light.

1. He leaves out details which are more pertinent to the relationship than those he includes. He often buries from sight the salient facts or, if he mentions them, colors them to what he considers to be his own advantage. He entirely omits, for instance, how the Section of Psychotherapy within the American Psychiatric Association emerged although the facts were well known to him.

2. He invents statements supposedly made by people to him; in this book he does so with Frieda Fromm-Reichmann, who is safely removed from control, being in a celestial sphere. Thus, he avoids on one hand presenting the actual facts, on the other he speaks freely for the dead.

3. He acts as if he had some special dispensation to judge others without exposing himself to be judged by them in reverse.

How unethical can a former collaborator be, for instance? He reprints in his book letters sent by him to me, often highlighted by vicious side remarks, see footnote on p. 238. I never gave him the permission to print

* See L. Rosten, *The Joys of Yiddish*, Simon & Schuster, Inc., New York, 1970.

in any book of his letters received by myself. Letters, regardless from whom they come, are privileged communications and once in the mail, become the property of the recipient unless they are deceased, and are never meant for anyone else. It is a federal offense to tamper with the mails. But it is the height of vilification to print them without requesting my permission and without including my letters to him in the same book. Why didn't he? Obviously because he was afraid that they might disclose many of his tricks, particularly those with which he was busily impressing the reader with his cleverness. He has the nerve to state that he did not ask my permission to publish my letters to him but that their content *may be inferred from his answers!* (Italics mine.) My letters to him were, apparently, more highly privileged than his letters to me. Is this a backhanded compliment? If he were really a gentleman he would have acted the other way around: he could have published my letters—with my permission only, of course—and omit his letters to me as their contents could be inferred from mine. I leave it to the reader to decide by what classification a man of this sort ought to be described.

In order to react in accord with sociometric rules I address this reply to all those who are listed in Masserman's book, in the Index of Names. These are people to whom he has referred in the book. I do this to ensure that they will have the opportunity to read my reply personally. This index consists of approximately 650 names, therefore that many letters are going out to them. It is in the nature of such unpleasant transactions as initiated by Masserman that my reply may be followed by one of his, and so on, ad nauseum and ad infinitum. But he who has the first word may not have the last!

THE FACTS

Section of Psychotherapy within the American Psychiatric Association, 1954

The facts are simple enough: I was requested by the official representative of the APA, Dr. David Young, then Program Chairman, to organize the Section of Psychotherapy. Anyone can read this in the Preface to Volume I of *Progress in Psychotherapy, 1956*, p. vii, co-signed by Frieda Fromm-Reichmann and myself. Why did Masserman omit this fact in his report? I wanted in the late forties to organize a Section of Group Psychotherapy in the APA. When this request was made to the Council, it was pointed out that there was not even then extant a Section of Psychotherapy and that, if this were organized, group psychotherapy could be a part of the annual program within the section. I then invited Dr. Winfred Overholser, Superintendent of

St. Elizabeths Hospital, to assist me in its organization. Dr. Overholser felt that he, as administrator, was not a suitable candidate for such a project and that I should contact a person whose principal activity was psychotherapy. Thus I turned to Dr. Frieda Fromm-Reichmann.

Masserman obliterates this. Is it because he wanted to convey the impression that the Section of Psychotherapy was largely his brainchild? He refers to me as being "assertive and preemptive". How does this reflect upon his own preemptiveness and assertiveness? He avoided the substantial facts which reveal my leadership. In plain words, I was the *organizer of the Section*. As the entire development spread over a number of years, neither Frieda Fromm-Reichmann nor Masserman were in the picture in the early period. When I became acquainted with Frieda the Section had not yet been formed. When I turned from Overholser to Frieda, she readily agreed to assist me. Later I informed her of my plan to invite Jules Masserman to join us and she warned me sharply against involving him in any capacity in this venture. At that time, Masserman supported me warmly, having invited myself and Zerka several times to lecture on and demonstrate my work in the Chicago area, wherever he was professionally active. Notwithstanding her warning as well as numerous warnings from others in the APA, I decided to invite him because I thought I can handle him.

To sum up, the above facts speak for themselves.

My Personal Relationship to Frieda Fromm-Reichmann

My acquaintance with Frieda dates back many years before the organization of the Section of Psychotherapy. Dr. Fromm-Reichmann was a psychoanalyst on the staff of Chestnut Lodge. A number of my students, among them Marian Chase, the promoter of dance therapy employed at St. Elizabeths Hospital, Washington, D.C., had introduced psychodramatic methods at Chestnut Lodge in one form or another and achieved interesting results. Their work came also to Frieda's attention. This led to a chain of personal contacts over the years. Therefore, my requesting her assistance in the organization of the Section of Psychotherapy was done after careful consideration of our mutual respect and of her great ability as well as her supportive sympathy for my work. To illustrate this I am including several letters she wrote to me. They throw a definitive light upon our relationship. The second letter following hereafter is her last letter to me, dated two days before her death. It completely refutes Masserman's stand concerning her relationship to me, although I mailed him a copy of it and he conveniently excluded it in his report.

The first letter is dated June 14, 1956, after the completion of *Volume I of Progress in Psychotherapy*. It was addressed to me from the Center for Advanced Study in the Behavioral Sciences at Stanford University, California, where she was spending a year.

Dear Dr. Moreno:

Enclosed please find copies of self-explanatory correspondence for your information.

You see I continue feeling that I cannot do anything regards this Volume of ours without letting you know.

Cordially,
(Signed)
Dr. Frieda Fromm-Reichmann

Last letter received from Frieda (addressed from Chestnut Lodge):

April 26, 1957

Dear Dr. Moreno:

I was very interested in the future plans of the Section and agree with all the suggestions made.

As to a future program, what would you think about something like "Psychotherapy in Modern Psychiatric Hospitals?" You could ask the heads or clinical directors or directors of psychotherapy of the hospitals concerned for contributions.

I am not sure whether I will be able to come to Chicago, but hope to see you sometime in the near future.

Kindest personal regards to you and of course to Zerka and your boy.

Cordially,
(Signed)
Frieda Fromm-Reichmann

P.S. Dr. Moreno, I am sorry to have to add this postscript, but Dr. Fromm-Reichmann died quite suddenly on Sunday, April 28.

Mrs. Grimmer, Secretary

Co-Editorship of Progress in Psychotherapy

This co-editorship with Frieda grew naturally out of our joint work in behalf of the Section of Psychotherapy. The first volume appeared in May, 1956, in time for the annual meeting of the APA held in Chicago that year.

Upon completion of the first volume, Frieda and I prepared for the second, to deal with "Anxiety". The following letter from Frieda which post-dates the Chicago meeting completely demolishes Masserman's vindictive statements on p. 233 of his book from which I quote: ". . . at which time she also requested that, since she had already experienced various difficulties as coeditor with Dr. Moreno, I replace her in that capacity also". The truth is that Frieda was not well.

Dear Dr. Moreno:

I was so sorry that there was no time left in Chicago to get together and enjoy ourselves after all the hard work we had done so successfully, defying geographical distance. I have just come back from a prolonged stay in the Mid West and the first thing I wish to do is to tell you that I have thought over thoroughly the question of going into the co-editorship job on the Anxiety book with you.

While, carried away by your and my own enthusiasm, I said I would do the co-editing of the new volume with you, I feel upon second thought that I really promised something which I cannot and should not undertake. Please forgive me, therefore, from withdrawing my promise. I think you know me well enough to realize that I don't like going back on a promise given, but I trust you will know there are sufficiently cogent reasons for doing so and that you will forgive me.

I am sure Jules will be glad to take over this job as he was glad to take over the Chairmanship of the Section. Let me again express my joy and appreciation about what we have done with one another for these two years. I also withdraw from the chairmanship and the editorship with the feeling that you and I have given a good thing an excellent start.

Looking forward to seeing you in the Fall.

With kindest regards to you and yours,

As ever,

(Signed)

Dr. Frieda Fromm-Reichmann

It certainly was not, as Masserman states on p. 233, "one of her last requests" that Masserman replace her (are we supposed to shed a sentimental tear at his noble thought?), nor was she dead within a few months, as may be seen from her last letter dated April 26, 1957. She lived for almost another year. Why is he so anxious to rearrange her entrances and exits upon the scene and to kill her off before her time? Does he fear her speaking against

him from beyond the grave? In further refutation of Masserman's claim that the editorship with me was his natural due, I am referring to a letter which I wrote to Frieda from which it is evident that I did not agree to this automatically, but only after thinking it over long and hard:

June 16, 1956

Dear Dr. Fromm-Reichmann:

The co-editorship of the volume is not yet set. It will probably be Jules Masserman. The matter will be clarified soon. Jules would be an excellent choice, although I still feel badly that you cannot see your way to continue. It would have been so much easier to work with you at short distance in Maryland.

We are all looking forward to seeing you in the fall.

Cordially yours,
J. L. Moreno

The final piece of evidence of Masserman's own preemptiveness is his completely overlooking the fact that each subsequent volume of the series of *Progress in Psychotherapy*, Volumes II through V, bears on the copyright page the imprint: Coordinating Editor of the Series, J. L. Moreno, M.D.

Masserman continuously balked at respecting this fact and it was his increasing hostility that made our further collaboration impossible.

Masserman's Status as a Scientist and the Scope of International Relations

Masserman was anxious to reach beyond the psychoanalytic circles and associate himself with a new kind of leadership in psychiatry. My having been invited to the Chicago Psychoanalytic Institute by Franz Alexander in 1944 to present a paper on psychodrama and my being nominated for the Presidency of the American Psychiatric Association in 1950 aroused wide interest. Although I lost, I received a heavy vote for the presidency. When my star began to rise in Europe and in the USA many joined in the parade to support my ascendance. Among them was Masserman.

One of his main characteristics is to climb upon the shoulders of others and then to try to assume claims and prerogatives as if they were his all along. For instance, the very title of his book *Psychiatric Odyssey* and his effort to describe himself as a world traveller who spreads psychiatric goodwill and establishes contact with many scientists is a reflection of my own efforts since 1945 upon which I reported systematically and which, in the beginning of our relationship inspired him to be associated with me. This pattern is visible in

the First Volume of *Progress* where one may read on p. viii of the Preface co-signed by Frieda and myself: "In line with this program, Dr. Moreno invited psychiatric leaders in Austria, England, France, Germany, Spain, Switzerland and South America to furnish surveys of the field in their countries."

My initiative and success in this international approach, pursued with my wife Zerka, was a thorn in his jealous hide. He later attempted parallel efforts in every country where I had been well received. In fact, I wrote for him letters of introduction or established contact with my own friends and colleagues in his behalf in Austria, France, Spain, Germany, Hungary and Yugoslavia.

One of his greatest handicaps is that he has made no scientific contributions of any uniqueness or originality but followed the lines others have initiated, in contrast with myself who has been acclaimed and apparently remains the acknowledged creator of sociometry and psychodrama, the world leader of group psychotherapy, having been able to organize world councils and congresses on these subjects since 1951.

Soviet Russia and USA

On p. 248 Dr. Masserman takes offense at my theory of "collective role reversal." There is a great deal of literature on role reversal available but I never advocated during the Congress in Czechoslovakia that the USA try "ten" years of communism while the USSR do the same with democracy. This report is one of those typical Masserman concoctions. The Soviet press, when they interviewed me in Moscow one week after the so-called events referred to by Dr. Masserman in Czechoslovakia, printed in *Trud*, the official trade unions newspaper an article entitled "Sociometry and Peace": "Sociometry is a new outgrowth of the human sciences which has as its goal to study and measure the relations among people. We are living in an age of great scientific achievements. The Soviet rocket has reached the moon; the time is not too distant when man will undertake interplanetary flights. But more important than flights to the moon is to straighten out the relations among the people on earth." The Moscow evening newspaper, *Vetchernaya Moskva*, carried on the front page the same evening, September 17, 1959, a large photograph of Premier Krushchev on the top of its frontpage and on the bottom a very small one of myself and quoted me as follows: "The whole world looks with hope at the important meeting of the heads of two great nations. One should hope that such meetings will bring about a letdown of international tensions. There should be as many meetings of this kind as

possible. The Soviet and the American people should know each other better and live in peace and friendship";* I further discussed the importance of role reversal in bridging the gap between people of different origins.

Czechoslovakian Congress

His report about the 1959 Congress in Czechoslovakia is once again, completely biased. Dr. Masserman takes issue, for instance, with my statement that I was the most influential figure at that congress. It certainly was not Masserman, whoever it was. I have contemporary correspondence with social scientists, not only psychiatrists but also sociologists, social psychologists and educators and a stream of publications based on my work or inspired by it coming out of the so-called Iron Curtain countries since 1958. They are evidence that my work is spreading and forms the foundation of a very solid development, especially in the area of interpersonal relations, intergroup relations and sociometry. The translation of my book *Sociometry, Experimental Methods and the Science of Society* into Russian released by the "Publishing House for Foreign Literature" in Moscow *predated* the Czechoslovak Congress. The subsequent appearance of numerous additional books on sociometry, group psychotherapy and psychodrama has proven the correctness of my assessment. Besides in Russian, translations have appeared in Polish, Rumanian, Hungarian and a much growing, serious literature and research is coming out in German from both East and West Germany. The list also encompasses translations into Turkish, Japanese, Hebrew, Telugu, Italian, Spanish, Portuguese, Swedish, Finnish, Norwegian, Danish, Dutch, French, etc.

The Jews and the Golem, or the Golem and the Robots

But Dr. Masserman reaches the height of snobbish distortion when he contends that my Golem interpretation might offend many Jews. This is, to say the very least, a ridiculous statement. I am here placing before the reader one of the versions of the Golem story* which is supposed to have been the offending item. The reader is free to judge for himself.

Looking back at our journey from the vantage point of temporal distance, the most demoniac experience was our visit to the Jewish synagogue in Prague. The Jewish synagogue (1270 A.D.) and its cemetery are the oldest in Europe.*

* See *International Journal of Sociometry and Sociatry*, Vol. II, 1959.

* See *International Journal of Sociometry and Sociatry*, Vol. II, 1959.

* Personal communication from Dr. Leo Brod, interpreter and guide of the synagogue and cemetery in Prague.

Golem is a Hebrew word and means a formless, embryonic mass. According to the kabbala a Golem is a being with superhuman powers. He is not born from a woman like human children are. He is a special creation out of some amorphous material and can be created only by a man of God. Rabbi Loew created the Golem in order to offset the enemies of Judaism who claimed that the Jews kill gentile children in order to use their blood for ritual purposes on the great holidays.

The rabbi followed the kabbalistic prescription and went one night with two companions to the banks of the river Moldau where he formed a Golem out of clay. The rabbi put into the Golem's mouth a piece of parchment upon which the name of God was written; then he blew the spirit of life into his nostrils and ordered him to get up. The Golem stood up, began to walk. When he was dressed he looked like a man, only he could not speak. The rabbi made him his servant. The Golem followed the orders of the rabbi literally. Whenever he found a dead gentile child he caught the true murderer and brought him to the police. But at other times he acted most irrationally. If he was told to bring water to the house, he brought so much water that the whole street overflowed. Unless he was instructed to stop, he went on indefinitely. If he was ordered to catch fish, he would have brought home all the fish from the Moldau unless made to stop. When told to bring fruit, he carried home in his powerful, giant-like arms the entire fruit stand, including the saleswoman. When the blood accusation faded out the Golem became unnecessary and the rabbi turned him back into lifeless clay.

Considering the large number of stories among Jews and gentiles about the appearance of the Golem in Prague, it can not be assumed that it was just a daydream of the rabbi or someone in his entourage, but there must have been some semblance of reality to the Golem saga. The question is how to account for it. The following explanation is purely speculative, but we know that mental patients and mental defectives lived freely in the ghetto; they were tolerated and, at times, even venerated. Often they were used as servants. It is reported that the rabbi was a kind of psychotherapist and hypnotist. The blood accusation was dreaded by every Jew. The rabbi may have prayed to the Lord to give the Jews some help in this dilemma. If the murderer could be found at once and be delivered to justice, then the innocence of the Jews could be proven every time a child was murdered. A regular man of the ghetto to act as an informer was hard to find. But a man especially created according to the kabbala tradition, a Golem, a being without human feeling, he may be able to act. When the rabbi saw one of his servants, Josef, a mental defective with a powerful body who had never

learned to speak and who appeared to be without feeling, he may have thought that here the Lord has sent a Golem to him, to be used according to the scriptures.

It is a challenge to try to explain the meaning of this operation in modern terms. Rabbi Loew was obviously a man of great hypnotic and suggestive powers; the process may be explained in terms of a "hypnodrama" in situ. A hypnodrama in situ is carried out in life itself with a mental patient who, in this case, believes or was made to believe that he is a special instrument of God. The difference between hypnosis and hypnodrama is that after the hypnotic trance the patient is expected to carry out the instructions of the hypnotist, however alien to his own thoughts; in a hypnodrama, the therapist gives the patient instructions to be "himself" and to dramatize his thoughts with the aid of the auxiliary egos. It may be assumed that Josef was, although without speech, not without collective feeling for the tragedy of the Jews. He experienced the accusations and the feelings of revenge just as well as anyone else in the ghetto. But he was an outcast. His demonic deeds, his courage as well as his promptness took everyone by surprise, the gentiles as well as the Jews. He, the Golem, the defective, proved the blood story to be a lie.

A poetic mind could imagine that the Golem is a psychosis liberated from the boundaries of an individual body and free to act for himself.

If my speculation that the Josef of the Golem saga was a poor, psychotic defective who was made to play the part of the Golem is plausible, then his sudden disappearance from the scene may be explained by his recovery and walking out of the ghetto to avoid being stoned. The Golem role may have been a kind of psychodramatic psychotherapy for him.

The kabbalists knew that the time will come that the Golem, the robots, would be created and will play a great role in the world. Being historically minded, they knew that the day of the robot had not yet come, that it was premature to let him loose in the dark Middle Ages. Besides, they had only the idea of the Robot, they did not have the know-how to make him. Their vision was that the robot can not be created except by the mystic intervention of God himself. They could not imagine that some day robots will be produced en masse, by man's own handiwork.

The fantastic Golem myth has come true in an unexpected way. The technological forces of the USA and the USSR are shaping a new world and a new man. The mediator of this cosmic revolution is the robot. Man has produced two kinds of offspring. The biological man has secured his survival through reproduction via the female. The "cosmic man" is on the

way of securing his spread beyond the orbit of the earth into the larger spaces of the universe "via the robot."

Summary

The best part of the book is Masserman's "Epilogue." The USA might have been better off if he had remained in Chudnov in Russia and studied the Talmud, like his father. He reports that he was married three times, to Jeannette, Doris and to Christine McGuire, his present wife. There are no children but many letters and books. He was handicapped in his adolescence by acne and by renal invalidism. Notwithstanding these handicaps he succeeded to make a mark, largely thanks to his persistence, or, as I summed it up in the beginning of this review: "Masserman has no charysma but he has a lot of chutzpah."

ANNOUNCEMENTS

Contribution by Prof. Ramon Sarro, M.D.

Ramon Sarro, M.D., Professor of Psychiatry, University of Barcelona, "Jacobo Moreno: La Era De Los Grupos", contained in *Introduccion Al Psicodrama En Sus Aspectos Tecnicos*, page ix-xviii, Aguilar, Madrid, Spain, 1970.

Contribution by Hilarion Petzold, Ph.D.

"Psychodramatic Directed Aggression in the Therapy of Alcoholics" by Hilarion Petzold, Ph.D., in *Gruppenpsychotherapie und Gruppendynamik*, Vol. 4, No. 3, April 1971, Gottingen, West Germany.

There are now thirty years since psychodrama in the therapy of alcoholics was applied. The first experiments were made by Dr. J. L. Moreno and Miles Tierney 1944, had a very favorable acceptance. The works of von Evseeff (1948), Kersten (1949), Haber et al (1949), Halpern (1951), Minear (1953), Rossi and Bradley (1960), Cabrera (1961), Ward (1961), Fox (1960, 1966, 1968), Weiner (1963, 1965, 1966, 1968), and Catanzaro (1967) report of favorable results in the European field that of group psychotherapy with alcoholics and drug addicts. Psychodrama was applied in Holland by Arendsen Hein but its application was limited to the Netherlands. In the course of recent years it has been applied in France (Bonabesse 1969, 1970, Courchet 1966, Petzold 1970); Belgium (Cuvelier, Mattheeuws 1970), and in Germany (Petzold 1970).

