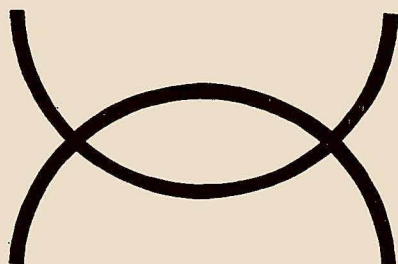


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GROUP PSYCHOTHERAPY AND PSYCHODRAMA

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CALENDAR OF PSYCHODRAMATIC CONVENTIONS

THE 30TH ANNUAL MEETING OF THE AMERICAN SOCIETY OF GROUP PSYCHOTHERAPY AND PSYCHODRAMA

Hotel Barbizon-Plaza New York City, Thursday through Sunday,
April 6, 7, 8 & 9, 1972.

SEVENTH INTERNATIONAL CONGRESS OF PSYCHODRAMA AND SOCIODRAMA

Tokyo, Japan, March 29-April 2, 1972.

MORENO ACADEMY, ANNUAL MEETING

Dallas, Texas, Saturday, April 30, 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

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OPENING ADDRESS, SIXTH INTERNATIONAL CONGRESS
OF PSYCHODRAMA, AMSTERDAM, NETHERLANDS,
AUGUST 22-27, 1971

J. L. MORENO, M.D.

Moreno Institute, Beacon, N.Y.

Dr. Elefthery, Dean, Doreen, Zerka Moreno, Colleagues, Friends: It is a great challenge to be here at this Congress in Amsterdam. It is the best Congress next to the one in Paris (France) and in Barcelona (Spain). After a period of more than fifty years spent on shaping an idea, don't ask me how the next fifty years should be shaped. That is now up to you. Once I was there, all alone. Today there are thousands and thousands of young, mature, creative beings. You. Now you must help to build a new world, along with the numerous others out there, so that I can pass on. It is with a feeling of profound humility and gratitude that I experience this during my own lifetime.

When I was a young student of philosophy and physics at the University of Vienna, one of my professors was Albert Einstein. He was then an Instructor at the Institute of Physics, totally unknown, but he had already begun to make some of his great discoveries. What impressed me most about him was the way he envisioned the entire cosmos and looking at the cosmos he was intoxicated with the idea of God. He was not only a physicist, he was also a theologian. He said to us: "You know, God does not play dice." He said it in German, of course, "Gott würfelt nicht." He was convinced that by looking at the cosmos as an entity of active forces he could discover the general laws which direct the cosmos. By penetrating the cosmos with his mere intuition he was able to make tremendous discoveries which no other man before him touched on. Dr. C. P. Snow, the English writer-philosopher stated in one of his essays that Einstein was the greatest man of our time and probably the greatest man who ever lived. Oddly enough, although he was a physicist he rarely carried out any experiments. He just looked at the cosmos, dreamt, formulated hypotheses to be tested by others. It is ironic that a man like Einstein who studied the physical aspects of the universe believed in God, in a naive sense. It is probably the same God which all people have in mind when they talk about the deity, one which is essential to our existence and to the existence of all beings. He had supreme faith, faith in his discoveries, faith in his ability to penetrate the the mysteries of the universe and in man's ability to do so, together. And, although my relationship to him as one

of my teachers was superficial and our goals were different, at that time, I, too, was involved in thinking about the cosmos when I began in a quasi-legendary way to play God. God is the beginning of psychodrama, that is, at least, my experience. Einstein believed in God as the architect of the universe. I was essentially a Godplayer, involved in a fantastic idea. So, when I was a child of four and a half, I tried to play God. This was probably the first authentic psychodramatic session ever conducted. It was in 1895, I lived with my parents on the river Danube. One day the children from around the neighborhood came to our house to play, as we usually did, and devised a sort of entertainment for ourselves. They asked: "What are we going to do today? What shall we play?" And I replied: "God and the angels." "And who is going to play God?" I knew: "I'm God and you are the angels." They built me a heaven and I was sitting on top of it. They began to fly and challenged me to fly with them. I did but fell and broke my right arm. Since this session psychodrama became known as the psychotherapy for fallen gods. A child of four and a half can afford such an extravaganza. If he does it when he is grown up he is put in a mental hospital. However, I did it at that time without any knowledge of the consequences and the other children accepted my role and loved the play. I, on the other hand, was pushed by my anxiety to establish my claim of sovereignty but at the same time that way I established also my identity with the cosmos.

I recall that when I talked with my good friend Dean Elefthery and his beautiful Doreen about his idea to have this congress here in Amsterdam, I questioned them: "Why in Amsterdam? So far away from America?" "Because we have faith in you," they said and asked me to have faith in them in return, faith that they will be able to carry it out. And they have, against tremendous odds. It is a great tribute to them that we are meeting here today and these next few days. It would never have happened without them and their steadfastness.

Well, as you see, as I acted God I learned to speak on my feet, without notes. I speak without preparation. I do not know clearly what the next sentence will be, or my next idea, but I have faith that I will carry it through, that my ideas will be justified, just as a man who is in love with a woman and has a child with her, has faith that the child will be borne and it will be a great child. At times it works. It worked in my life. ("Well. This "well" is a sort of intermission while I'm trying to grope for the next idea.")

I must refer now to the genuine and great forerunners of psychodrama. One of the greatest was Socrates. Oh, of course, everybody knows about Socrates. But do you remember that there was a certain Greek Playwright,

Aristophanes, who dared to write a play, "The Clouds," for the very purpose of ridiculing Socrates? He put him in this play and when it was being performed Socrates, who had heard about it, came to the theater to see it. It was against Socrates' religion to go to the theater, he considered it an idolatry; but as he had been informed about this scandalous misrepresentation of himself, he went to defend himself. When he heard the words uttered by the actor who supposedly portrayed him, the platitudes which Aristophanes put in his mouth in the play, Socrates immediately stepped in, addressed the audience and said: "Here I am. I am Socrates, not that guy there who is playing my part. That is a falsification of me!" And that was, as you know, quasi the beginning of sociodrama: "It's me, my life, the autonomy of myself." You may say that Socrates did not follow through, in life, at least as a method. But he had sociodramatic and psychodramatic awareness.

In our time it became ambitiously "sociodrama." Thus I remember when in Los Angeles, in May 1964, we tried to portray the assassination of John F. Kennedy. You may have read about it in *Time Magazine* about seven years ago; it contained a report on this sociodrama, carried out before more than four hundred persons. It was intended to touch all the persons who participated via television or through other media in that assassination.

Then there were other forerunners of psychodrama. A significant sociodrama in life took place when Jesus of Nazareth threw the merchants out of the temple courtyard.

We must also refer to literary forerunners, distinguished from psychodramatists at large, in life itself. I was advised by the then Rector of the University of Barcelona, Professor Valdecasas, who discovered this dimension in the great Spanish novelist Cervantes, that in his novel *Don Quichote*, the man who cures Don Quichote of his madness is someone by the name of Moreno and that the method used was psychodrama. I was surprised! Of course, that had nothing to do with me, it was somewhat before my time, I did not forget that. This Moreno, according to Professor Valdecasas was a sort of auxiliary ego to Don Quichote; he took the necessary counter-role to Don Quichote, the role of Knight of the Mirrors, confronted him and unseated him in battle from his horse. He did what a true auxiliary ego is supposed to do: he entered into the protagonist's world, however mad this may have appeared to others, took it seriously and confronted Don Quichote on his own level. Don Quichote returned, after the process of disillusionment to his hometown. But who can deliver himself of those dreams of wonderful beloveds, of beautiful women and great causes? Shortly thereafter he died in a profound depression. It was a remarkable discovery which Dr. Valdecasas

made and quite a contribution to the interpretation of psychodramatic literature.¹

There are other forerunners of psychodrama in literature besides Cervantes, one of these is, of course, Shakespeare. You remember Hamlet's play within the play, and many other beautiful psychodramatic episodes in his plays. These were, as stated, not alive in our sense or in the sense of the Greeks who actually lived their psychodramas, but they showed many similar thoughtways.

Recently something happened which was a tremendously meaningful discovery for me and that was my encounter with the great Johann Wolfgang von Goethe. Goethe too, was a poet; that was his link with me because I am, of course, a poet of God. Goethe was also an encyclopedist in addition to being a poet. He was much interested in human relations, a friend of all the arts and of all people, old and young, rich and poor. He had written a remarkable work on insanity, *Werther's Leiden*, the suffering of a young man named Werther, the victim of melancholia. This book became so popular that many young people began to follow his way of life. It caused a tremendous furore, they began to dress like him, to feel and behave like Werther, questioning all the values of their elders in similar manner as their hero, very much the way our young people do today. Werther became not merely a symbol but a real person for them. I recall that when I created the spontaneity theater in Vienna, I was aware that while Goethe was a great statesman in Wiemar, he was simultaneously theater director for that state. In that capacity he advised that every group of actors should perform at least once a month a play which is strictly improvised, unrehearsed, that is, not conserved. But to my greatest surprise a short time ago I received a remarkable German book by a historian of Goethe's life and work, named Gottfried Diener,² in which he deals practically entirely with the relationship of psychodrama to Goethe! I could not have been more amazed! How had this knowledge escaped me? What did Goethe do that Professor Diener discovered and that made him declare that we should recognize Goethe as a forerunner of psychodrama? At first sight it seems unreasonable to assume that this is really a psychodrama in our sense. Goethe wrote a psychodramatic play entitled *Lila*. His heroine is mentally ill and no one knows how to treat her. Then Goethe introduces a physician, Dr. Verazio, who has the cure for her condition. He outlines a scheme of re-enacting her curious delusions and

¹ See *Group Psychotherapy*, Vol. 20, No. 1-2, 1967.

² *Goethe's Lila*. The reader is referred to *Group Psychotherapy and Psychodrama*, Vol. 24, No. 1-2, 1971 which contains a complete chapter from this book translated into English.

hallucinations; in fact, he turns all her near and dear ones into psychodramatic auxiliary egos, role carriers who, in the guise of her own delusions, interact with her as if they are real. Thus the patient, Lila, recovers her sanity after four acts. The first act is an exposition of her condition and the inability of the doctors to deal with her until Dr. Verazio comes upon the scene. The subsequent acts show his step by step intervention and how the auxiliary egos and Lila come to clarification with her return to normalcy at the end. Goethe displayed enormous insight into mental illness as well as into psychodramatic techniques. The play, therefore, deals exclusively with Lila's psychic cure, as Goethe called it. His idea was that you have to treat, to repair, in contrast with the psychoanalytic process of analysis. He believed that the psychotic has to be treated homeopathically, through his own psychosis, his own madness, through restoring and quasi-reinforcing the madness first. His concept was that by reinforcing the madness the psychotic helps to cure himself.

I do not have to remind you that in the scientific literature of psychodrama there is the famous case of Adolf Hitler. In *The Psychodrama of Adolf Hitler*³ the patient, Karl Muller, a butcher in Yorkville, developed the idea that he is Adolf Hitler. I still remember his beautiful wife coming to me complaining: "I don't know what to do with my husband. Karl is crazy, he thinks he is Hitler." You can read the case for yourselves but the important aspect of the treatment is that when he came himself to see me and actually claimed: "Ich bin Adolf Hitler" ("I am Adolf Hitler"), I did not try to talk him out of it, to try sweet reasoning. I accepted him, not merely tolerated him and his ideas. There is a significant difference. Not only that I accepted him, I began systematically to quasi-reinforce the idea that he is Adolf Hitler, indeed to enlarge upon the idea, to treat him with the necessary respect due this august personality. I further did something which life itself could never have done for him: I provided him with all the necessary counter-roles, the auxiliary egos, to help him bring his Hitler psychodrama to complete fulfillment. For about six months we lived with him through this psychodrama of Adolf Hitler and it was so powerful, often so convincing that many people who were there, looking at that man felt that he must be the real Hitler and the one in Germany is the double!

Returning to other forerunners of psychodrama, there is another poet, a distinguished psychodramatic personality who must be included. Poets are particularly sensitive to psychodrama. This one was Peter Altenberg. He lived in Vienna; he was an alcoholic, but a remarkable wit and writer. You

³ See *Psychodrama*, Vol. II, Chapter V, 1959.

may have heard of him. One day he stopped me in the Kaertnerstrasse, one of the most beautiful streets in Vienna. It was late at night. He hardly slept, he was an insomniac. "Moreno," he said to me, "now I understand the difference between you and Freud. I don't know how long I will live but if I should die, I'd rather die of diarrhea than of constipation." He died of diarrhea. Altenberg was a psychodramatist although he never came to my theater. He did not know anything about it, he just lived it. He was a psychodramatist in situ, in life itself, involving himself with people wherever he went. For him everybody was a protagonist, especially beautiful women; he was a fantastic lover of women, in contrast to Schopenhauer who was since Plato the greatest hater of women, you remember how he felt about them. Altenberg loved women and all the psychodramatic methods we apply systematically he used in life as an integrated form of living. He saw life as a continuous psychodrama without any attempt at therapy. He was a philosopher of psychodrama.

Psychodrama, therefore, may be, besides a synthetic, systematic form of therapy, a philosophy of life. We here, during these days of the congress hope to represent both the philosophy of psychodrama as well as its therapeutic applications.

ACTING OUT: AN INDICATION FOR PSYCHODRAMA*

GUSTAVE NEWMAN, M.D. AND RICHARD C. W. HALL, M.D.

University of Florida, Gainesville

Since its introduction into the United States in 1925, psychodrama has proven itself to be an efficacious therapy in the treatment of many diverse psychiatric illnesses. The current study supports the belief that it is a specific therapeutic tool having marked effectiveness in changing the acting-out behavior of adolescents and young adults.

The study presented here involved 10 college students who were rated as poor candidates for individual psychotherapy because of their severe, repetitive "acting-out" behavior. Some of these patients had previously been treated with conventional group therapy not involving psychodrama, and had shown little or no change in symptoms. While the members chosen for this group varied in regard to their interpersonal sensitivity to others (as measured by the inferred meanings test), the nature of their presenting problems and the type of acting-out behavior present all showed inadequate role behavior and ineffective communication.

In the particular modification of psychodrama employed with this group, the focus was kept upon the *roles* played by an individual and not upon the individual himself.

Psychodrama was chosen as the specific therapeutic tool with this group because of its demonstrated potential for allowing an individual to *experience*, rather than intellectualize, the meaning and effect of his behavior and to translate this knowledge back into corrective action. In so doing, it was felt that psychodrama would be useful in aiding the patient to develop a different, expanded and appropriate behavioral repertoire. It would thus aid in the development of new behavior, facilitate rehearsal of these behaviors in a non-threatening environment, and encourage their actual practice.

GROUP SELECTION

The patients for this group were chosen from over 250 students being seen at the University of Florida psychiatric infirmary or counseling center. Three of the ten patients chosen had received prior individual psychotherapy, one long-term counseling, and four had received prior group and individual psychotherapy without noticeable improvement. All of the patients chosen

* Read at the Sixth International Congress for Psychodrama And Sociodrama, Amsterdam, August 1971.

were considered poor therapy candidates by the clinic's evaluating staff. All of these students were in serious risk of being dropped from the rolls of the University because of their specific acting-out behavior, even though their academic performance was acceptable.

Selection for the group was based on the following criteria:

1. There would be an equal number of males and females having an age spread of no greater than 8 years.
2. Repetitive acting-out behavior would represent the main "target symptom."
3. No actively psychotic members would be accepted.
4. The patients would have to be able to communicate, at least minimally, with others.
5. The patients themselves must have some desire for treatment and were not being forced into treatment by external forces (i.e. University Administration.)
6. Each patient must have a role mate in the group (i.e. be matched by a patient of the opposite sex with a similar "target symptom"; for example, a sexually acting-out female matched with a sexually acting-out male).
7. Each patient must have at least one parent who was a "problem drinker" or alcoholic.
8. Each patient during the pre-therapy interview must evidence severe social dysfunction with his peers.

TECHNIQUES

The techniques used with this group were designed to maximize therapeutic effect within a limited time period (i.e. the span of a school term which allowed only 12 meetings.) The group was time-limited to 12 sessions. It had a closed membership and utilized a co-director structure. The therapy sessions were of 1½ hours duration and were held once weekly.

Each patient had a complete psychiatric history taken before the group began and at this time was given a thorough role induction interview. During the role induction interview, the patients were told that the therapeutic modality had been chosen specifically for their type of problem and that the therapists felt it was the most suitable form of treatment. The roles of the patient and therapist and the nature of the psychotherapeutic process were completely explained. (2)

Each patient was given the option to join the group at this time, and he was told that if he elected to do so he would be expected to attend the

first three meetings. If, at the end of the third session he did not feel the treatment was beneficial, he could elect to drop out. If, however, he elected to stay beyond the third meeting, he would be making a commitment *to the group* to be present at every meeting thereafter.

The group met in a large comfortable room equipped with ceiling flood lights that could be directed toward the stage area. An inverted D seating arrangement was utilized with a couch at the end representing the "stage area." The co-directors actively participated in the dramas and could either initiate a drama or be called upon to portray various roles at the patient's request. Verbal group therapy techniques were used as a base from which to lead into the psychodrama. The dramas were kept brief (3 to 5 minutes) which allowed for repetitions with role-reversals or alternative behaviors and thus for greater member participation. In verbal discussion, a "problem" would be brought up by a patient. The nature of the problem was usually that of a social impasse, confrontation, or conflict. After the situation had been described, the group leader asked the protagonist to pick from the group the necessary members of his cast, explaining the reason for each choice. The protagonist and the director then set the conditions for the drama that was about to be played. These vignettes from life ordinarily took 3 to 5 minutes to enact. At the conclusion of the drama, each member was requested to respond to the shared experience by critiquing the *role* of the protagonist as well as the *roles* of the supporting members in the drama and to express their feelings about and views of the interaction. Participation in these discussions was lively. When a particular member manifested a great deal of interest, he was urged to pick a cast of supporting actors and replay the situation according to his view of it. The group discussion was focused on an analysis of the situation, method, roles, and *each* individual's emotional reaction to the shared experience. Thus, perceptual distortions were uncovered for the group's view and subsequently dealt with.

The specific psychodramatic techniques utilized included soliloquy, therapeutic soliloquy, self-presentation, self-realization, double, multiple double, sequential drama, mirror, therapeutic community, future projection, and role reversal.

A recapitulation technique was employed at the beginning of each meeting to provide continuity and reduce the warm-up time. Specific attention was paid at this time to the results of any future projections presented at previous meetings.

The forms of discussion continually emphasized that group members had role flexibility and that what an individual presented to the group at

any given time was but one of several roles he could play. The theme of volitional control of role and the possibility for role change were always kept at the fore.

EXPERIMENTAL DESIGN

Patients were given the following tests in a pre-test post-test design: Hildreth Feeling-And-Attitude Scales (1), Zung Depression Scale (8, 9), The Inferred Meanings Test (6), and the Satisfaction-Dissatisfaction Check List.

Overt changes in behavior reported by other group members or the patient individually were noted throughout the course of the group. Analysis of sociograms, independent working notes, and tape recordings were made after each group. Physically observable characteristics of the patients, such as mood, mode of dress, postural rigidity, etc. were evaluated as indications of subjective change.

Each patient was evaluated by an independent observer at the onset of therapy and 12 weeks after the group terminated. She explained she was in no way connected with the psychodrama group but was trying to evaluate the usefulness of treatment techniques available at the infirmary. Each patient was asked to honestly evaluate his therapy so that other students could benefit from his experience. The rater then compared the responses from psychodrama group members to those of students in conventional groups.

RESULTS

Seven of the ten patients who began the group completed twelve sessions. One male was suspended from the University, one female was hospitalized with infectious mononucleosis, and one female left spontaneously after an involvement with the local police.

Six of the seven patients completing the group showed marked behavioral change as judged by four independent raters. Of these, one had been profoundly depressed and five had presented with severe behavioral problems. All of these patients were considered clinically much improved at the end of therapy. The one exception, a male, was a "G.I. complainer" who had numerous aches and pains associated with the G.I. tract for which no organic cause could be demonstrated. Profound social isolation, paranoid trends, hostility and fighting, property destruction, sexual promiscuity and homosexuality were among the behavioral symptoms which ceased or were ameliorated.

Fifty-five dramas were performed in the twelve 90 minute sessions.

Individual participation rates in the dramas ranged from a high of 4 to a low of 16. Each patient participated in at least one drama per session. Participation in the dramas did not significantly correlate with change as measured by the Hildreth scale, although there was a crude correlation between participation and therapists ratings of patient change.

The Hildreth scores correlated highly with therapists independent ratings of change as shown in Table 1. Independent ratings of change among observers correlated highly with one another.

TABLE 1

RANKING BY THERAPIST'S EVALUATION OF IMPROVEMENT, HILDRETH'S RATIO RANKING PROGNOSTICALLY, AND RANKING BY PARTICIPATION IN DRAMAS

Patient	Therapist Ranking	Hildreth's Ratio-Ranking	Participation
A	1	1	4
B	2	2	2
C	3	6	3
D	4	3.5	4
E	5	3.5	4
F	6	5	1
G	7	7	7

Spearman's rank correlation coefficient between therapist's ranking and Hildreth's Ratio Ranking is .79 significant at $< .05$ level. The correlation between rankings on participation and the other two rankings were non-significant ($R_s = .02$ with Hildreth and .35 with therapist ranking).

The Inferred Meanings test scores did not correlate highly with the Hildreth or therapists rating of change; this test, however, is a measure of interpersonal sensitivity and of one's ability to hear correctly the affectual component of language.

The Inferred Meanings test scores (before-after) showed a significant increase indicating greater interpersonal sensitivity. The psychodrama group showed the greatest change of any group tested over a comparable period of time. The psychodrama group was compared to a group of undergraduate psychology students ($N = 60$) and a group of psychodrama trainees composed of psychiatric residents and Masters candidate nurses ($N = 16$). The results are shown in Table 2. A significant difference in mean change exists between the psychodrama group and the other two groups but not between the psychodrama training group and the undergraduate test group.

Although with the exception of one female patient, depression did not initially seem to be a striking feature of the group, the pre-therapy Zung

TABLE 2
INFERRED MEANINGS TEST

	N	Original Score M	(3 mos.)		S.D. Change M
			Retest M	Change M	
Hall-Newman Group	7	29.14	33.28	+4.14	3.07
Training Psycho- drama Group	16	31.4	32.6	+1.3*	2.74
Undergraduate Psychology Course	60	30.8	31.7	+.89**	4.42

Difference between groups in M change significant between Hall-Newman group and other two groups but not between Psychodrama Training Group and Undergraduate Group on change in Retest.

* $p < .05$

** $p < .025$

SDS scores (Table 3) were quite high. The mean group change in the Zung SDS scores at the conclusion of therapy was highly significant and correlated highly with the therapists' ratings of rank-order improvement. The one patient with a high initial score who did not change significantly was the patient with gastrointestinal symptoms.

Table 4 presents the satisfaction-dissatisfaction check list data. This test represents a measure of a patient's comfort—discomfort with his interpersonal and physical environment.

Analysis of sociograms revealed early group cohesion and unity (end of third session) and early incorporation into active relationships of patients who initially remained on the interactional group fringe. From the fourth meeting to the termination of the group, no sub-group profile could be isolated by analysis of sociograms. This data is consistent with both the directors' and observers' impression of unusually strong group cohesiveness. Also relevant to this point is information obtained at follow-up that the group continued to meet informally after therapy was terminated.

Analysis of patients comments about the group, made by an independent rater 3 months after the group had terminated, revealed many items to be rated as significant by the members. Below are the factors considered important and representative comments made by the patients about them.

1. Size of Group—"A limited number of participants kept the group small enough to insure almost complete participation by all the patients."
2. Doctors' Role—"The participation of the two doctors in the group

TABLE 3
ZUNG SELF-RATING DEPRESSION SCALE

Patients	Pre-Treatment Score	Post-Treatment Score	+ Indicates Less Depression
A	66	39	+27
B	57	31	+26
C	58	41	+17
D	49	41	+ 8
E	35	34	+ 1
F	53	46	+17
G	70	68	+ 2
Mean Group			
Pre-Test Score 53.43			
Mean Group			
Post-Test Score 42.86			
Mean Group Change 12.57			
Zung's Diagnosis of Validating Groups		Mean SDS Index	Range
Normal Controls		33	25-43
Depressed (Hospitalized)		74	63-90
Depressed (Out-Patient)		64	50-78
Anxiety Reactions		53	40-68
Personality Disorders		53	42-68
Transient Situational			
Adjustment Reactions		53	38-68

TABLE 4
SATISFACTION—DISSATISFACTION CHECK LIST

	Pre Therapy Number of Items Patient		Post Therapy Number of Items Patient	
	Satisfied With	Dissatisfied With	Satisfied With	Dissatisfied With
Psychodrama Group (Mean Group Score) N = 7	12	38	41	9
Control Group (Mean Group Score) N = 20	37	13	38	12

made the meetings less formal than regular group therapy. It put the doctors in the role not of a judge passing judgment but more as an interested group member."

3. Sincerity of Participants—"Since everyone who stayed past the third meeting wanted to be in the group and was interested in receiving some benefit from the group, it was easier for the members to share thoughts and problems with them."
4. Common Problem—"We all had problems with our parents' drinking; that was really important. I didn't feel so alone."
5. Shared Experience—"It was helpful that we all saw the same thing happen in the dramas so we didn't feel left out of discussions."
6. Role Training—"I could see how other people felt about my changing things in myself; it gave me more confidence in myself, and that I could change for the better."
7. Informality—"There was no pressure put on the patients as to the urgency of putting on drama. Once we started, everything just kept happening."
8. Improved Self-Esteem—"I learned for the first time, I guess, that I could not only understand someone else, but that I was really good enough to help them. Acting in dramas with someone else made me feel important to them. I was in another group before this one, but the feeling wasn't the same. I never felt bored in this group."
9. Improved Interpersonal Sensitivity—"I can hear people better now. I can communicate with people now."
10. Improved Volitional Control—"I realized all the role playing that everyone employs in real life and that if I change my role, it really works in changing the roles they play towards me."

DISCUSSION

Moreno (4, 5), Mead (3), and Sullivan (7) have proposed the view that the self is built up from the role one plays and the reflected appraisals of others. Every individual plays a variety of roles according to and depending upon the variety of his life experiences and his repertory of role behaviors. In the play of childhood, we can see the transmission of cultural roles where the child is rehearsing the role models he has been exposed to and developing the kinds of role behaviors needed for adulthood. In playing these roles, he develops insight into the meaning of behaviors and learns the language of cultural communication which depends upon role expectations.

Practicing role behavior does not lead to stereotypic actions and rigidity, as one might expect, but rather to the reverse. When a person is aware of the expectations engendered by a given situation, the alternative role behaviors available and their effects upon others, he is in a position to make choices and to respond with spontaneity. This is in marked contrast to the role rigidity of the neurotic whose "repetition compulsion" is the very essence of neurotic inflexibility. Although a healthy person is integrated and he can be depended upon to act according to his own character, at the same time he shows a new element in his behavior in each new situation. His actions are fresh, spontaneous, interesting, and in this sense, he is just the opposite of the neurotic and his predictability.

The members of this group were chosen because they had inadequate role models in their parents and showed by their maladaptive behavior that they lacked the essential repertory of role behaviors necessary to relate adequately to others. The role playing done in the group had a two-fold purpose: It was a means of helping the member gain insight into his role relations with others in a variety of interpersonal situations; and it offered an immediate on-the-spot opportunity to try out new ways of behaving in light of such insights in an atmosphere where mistakes could be made without suffering the penalties of real-life faux pas. The emphasis was upon putting new roles into action, and not merely verbalizing insights. The problems which arose from this implementation of insights were dealt with successfully using the psychodramatic techniques described and new role behaviors were learned.

Defensiveness was lessened considerably by emphasizing that maladaptive behavior was but one of several *roles* played by the individual. Roles were regarded as flexible, consciously determined, and subject to change through insight and volitional practice. Thus the role approach negated the notion that a patient's behavior was a deep-rooted indication of an aberrant personality which was therefore set. The emphasis upon role and the technique of replaying the same vignette had the same effect of fostering behavioral flexibility, as it covertly suggested that there were multiple behavioral choices in a given situation. By emphasizing a participant's role rather than his "personality," freedom was granted to each patient to experience himself as a useful participant in a reciprocating social matrix rather than as a particular type of person (i.e. anxious, hostile, inadequate, etc.).

Since the task of the group was to explore a spectrum of roles, maximum group support was provided to those members who had the greatest difficulty with role flexibility. Thus the very problem which incapacitated the patient

outside the group was the key to his inclusion in the group process. Members were encouraged to try out new role behavior outside the group to see if these changes in behavior evoked a more satisfactory response from others. Each success was met with with an almost "inspirational" type of group support and each failure became an important means of aiding the group in dissecting another common problem; thus, every behavioral trial became a success in one way or another.

Difficulties of role flexibility were seen to have a "final common path" in this group related to the distorted and inconsistent messages given by the alcoholic parent. A central theme was the inability to behave in other than a rigid manner for fear of setting off guilt-evoking behavior in the alcoholic parent. Another common and important theme was the patients' inability to know what the alcoholic parent was like and the tremendous ambivalence this produced.

The use of group psychodrama appears to be an effective means of treating patients with acting out disorders who are thought by many to be poor candidates for individual or conventional group psychotherapy. Pre and post group data and follow up of our patients in these groups seemed to bear out this assumption. As a result of their participation in the psychodrama group, these patients acquired new and different roles augmenting their repertory of behavior, and were able to dispose of maladaptive and non-satisfying behavior.

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SOCIODRAMA IN A CHURCH GROUP

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INTRODUCTION

The purpose of this article is to stimulate greater interest and creative endeavour with a view to more effective utilization of the resources of the churches. Social issues have become more complex and pressing, yet churches and many other community groups find various ways of avoiding them.

Warming up certain groups to dealing with the social issues of our time is a difficult task. This can be the case even when the stated reason for the existence of the group is to arouse social concern and mobilize appropriate action. Covert reasons for members' attendance may militate against or even completely frustrate the performance of the primary task. Such is the case with many groups in the church. The material which follows focuses on this problem and suggests a method of handling it.

ONE VIEW OF THE CHURCH'S FUNCTION

The function of the Church may not be readily apparent to the outsider or even to the church member himself. Some churches have allowed themselves to become subservient to groups and influences that are motivated by the need for survival or the preservation of the status quo rather than by the need to be creative and to spontaneously respond to new situations.

The word church properly refers to a body of people or a congregation called out to perform a function. In pre-Christian times the Israelites were seen by some as a church or congregation entrusted with a mission to the Gentiles. In the early period of the development of the Christian church Christians met together in groups for the purpose of strengthening their corporate existence so that they could be more effective in their mission to establish a better society. Frequently they met at crossroads or at market places because these were the places where the important issues and concerns of the day were discussed and dealt with. Later, the church established institutional forms for dealing with such issues as sickness, poverty, and education. At the same time, however, there was a movement in the church which emphasised separation from the world and its problems. This was motivated in part by the desire to establish a miniature society that was pure and untainted by the evil of the world. It was also, no doubt, motivated originally by the realistic fear that the group would be exterminated. A conflict developed between the movement to separate from the world in the

interests of purity and the movement to be existentially involved in the problematic situations of the day. This conflict is reflected in the contemporary church in which some are deeply involved in social action and others insulate themselves from involvement in local, national, and international issues. Because of this latter group many ministers or priests and laymen have become frustrated and disillusioned and have left the church in search of more fruitful fields of work and service.

It is my view that many church groups that have formerly advocated isolation can be worked with and can become usefully involved in the process of social change.

WORK WITH ONE CHURCH GROUP

The church in which I was invited to direct a program was a large suburban church in a changing neighbourhood. Black people moving into the area had brought mounting racial tension. A nearby college campus had been torn by rioting. Many students had become more militant and less optimistic that changes could be brought about by peaceful means. The predominantly white church congregation had ignored the serious problems.

A small group of concerned church members were seeking to promote discussion, understanding, and action and a member of this group asked me to conduct an open meeting in the church dealing with social problems in the community. Forty people attended the group with an approximately equal number of men and women. I directed the group and Mrs. Lynette Clayton acted as an auxiliary.

At the beginning of the group there was little interaction in the group and little readiness to deal with community issues. The group warmed up more when one of the group members made a reference to something in the Bible. I responded to him and he made a specific reference to the rebellion of Absalom, the favorite son of King David. I suggested that the group act out the story rather than talk about it. The man who had initiated the discussion had soon warmed up to the role of Absalom and this middle aged man was soon riding round the hills of Jerusalem with his friends. Other members of the group were warmed up to the other roles and an argument between King David and Absalom was acted out. Other scenes followed such as the plotting of Absalom and his friends, the battle and the defeat of Absalom's army, the death of Absalom, and the grief of David when the messenger brought the news.

Immediately the story had reached its climax with the grief of David the director changed the scene to a contemporary situation. He called on the actors and the audience to create a contemporary situation in which the same

kinds of issues and roles would emerge. Out of the many suggestions a scene was set up in a large city and the roles of rebellious youth, irate father, policeman, hard-hat men, and businessmen were set. They were taken by those who had played out similar roles in the biblical drama and who by this time were well warmed up. The new scene soon moved into an argument which could have ended in violence in the same way in which the biblical drama had done. At the point where violence appeared to be the solution being taken by the actors the director called on the group to find another kind of resolution to the conflict. The actors finally managed to resolve the conflict without violence after experiencing considerable difficulty.

The drama having been completed there was a time of sharing. The sharing of most of the people had to do with the generation gap. Many indicated a better appreciation of the grievances of young adults as a result of their participation in the drama. This was particularly the case when group members had taken roles in the drama that were very different from the roles they played in real life.

IMPLICATIONS OF THE EXPERIENCE

A number of implications can be drawn from the experience with the church group that has been described. These have relevance to work with other groups of a similar nature.

First, the level of involvement of the group seems to be due in large measure to the nature of the warm up. The warm up consisted of taking something that was familiar to the whole group, namely, a biblical story and acting it out. In the process of acting out the story the group became alive. Dimensions of the story came alive that had not been seen before. It is recommended that in work with many other church groups that great respect be shown for the symbols and belief system of the group and that these be utilized in the warm up. The starting point is the old and familiar.

Second, as soon as the actors and the audience have warmed up to the roles portrayed in the biblical story and the important issues dealt with in the story have come out the director stops the action and calls upon the group to act out a contemporary situation that incorporates the same roles and issues. In the church group described when the director did this the actors continued playing the same kinds of roles that they had already been warmed up to. However, instead of dealing with a rebellion that took place thousands of years ago they were dealing with the current problems of the generation gap, law and order, and campus violence. It is suggested that the same kind of procedure can be used in other church groups provided the

level of warm up has reached sufficient intensity in the acting of the biblical story and has not remained only at the comic level.

Third, it is important that members of the group be given the opportunity to act in roles that they do not normally play in real life. One of the elderly men in the group described above played the role of a young adult and as soon as he was threatened by hard hat men began to feel the position of certain young adults in a very new way.

Fourth, the sources of natural spontaneity and creativity are tapped by the use of movement and gesture in the action of the drama. The members of the church group described had previously felt helpless about the crises erupting around them. Intellectual discussion had led to no changes in action but rather had re-inforced previously held notions and perceptions. The drama allowed people to warm up to the situation, to gain new perceptions, and to try out a new solution in action. It is believed that action methods ought to be utilized far more widely in other church groups, especially those that have been bogged down for years in discussions.

Fifth, the time of sharing is an important part of the method. The members of the audience have an opportunity to share their perceptions and experiences. Some of the new perceptions gained as a result of the drama can be re-inforced.

CONCLUSION

Sociodrama is a useful method for involving the members of church groups in social issues. It is hoped that it will receive a wider acceptance since there are vast untapped resources in churches throughout the country for bringing about some resolution of existing conflicts. In fact, sociodrama is one medium through which we can share in the process of creation.

BEHAVIORISTIC PSYCHODRAMA: A TECHNIQUE FOR MODIFYING AGGRESSIVE BEHAVIOR IN CHILDREN

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This paper discusses *behavioristic psychodrama*, a term and approach devised by the author to modify aggressive "acting out" behavior through a combination of behavioristic psychodramatic and self-monitoring techniques.

The school psychologist is called upon to evaluate and counsel a great number of culturally deprived, socially maladjusted, and emotionally disturbed youngsters. We appear something like emergency repairmen for health workers, social workers, and educational personnel. The difficulty of such a position is not the interpreting of a child's emotional actions and behaviors, but the frustrations encountered in attempting to change or modify such behavior. In many instances parents are uninterested or uncooperative and, consequently, the psychologist in cooperation with the classroom teacher, must modify such behaviors within the learning situation.

The most difficult child to cope with within the classroom appears to be the aggressive youngster. The aggressive child, aside from physically attacking other children, may also express aggression in the form of childish behavior, profanity, open defiance and by facial or gestural cues.

Behavioristic psychodrama or behavior rehearsal includes many variations of the techniques as described by Moreno (1959), Wolpe (1958), and Gittelman (1965). The method utilized by the author is an approach in which the teacher involves the child in play acting a prescribed behavior which is considered inappropriate.

Self-monitoring behavior is the technique of counting behavior. Self-control techniques have been demonstrated to be effective in modifying behaviors ranging from poor study habits, Sulzer (1962), to stuttering, Goldiamond, (1965b) to the simplest application of self-monitoring, Kaufer (1967). Such a technique emphasizes self-control by which the child sets up conditions in his environment to bring about specific behaviors in himself. This technique of counting behavior provides immediate feedback and as such, the child becomes aware of the effect and consequences of his behavior.

METHOD

To illustrate a combination of the above techniques with children, an approach is described. Four fifth grade boys who manifested overall aggres-

sive behaviors and who consistently disrupted the classroom were included in this study. Prior to implementing the above approaches, the author had worked with these children (ten, one hour counseling sessions) with a modification of behavior achieved within the counseling setting but with little or no carry over to the classroom. Prior to implementing the above techniques, each boy maintained an average base line of 15 disruptions per class day or a total of 60 class disruptions (average) a day for the entire group.

Most teachers attend to children much more quickly when they are naughty, acting childish, noisy, than when they are nice. Consequently, the teacher was requested to ignore the boys negative behaviors and reinforce only the positive behaviors.

The self-monitoring technique has its drawbacks as it requires the child to cooperate and participate in carrying out the procedures without direct supervision. The above procedure was presented in the public of the class and as such the four boys had to cooperate by making check marks for the occurrence of each negative behavior. All students in the class, as with the teacher, were requested not to react to the negative behaviors of the four boys and to maintain mental count of each time one of the four misbehaved. Each child included in the study was instructed to draw up a chart with each day of the week represented. Instead of attacking one particular behavior, the author attempted to modify all negative behaviors of each child by having the youngster place a check mark in the appropriate box for each negative behavior he displayed. The behavior chart was kept on the upper right corner of the youngsters desk.

Behavioristic psychodrama was implemented by requiring each of the four boys to act out the childish behaviors they had manifested that week (half hour sessions). At the completion of each of these half hour sessions the class was requested to discuss these behaviors and through role playing techniques etc. act out alternate more positive behaviors that each of the four children might practice during the week or in between sessions. At the end of each week, I returned to the class and through psychodramatic techniques had the four children again act out childish behaviors in general and those particular behaviors each boy himself manifested during the prior week.

Before the end of each session, the four boys were requested to act out positive alternatives to any negative behavior they may have manifested between sessions. By the third week, psychodramatic techniques were utilized involving play acting of only positive behaviors of each of the four children by themselves and by their classmates. In addition, self-monitoring

behavior involved only the counting of positive ways of behaving during the class day. A total of 5½ hours sessions brought about a drastic change in each child's behavior.

Through the implementation of behavioristic psychodrama, these four children were able to play the role of themselves in the present; themselves at another time and in essence explore their own behavior while members of their class not only observed but participated as well. Each child in the study was afforded the opportunity to develop ego strength and to release tensions by practicing roles and interpersonal relationships with their classmates.

This combination of techniques proved quite effective and in fact, drastically reduced not one negative behavior in each child but reduced the occurrence of several childish behaviors and extinguished several others. The children realized that their classmates could be positive reinforcers without having to resort to clowning, profanity, and facial or gestural cues. The class, in general, functioned much more effectively as the other children also benefited from the improved behaviors by vicariously imitating such behavior.

The teacher in turn was much more relaxed and as such facilitated a more congenial class atmosphere by not becoming emotionally upset as she ignored the negative behaviors and reinforced only the positive behavior.

CASE ILLUSTRATIONS

James, a 12 year old boy who was diagnosed as psychotic by the school psychologist presented the greatest problems, not so much in the expression of aggression but in his overall hallucinating actions, such as talking out loud, giggling, barking like a dog, making weird sounds and expressing many facial gestures. James came from a residential treatment center at mid-year and as such, had difficulty in making new friends. He was not well liked and to this author's knowledge, did not have one friend as a classmate. A sociometric evaluation placed James outside of the entire class group. He expressed several choices but no one chose him.

At the end of the first week, James had only 3 check marks for the entire 5 day period. His classmates attested to the fact that James was the best behaved and most honest of the four boys in monitoring his behavior. The class applauded James for his remarkable improvement. At the end of the second session, James had no checks for inappropriate behavior and at the class suggestion, he was not required to monitor his behavior the third week of the study. Similar results have been found with adult populations,

Rutner and Bugle (1969), but to this author's knowledge, very few studies have been conducted with children.

James had made several friends, became much more outgoing and for the first time in his life actually felt accepted and was accepted by his peers.

Craig, a very bright youngster, 10 years old, completed his first week with a total of 15 checks (45 less) than his base line. At the end of the second session, Craig's total for inappropriate behaviors numbered 5. However, his classmates felt he was not honest in recording his behavior and as such, felt his score should be doubled for cheating behavior. Craig had a total of 3 points for the final week of the study. Again, overall, this was a considerable depreciation in general aggressive behavior. In addition, the behavior of banging his head on the blackboard for attention was totally extinguished.

Roger, age 11, completed his first week and second week with 14 and 11 points respectively. Roger's third week of the study resulted in 0 points. His classmates felt he made the next to best overall improvement and many stated that they now enjoyed playing with Roger on the playground because he was no longer prone to pushing or shoving his classmates. This behavior which prevented Roger from being accepted by his classmates became totally extinguished.

Allen, age 11, the most mature member of the group, presented the most difficult problem with regards to overall improvement. Aggressive behavior did not increase from the base line of 15 points a day, however, Allen maintained a high level of aggressive behavior for the first week. In fact, Allen began to use profanity, a behavior which was not evident prior to conducting the study. When discussing Allen's behavior in front of the class, Allen became quite emotional and began to cry, stating that his classmates were all liars. Subject appeared to be more neurotic than the others, and the author, at this point had reservations about continuing Allen in the study. The class teacher's immediate response was to overact with a lot of tender loving care. However, Allen, being an extremely bright youngster, (able to pass all tests without paying attention or studying) had been successful in manipulating his teachers since the first day he entered school (case referred to special services at end of second grade). Allen developed a pattern of behavior in which he constantly disrupted the class for the entire school year. This behavior was reinforced as the teacher consistently drew attention to it. Only during the last 3 weeks of any term did this youngster settle down and conform to class norms as he always wanted to get promoted and knew enough not to push his teacher during such a critical time when she was making decision as to who should pass or fail. Since Allen was con-

sciously aware of his negative behavior, I decided to continue him in the study.

Consequently, my initial approach with Allen continued with the class teacher's full cooperation. The only difference being that the class discussed Allen's behavior and ways in which members of the class could help Allen behave as a 5th grader. The other 3 boys also became involved in attempting to modify Allen's behavior. Consequently, the peer group began to emphasize only positive behavior. During the second week, Allen scored a total of 23 points and a total of 15 points for the third week of the study. After three group sessions in which behavioristic psychodrama and self-monitoring behavior was employed, Allen reported a considerable improvement in his behavior, however, he did not experience the growth that the other three boys had. Allen did report that while he often felt angry at his classmates and the teacher, he now felt much more able to inhibit aggressive responses. On follow-up, three months later, the classroom teacher reported a continued diminution of his aggressiveness, which had previously been a daily occurrence.

CONCLUSIONS

Behavioristic Reviewing, a term and approach devised by the author proved quite effective as a technique in modifying and extinguishing aggressive behaviors in children. By combining behavioristic psychodramatic and self-monitoring techniques, the children received immediate feedback in addition to witnessing the childishness of such behaviors. Such an approach appears quite effective when utilized in the presence of the peer group.

It is the job of the school psychologist to maintain each child within the mainstream of education and to make him amenable to our educational program. The school setting does not lend itself to the long drawn out analytical approach and as such the school psychologist must work with surface behavior. Psychiatric clinics have long waiting lists and often produce little or no positive results. Such an approach described in this paper might be looked upon by others as harsh and cruel treatment. However, it is important to point out that the Linden school system as with any major city, encounters far more problems with children in one day than many school systems encounter in a year. Most important is that after an 18 month follow-up, all 4 children have adjusted satisfactorily to the educational setting and all have gone on to the junior high school apparently as well adjusted youngsters without secondary symptoms etc. This approach to modifying their behaviors was successful.

The results of this study reinforce my contention that the school psychologist, with a workable knowledge of behavior modification techniques can, as a consultant, aid in providing teachers with behavioral approaches to the elimination of inappropriate behaviors which interfere with the learning situation. Thus, a majority of children displaying any type of conduct disorder behaviors could be controlled in the regular classroom setting. The result would hopefully be a decrease in referrals for psychological services whereby the school psychologist could spend a greater amount of time in the capacity of consultant in preventing behavior problems and learning disabilities and in coping with the more seriously handicapped child.

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SHOULD DESENSITIZATION TECHNIQUES BE PART OF POLICE RECRUIT TRAINING?

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We are living in an age in which riots, confrontations and demonstrations are commonplace. Authority is being challenged by individuals and groups at every level of our society. The uniformed police officer is the ever-present, visible symbol of that authority. It is his function to maintain law and order in an increasingly lawless society. To avoid exacerbation of emotionally charged situations he must perform this function intelligently, objectively, and efficiently using a minimum of force. The New York City Police Department is making every effort to meet this challenge through its Recruit Training Program.

Recruits assigned to the Police Academy receive over six hundred hours of instruction. Approximately one hundred hours are devoted to problems dealing with human behavior and include instruction in the following areas:

- Orientation to Human Behavior
- Human Relations Seminars
- Interpersonal Relations
- Human Behavior and Civil Rights
- Family Crisis Intervention
- The Urban Environment
- Moral Principles Governing Human Behavior
- Street Problems in Behavior.

Instruction methods include lectures, role playing and case method instruction. In the role playing technique recruits act out various roles in a real life situation that necessitates police intervention. In the case method discussion the class is divided into small conference groups and a chairman is appointed. Situations that the police may be called upon to deal with in routine patrol assignments are presented. Each group discusses what they feel are proper investigation methods and what action should be taken. Following this the chairman presents the group finding to the class and a critique is given by the instructors.

In the fall of 1970 the Prelect Program was introduced into the curriculum. Under this program the recruits attend the John Jay College of Criminal Justice of The City University of New York for one hundred and five hours and take courses for which they receive six credits that can be

applied toward a college degree. Prelect offers a Sociology course in Interaction Analysis, a Psychology course in Social Perception, and an English course in Communication Skills.

The objectives of this training and these courses are: to develop in the recruit an awareness of individual and group differences; to make him aware of his own prejudices, to familiarize him with the type of problems he will face and help him deal with the emotional disturbances that they may generate within him; to teach him how to make the instigator ineffective by failing to respond to taunts and insults; and to enable him to perform his duties efficiently, objectively and courteously.

More than one-third of recruit training time is spent in the development of skills in the behavioral field, which indicates the vital importance the department places on good social relations.

Most of this training is geared toward efficient job performance. It is my feeling that a natural extension of this type instruction would be the teaching of desensitization techniques to the individual police officer in order to minimize the anxieties generated in the many emotion arousing situations he encounters. Four desensitization techniques have been selected for study: Rational, Relaxation, Role Reversal and Alienation.

The officer using the Rational technique maintains his equilibrium and reduces tension by a shift in perception. Through reasoning he perceives that the individual or group with whom he is dealing is limited or that their abuse is directed not at him personally, but at his position. Consequently, he is able to act impersonally and effectively without undue stress or emotional involvement.

In the Relaxation technique a state of complete relaxation is induced through simple muscle relaxing exercises. Certain tag words like calm, tranquil, serene, are tied in with the relaxed condition. When a police officer finds himself in a stressful situation he reactivates the relaxed state through conditioning by recalling the tag words. In this way the anxiety producing stimuli and resulting pressures are reduced.

In Role Reversal, by playing the part of an individual or group member of a different race, ethnic group, religion or political persuasion, the officer finds that his attitudes of isolationism, chauvinism, and self-righteousness yield in the face of empathic involvement enabling him to treat the abrasive party calmly and with compassion.

The officer using the Alienation technique affords the abusing individual minimal psychic energy by detaching himself from the realities of the situation. Prominent among the desensitization methods in this category is the Museum attitude in which the individual is given the same amount of affect as some fossil on display.

Recently a pilot study was undertaken at John Jay College to determine:

1. The feasibility of training law enforcement officers in desensitization techniques.
2. The most effective techniques for use in police work.
3. The comparative value of verbal and action level method in teaching these techniques.

The subjects involved in this study were twenty-two (22) members of a graduate class at John Jay, the majority of whom have careers in police work or other areas of criminal justice. The instructor gave a verbal explanation to the class of the four techniques previously enumerated. Following the lecture the subjects filled out a questionnaire.

In the second part of the study the four techniques were again presented to the class, this time on an action level. After the demonstrations the subjects filled out another copy of the questionnaire.

The first set of questionnaires based on the verbal presentation indicated:

1. Ninety (90) percent of the subjects felt they could use the techniques in their work.
2. The techniques that this ninety (90) percent felt they could employ most effectively were: Rational—53%; Role Reversal—32%; Relaxation—15%. Alienation was not selected.
3. Fifty (50) percent felt they could teach desensitization methods to their peers.
4. Seventy-seven (77) percent felt that training in these techniques should be required for police recruits.
5. Role Reversal and Rational were the techniques most often mentioned for use in stressful incidents involving police. Alienation and Relaxation were the least mentioned.

The second set of questionnaires based on action level demonstrations indicated:

1. Twenty-one (21) of the twenty-two (22) subjects would use desensitization techniques in work situations; one was not sure.
2. Alienation moved from no mention to almost tie with Rational and Role Reversal as the most effective technique.
3. Fifty-nine (59) percent felt they could teach these techniques; forty-one (41) percent were not sure. There were no negative responses.
4. The same percentage (77%) felt that these techniques should be included in police recruit training.

A comparative analysis of the two questionnaires indicated that the subjects as a group held strongly that desensitization techniques should be taught to recruits and that alienation would be the most effective method; action level demonstrations were superior to lectures as a teaching method; Alienation and Rational techniques would be best for use in quick-breaking action incidents; the Role Reversal technique was superior for preparing individuals for future encounters.

As previously indicated the police department devotes more than one-third of the six hundred hour training program to the development of skills in the behavioral field. The concentration of effort has been in the teaching of the individual police officer to develop his capacities for absorbing psychological pressures without reacting emotionally or irrationally. This effort should be broadened to include training in desensitization techniques to reduce the rate of absorption and the intensity of psychological pressures, in order to increase the ability of the police officer to effectively solve problems involving stressful stimuli without detriment to his physical and mental health.

TRANSCERENCE, EMPATHY AND TELE, THE ROLE OF THE PSYCHODRAMATIST AS COMPARED WITH THE ROLE OF THE PSYCHOANALYST

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The differences between the role of the psychodramatist and that of the psychoanalyst are not only due to differences in temperament but reflect the difference in the technical modes of relating to their patients during the therapeutic process.

The *psychoanalyst* attempts to assume a neutral, emotionally cool attitude toward his patient—the attitude of the impersonal scientific observer and interpreter. On the basis of this attitude, which is imperative to him, he hardly dares to be himself. Nevertheless, he becomes the target of highly emotional transferences which the patient gradually attaches to him over a long period of treatment. He may for instance covertly transfer the image of his father to the psychoanalyst. The patient's ensuing dependence on the analyst, called "transference neurosis" by Freud, must then be resolved by means of a painstaking working through of the symptoms and original infantile patterns, now insidiously "acted out" in this new derangement of the patient. The prolonged dual situation often gives rise to so-called counter-transferences from the psychoanalyst to the patient. It will take even more time to work through them, to prove that psychoanalyst and patient actually are not engaged in any direct person-to-person relationship but only entangled in transferences and countertransferences. In other words: "they are possessed by the ghosts of the past." Having come to this insight their interest in each other is supposed to cease. Freud himself used to become—or rather be—disinterested in the patient as a person, to the point of ignoring him totally when meeting him in the street.

In contrast to the psychoanalyst, the *psychodramatist* can afford to meet his patient in a warm, human, sharing person-to-person relationship. Thus the relationship between psychodramatist and patient remains unencumbered by the transference neurosis and problems connected with its resolution. A healthy, *real* and adequate relationship, as is the basis of every promising patient-doctor-contact, or every socially constructive and integrative interpersonal process will ensue.

Why is this so?

In order to answer this question we must investigate the concepts of

tele, empathy and *transference*. In doing so we will recognize that the definition of these concepts and the description of their integrating and disintegrating function upon society at large and the individual in particular is—aside from the important psychodramatic and sociometric action-methods invented and developed by Moreno, his greatest contribution to modern psychology and sociology.

In the context of our present discussion I shall not touch upon the results of psychological research in the field of perception; however, we should bear in mind that all processes of human interaction and social cohesion depend upon an individual's perception of and his relation to other individuals.

By what modes do we relate to others?

According to psychoanalytic theory and practice *transference* plays the most important part in the therapeutic relationship. However, since time immemorial, humanity was familiar with psychotherapeutic treatment by religious practitioners, poets and physicians. Its effectiveness was usually the result of an outstanding person-to-person relationship, a real existential encounter. In his early poetic and also in his psychiatric work Moreno emphasized how much he was indebted to those who "cured through an encounter" and therefore directed his scientific interest to this mode of interpersonal relation. In doing so he realized that not very many interpersonal relationships deserve to be called a real encounter even though one of the partners may be a sensitive, perceptive person.

Empathy is man's mode of relating to his environment. It is defined as a feeling perception of reality leading to adequate reactions. However, it is a one-way activity.

Transference occurs on the basis of an inaccurate perception of the momentary state of another person due to previous traumata on the infantile level. This image of a "similar" person and of all past experiences connected with him is transferred on the therapist thus interfering with the appropriate perception and also jeopardizing the possibility of an adequate and genuine person-to-person relationship.

Empathy and transference are both "one-way-individual modes" of relating to another individual. We cannot speak of interaction unless the other person reacts:

- (a) for example, inadequately as in the case of transference, then we are faced with a so called *countertransference*-relationship.
- (b) adequately, with much empathy, so we witness an encounter, instead of *Einfühlung*, "*Zweifühlung*," a real Tele-process.

We may now ask:

How do these types of interaction differ in their results? (a) Inadequate social perception action and reaction such as in transference-countertransference-interaction produces a pathological state quite often resulting in individual depression, aggression or regression as well as social disintegration. (b) Adequate social perception, action and reaction involving tele produces healthy social interactions resulting in increasing individual creativity, productivity and social integration.

Tele was therefore defined by Moreno as that process or mode of relating to others which is responsible for the cohesion and healthy functioning of any social aggregate as well as for the increase in individual creativity, spontaneity and productivity. It is the socializing force par excellence, conducive for sexual, mental and spiritual cooperation for which the organic substrata as sex-organs, communication-organs, etc. have been developing over millions of years. Tele is the healthy conative and cognitive prerequisite for socialisation (1).

The role of the psychoanalyst.

When he started out on his investigation into the human unconscious Freud believed that healing a neurotic patient requires merely bringing suppressed unconscious material into consciousness. However, before long he realized that this alone is of no therapeutic effect unless accompanied by a reexperiencing of the emotions connected with the suppressed material. Although Freud had a personal dislike of becoming the target of any emotions of his patients he became fully aware that suppressed experiences "had to be reproduced and re-experienced in the present instead of only being remembered as part of the past, which the doctor would prefer." To quote Freud in the original German: "Dieser Kampf zwischen Erkennen und Agierenwollen spielt sich fast ausschliesslich an den Übertragungsphänomenen ab, . . . Auf diesem Felde muss der Sieg gewonnen werden, dessen Ausdruck die dauernde Genesung von der Neurose ist . . . denn schliesslich kann niemand in *absentia* und *effigie* erschlagen werden (2)." For him the transference-situation was the only possibility of reexperiencing and acting out suppressed material. He therefore gave the most serious attention to the patient's unconscious wish of acting out, and said: "In der Regel kann der Arzt dem Analysierten diese Phase der Kur nicht ersparen; er muss ihn ein gewisses Stück seines vergessenen Lebens wieder erleben lassen und hat dafür zu sorgen, dass ein Mass von Überlegenheit erhalten bleibt, kraft dessen die anscheinende Realität doch immer wieder als Spiegelung seiner vergessenen Vergangenheit erkannt wird. Gelingt dies, so ist die Überzeugung des Kranken und der von ihr abhängige therapeutische Erfolg gewonnen (3)."

In spite of this conviction Freud in no way underestimated the troubles

and dangers caused by transference in the psychoanalytic situation. He said: "Es ist unleugbar, dass die Bezwungung der Übertragungsphänomene dem Psychoanalytiker die grössten Schwierigkeiten bereitet." The psychoanalyst tries to master them in the course of a long painstaking process of recognizing and working through all the symptoms of the transference-neurosis. The patient, who over a long period of time developed certain feelings for his analyst, now is to learn that these feelings must be considered "unreal" and recognized as stereotype repetitions of formerly coined, infantile feelings that once were directed to another person. Psychoanalytic treatment cannot be considered a success unless the transference neurosis has been resolved by painstaking intellectual work and the ensuing insights. Needless to say, this situation becomes much more complicated if the analyst does not always assume the attitude of utter neutrality with only some empathy permitted! In such a process of transference and countertransference two people are seriously entangled in feelings of no value applying to present reality. Their disentanglement we leave to the psychoanalysts. We would rather ask:

In what way is the psychodramatist involved in the therapeutic situation as it emerges during psychodrama?

The general constellation of empathy, transference and tele varies in the three different phases of psychodrama. In the *first phase*, the so called warming-up process, the psychodramatist mobilizes his empathy to size up the psychic structure of the protagonist in order to understand his problem and to warm him up to action. During this phase the protagonist may transfer images of persons of former importance on the psychodramatist, for instance, he may experience feelings of resistance and hatred for his father when the latter forced him to go to school, or he may feel protected by his father as he used to when still small. But this transference is of short duration. If, during the warming-up conversation the protagonist perhaps mentioned a conflict with his father, the psychodramatist does not let the protagonist describe the problem verbally or even have him "act out," his feelings against the father with the therapist, instead he cuts the narration short and moves into the *second phase* of psychodrama, that of enactment. Acting on the stage, as compared with the more or less veiled, semiconscious analytic acting-out in a transference-situation, is much stronger and clearer, due to the fact that it is consciously aimed at (also by the protagonist) and totally experienced. The psychodramatist does not let the protagonist act out his father-conflict with him in person but encourages the patient to take it up in a psychodrama. He asks him to choose members of the group to spontaneously play his father, mother, wife, friend, etc. While the protagonist chooses these auxiliary egos he already transfers his memories, feelings and ideas

of these people to the chosen group members. In no time they engage in the reproduction of a given situation from which they move into practically forgotten or suppressed areas by means of action, if this is considered desirable and brought about by the director of psychodrama. During this process the psychodramatist is hardly even noticed by the protagonist. Certainly he is not the target of the patient's transferences. He follows the course of the psychodrama with empathy and sovereignty (= Überlegenheit," see above), to which Freud attributed great importance. When the psychodramatic scene ends, the protagonist, so to speak, emerges from an "ocean of re-awakened feelings" which may have been suppressed for many years. He feels as if waking up from a dream, and yet his consciousness had not been eliminated for one moment! He realizes that he reexperienced with all his feelings a situation of long ago and yet at the same time is an older person, who now is able to see the traumatic experience of the past in another light. Then the *third phase* of psychodrama, the group discussion begins. The transferences to the auxiliary egos, those group members who portrayed the partners of the protagonist during the play, have ceased with the end of the psychodramatic production. When, after having given their role-feedback, (i.e., the feelings they had experienced when playing the given role,) they share the conflict explored in action with the protagonist, a real person-to-person relationship comes about. They can now feel with the protagonist and his present situation in a completely different way, and they often spontaneously talk about their own similar experiences, thus stimulating the protagonist's "counter-empathy." After the intense abreaction of past experiences by psychodramatically acted out transferences to different people portrayed by the auxiliary egos, the "Einfühlung" becomes "Zwei—und Mehr-fühlung" as Moreno calls this teleprocess. Protagonist, psychodramatist, and group members see and take each other for what and who they are. The "ghosts of the past" that so often impinge upon the people present have been banned by acting out those transferences in psychodrama. All group members and the psychodramatist are now able to feel, talk and act with each other in a freely understanding manner, which may overcome many aggressions and open the road to further common creative action. A large part of reality has been conquered and forces have been set free to tackle the future in a better, less encumbered, more creative fashion.

Summing up: The psychoanalyst has to struggle with transference-phenomena in the "real" patient-therapist situation; his way out is to steer away from a real person-to-person relationship in the therapeutic situation thus making it particularly unreal. The psychodramatist, by letting the patient play his conflicts constructs the therapeutic situation semi-real to

begin with. However, he does not end up in an entanglement of feelings which are invalid. After the patient's experience of past relationships on the stage and simultaneous recognition of these transference phenomena, he is free to engage with him in a direct person-to-person relationship based upon adequate perception of their specific roles and psychic structures as well as on justified confidence in the reality of their relation.

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ETHICAL CONSIDERATIONS IN LEADING THERAPEUTIC AND QUASI-THERAPEUTIC GROUPS: ENCOUNTER AND SENSITIVITY GROUPS*

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Many ethical issues have been raised with the proliferation and mushrooming of new group approaches in the field. There is a need to clarify these ethical issues so we can move ahead with new explorations, and yet protect people from being hurt or manipulated in the process.

DEFINITION OF TERMS

"Therapeutic groups" will be defined as groups that have a goal to reconstruct personality and/or help people who have emotional problems that are preventing them from functioning and utilizing their capacities for growth and expansion of their personalities.

A leader of a therapeutic group should be trained to understand personality growth, change, and conflict. He should demonstrate his capacity for understanding others and himself, and for helping others to grow.

The therapist should also have a generally accepted code of ethics which he follows as a basis for forming a specialized helping relationship with others.

In contrast, "quasi-therapeutic groups" are defined as groups that attempt to deal with generalized problems of living, that may focus on changing one's role functioning; for example, to be a more effective administrator, teacher, or parent.

One may place the quasi-therapeutic groups on a kind of continuum that ranges from generalized encounters of a religious nature, to groups that educate teachers to be more effective. Some of these "religious" groups teach a philosophy of life that may give more meaning and efficacy in living. Several groups have goals to help teachers and others in leadership roles become more sensitive-emotive people, so they can help others more effectively in the setting in which they work. Other groups that fit into this quasi-therapeutic role work in the area of helping to diminish stereotypes in race relations or other types of conflict areas.

The need for professional training of leaders for therapeutic groups would

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be different from training for quasi-therapeutic groups. Each setting needs to bear responsibility for setting standards of competency for its leaders. The state may have to establish competency requirements in the different institutional settings to help protect the public from unwarranted claims and unqualified practitioners.

In order to concretize this generalized ethical statement so it can be viewed more clearly, the following illustrations are offered: Let's assume that Leader A offers his services as a leader in a therapeutic group to the public, either privately or as a member of a group. He should meet standards set by the state and/or profession with which he is associated. Adequate supervision should be provided for those who are meeting experience requirements.

If Leader A cannot meet these qualifications, or the group cannot provide adequate supervision by qualified personnel, then Leader A should not be allowed to provide these therapeutic services to the public.

A few talented people may be lost in this manner, and a few inadequate leaders may be licensed to practice, but no system is perfect. The important principle is that the public is protected from possible harm without limiting legitimate exploration of new modes of therapy.

If Leader A were to function in a school as a teacher and lead quasi-therapeutic groups, such as role-playing or sensitivity groups for training teachers, then the institutional setting should help to maintain standards of qualifications for leaders. For example, Herbert Lehman College of the City University of New York instituted courses in sensitivity training as a required part of the teacher education program. Most of the leaders are qualified by the college to lead a group and in-service training in this area is provided for the staff.

If Leader A is going to privately provide quasi-therapeutic services, then there needs to be certain minimum ethical standards of advertising and training set by the state. However, the buyer will probably have to beware of the potential danger, as some of these groups could turn into therapeutic groups.

Usually leaders who function in such settings as churches, synagogues, A.A., or Synanon, may fall within the gray areas of definition. They may function as leaders in therapeutic or quasi-therapeutic encounters. However, since they represent a well-defined group, the buyer has some idea of what he is buying, and the settings are geared to meet certain specialized needs.

The dangers to the public lie in the so called "unclear groups." They tend to advertise and mix therapeutic with quasi-therapeutic groups and make statements of promise that are unethical.

If the people that lead these groups are adequately qualified and/or supervised, and the public is made aware of the nature of the "contract" they

are making as they enter the setting, then experimentation with new modes can be done in an acceptable manner.

The principle that is suggested is that experimentation with humans can occur if certain standards are met. The most important one has to do with the nature of the leader.

The particular service offered will determine the nature of qualifications for being a leader. If one is being offered an "experience" then it should be clearly stated what the experience is, as the label states what are the contents of a can of food or the contents of the clothing one buys. Certain drugs are also prohibited from being put on public display in order to protect people.

Several other ethical considerations are important in protecting people from being manipulated and losing their rights. They are:

1. Proper advertising that does not promise such changes as involvement in such groups" leads to greater spontaneity, creativeness, freedom of choice, and an ability to realize inner potential that has been blocked by maladaptive behavior patterns."

2. Adequate screening and explanation of the services offered, with the provision that there is no forced entrance into a group, and the individual has a right to have freedom of exit, if the group does not meet his needs.

The right of institutions to force people into any personal group settings that make them feel uncomfortable and prevents them from having free choice to remain in the group, should be seriously questioned. Under the guise of helping people to be more sensitive, one may actually be demonstrating the opposite by one's own behavior.

A person may be forced into a role where he is pressured to give up his rights as an individual to have freedom of choice. The ends and the means must be consistent. One cannot develop humanistic values by force or subterfuge as the act itself demeans human values. Certain courses such as human relations sensitivity courses may be requested in certain settings, as teachers need to develop skills that will help them to be more sensitive and effective in helping others. However, the groups should be guided by trained neutral leaders not associated with supervision. The group should be handled sensitively. Confidentiality should be established with adequate counseling follow-up, if people become upset in the process. Some groups the writer knows of, have "turned off" the students and actually increased the student's lack of trust and stereotyped behavior by certain insensitive encounters. There is a need to experiment, explore, and open up new horizons. Mistakes will be made but one should not destroy or use humans as automatons as one tries to explore.

3. There should be adequate anonymous feedback and evaluation from

the people who are being experimented with. In this manner safeguards are provided to help prevent people from being hurt.

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SOCIODRAMA OF BLACK STUDENTS AT A WHITE PREPARATORY SCHOOL*

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Black students attending predominantly white schools often experience alienation and misunderstanding. Many comments made by whites are frequently misunderstood, and subsequently confusing to them. These comments, sometimes made in ignorance, can cause anger and embarrassment among blacks. Some of these situations may not seem especially serious to whites, but may be most serious to blacks. Some whites fail to recognize the extreme differences in background and attitude. Most black students in boarding school situations are trying to adjust to anticipated but new situations as well as to many that are completely unfamiliar to them. Whereas the majority of the students are familiar with and have been exposed to the economic and social deprivation that often accompanies life in Memphis, New York, Baltimore, Washington, D. C., and New Orleans not many whites are consciously aware of such deprivation.

This study attempts to help these black girls in a prominent New England preparatory school deal with many of the particular difficulties they encounter. A similar study void of racial situations was conducted and reported on by Ackerknecht, dealing with embarrassing situations (1). This present study differs in format and direction. Since the embarrassing situations referred to here concern race, great care is required to avoid misunderstandings and accusations of racial discrimination. Most of these situations under close scrutiny appear far less serious. It was the opinion of the writer that if these racial feelings and disclosures are allowed to emerge within the group, they can be discussed and eliminated through sociodrama. Hopefully, both blacks and whites can benefit from these sociodramatic experiences and sociodrama may improve relations among them.

PROCEDURE

A general discussion was conducted allowing students to recognize their problems and concerns and to become familiar with various role playing and sociodramatic techniques (2). Students identified common concerns and problems. Each student was given a 3 x 5 index card and asked to record

* I would like to acknowledge appreciation of Dr. Gloria Joseph and Dr. Gerald Weinstein of the University of Massachusetts School of Education for their support and consultation in this endeavor.

any insulting and embarrassing situations or problems. The following statements by the students are typical responses. "Just because we are poorer than them (whites), they blame any stealing on us" or, "if we come from the ghetto, we don't quite know what sanitary is." A total of forty-two statements were recorded by the girls. Several situations proved to be most important to them. One situation was the tendency of teachers to generalize about black girls' behavior. "They lump us all together." Another prominent situation was the inability of whites to use the word black without impunity. "They make black sound like something dirty!" Still another popular situation cited by the girls was inability to deal with many of the subtle statements mentioned. Most of the girls admitted that these situations would more than likely terminate any worthwhile discussion. The girls would become enraged by this behavior. The author was astounded that many blacks indicated mistreatment by other blacks. Apparently, an individual's academic achievement is not appreciated by some of the girls. Here follows a typical sociodramatic experience.

Several blacks girls were thrown together in a private boarding school. Cheryl, an outstanding student, does not often socialize with the other girls. Here, she is in her room and the others come to ask if she will attend the "soul dance" that evening. She attempts to explain why she will not go, but the others insist.

Each person had an opportunity to play the distraught and defensive girl. Each girl rated all performances, but did not reveal the results until the discussion. Several "role reversals" were conducted where applicable. A vociferous antagonist became the protagonist to better facilitate discussion (3) or to explore the social structure of the self (4).

The following is a chart representing typical proceedings. This is how a chart might be set up.

RATING OF ROLE PERFORMANCE

Rater	Person Rated						
	Denise	Deborah	Charlie	Ronnie	Gilda	Dee	
Denise	5	3	4	3	3	3	21
Deborah	5	2	2	2	2	2	15
Charlie	5	2	1	3	1	1	13
Ronnie	5	2	2	2	3	3	17
Gilda	2	3	3	2	3	1	14
Dee	2	5	5	4	4	2	22
Total	24	17	17	16	16	12	22

A five point rating scale was used to rate the performances of the participants. 1 represented an excellent rating while 2—good, 3—fair, 4—poor, and 5—very poor. Ratings were based on familiarity with those generalized personalities being played and personal discretion.

DISCUSSION

Total rating scores horizontally and vertically made for interesting discussion by the students. A low score would generally indicate an understanding of the performances. A high score would indicate a need for improvement. Students are not merely practicing performances, but improving attitudes and perspectives. Dee, for example, seemed to be best understood by the group (vertical total of 12). She was, however, extremely critical of others (horizontal total of 22). This might indicate a distrust for her peers. In a discussion that followed, she indicated a distrust for her peers, but also an inability by them to respond to her honesty. Apparently, the others fully shared her feelings. She rated herself 2 as represented on the chart while the average peer rating was also 2 (vertical average).

Denise received an average rating of 4 while she rated others an average of 3.5 (horizontal) and herself 5 on the same series of performances. This might indicate that Denise is too critical of her own performances and too lenient with others.

Students can now discuss each series of performances and re-enact those with particularly high scores. Denise proved most interesting and seemed to benefit from this spontaneity testing. She was to face a panel of administrators and teachers about her conduct and possible dismissal. She felt that she had been unjustly treated because of her outspoken manner. She admitted to the group of black girls that she had been wrong and wanted help. The group decided that this spontaneity testing would be helpful. We immediately, set up several situations and tried to respond as individual members of the panel might respond. Her performances averaged 5 in the beginning because of her defensiveness and rudeness. Others were rated similarly. "I gave Dee a 4 because Mr. L is far more critical of discourteous behavior." Dee became more intolerant with each performance.

Once students began to recognize extremes, they were able to develop alternative behavior (5). Denise learned that the best way to deal with Mr. L was to wait until he had finished talking. These girls learned that through support and cooperation among them they could improve.

Since most of these students had already developed negative attitudes about school, this method allowed students to objectify some of these educational problems. It proved to be good training for urban students

trying to deal with such problems (6). Significant behavior changes have occurred.

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PSYCHODRAMA OF THE SPHINX

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Moreno, founder of the psychodramatic movement, states that he found some of his inspirations in, among other sources, mythology and customs of ancient people.*

One may mention in this respect, as Moreno did in his own writings: role reversal—the Socratic method; Father Christmas—the magic shop; Hamlet—the mirror technique, the double—Dostoevsky. Besides finding them, Moreno adapted them for therapeutic purposes.

This was our own procedure after several years of research on the symbolic meaning of beings with a polymorphous structure, especially the Sphinxes. In a book now in press we give the basic elements which led us to demonstrate that the Sphinx is actually a symbol of the evolutionary and psychosomatic structure of Man. In a number of esoteric publications we find the interpretation that the animals making up the Sphinx are inter-related parts of Man and, at the same time represent his development as a human from animal origins.

For example, the Ox and the Bull represent our instinctive, vegetative and sexual life.

The Lion is a symbol of our emotional life, of courage, feelings.

The Eagle is intelligence, keenness of perception, reason, the power to impose laws.

The Snake in the frontal Urseus is a symbol of cosmic energy, the Kundalini Power in Yoga.

Man is a complete entity, a unity and a conscious being, able to direct this energy and to sublimate it through his own will so as to achieve revelation and cosmic illumination which in ancient times were the purpose of initiation.

The principles of micro- and macroscopic unity, dialectic bipolarity, ternary structure and quaternary symbol which are to be found in the main esoteric traditions of antiquity (Brahmanism, Ancient Egypt, Buddhism, Yoga, Zen, the Jewish and Christian Cabbala, Rosacrucians, Freemasons) and the main philosophical systems, are still well alive today and come

* Editorial Note: Actually, it was the other way round. Moreno conceived and applied his techniques first and subsequently found that there were certain similarities in literature and in ancient cultures.

within the concern of modern structuralists. The differences between Sphinxes which include a varying number of elements reflect an emphasis of one or several of these principles.

We have found the following relationship between our application to our findings and Moreno's role theory and theory of the spontaneity factor:

Structure of The Sphinx

Moreno's Theories

Snake

Forces—hereditary, spontaneous, social

Man

The creator

Eagle

Social roles

Lion

Psychodramatic roles

Ox or Bull

Psychosomatic roles

The Freudian moldes of the Libido (Snake), the Super Ego (Eagle), the Id (Ox, Lion), the Unconscious (Animals) and the Conscious (Man) are also to be found in the Sphinx.

It is by this extrapolation of our work on the Sphinx to modern psychotherapy methods that we struck on the idea of creating the psychodrama of the Sphinx.

THE PSYCHODRAMA OF THE SPHINX

Among other psychodramatic techniques, we use multiple doubling with two auxiliary egos interacting with the protagonist, each standing behind the protagonist and representing some of his conflicting roles, for instance, friend vs. chief, human being vs. worker, lover vs. husband.

The psychodrama of the Sphinx is mainly an adaptation of multiple doubling with two or three auxiliary egos will respectively represent the Eagle, the Ox and the Lion.

AIMS AND SCOPE OF THE PSYCHODRAMA OF THE SPHINX

Our objectives in this psychodrama are:

Reinforcing the ego of the protagonist and assisting him in making decisions on his role conflicts and in distinguishing between a personal decision and an alienation-conditioned one.

Teaching the use of energy and its conscious implementation at various levels of the Sphinx, with the possibility of willful and conscious sublimation.

Giving the protagonist an awareness of his psychosomatic unity as well as of the main roles and psychological circumstances which induce his behavior.

Giving the protagonist and the group members better self-knowledge

through an awareness of the frequent conflicts between the Eagle, the Ox and the Lion, between the psychosomatic and social roles, between the Id and the Superego.

Making the protagonist and the group aware of the following alternatives:

Domination by cultural conserves and conditioning.

Acceptance of these and achievement of a *modus vivendi*.

Deconditioning and changing one's way of life.

Awareness of the introjection of parental behavior, learned roles and their origin in the family.

Catharsis of repressed feelings.

There are many fields of application for this technique. We now use it in the following cases:

As a warming-up technique, the group verbalizing problems of authority relationships, guilt feelings, love and duty or instinct and morality conflicts, etc.

As a psychodrama technique with the aims set forth hereabove.

As an instrument for experimental study in a Skinnerian behavioral analysis. A study is now under way on the Sd's and reinforcement given by the psychodramatist and the nature of behavior in psychodrama.

As an instrument of theoretic demonstration for psychology students. In this case we use only the first phase without a psychodrama in depth on private family life.

DESCRIPTION OF THE METHOD

The method can be adapted to the "Here and Now," as any other technique in psychodrama. Its use complies with the main phases laid down by J. L. and Zerka Moreno. We must, however, keep in mind both the aims we have just described and the symbology of the Sphinx and its origins as set forth in the above mentioned book, currently in press.

We usually start with simple automatic actions which may generate a problem such as brushing one's teeth, getting up early in the morning, taking shower, or washing, writing a letter, smoking, etc. The theme may be chosen by a protagonist in the group, either because it has been mentioned incidentally or because the psychodrama was suggested by the Director. Explanations as to what the Sphinx is are given to the protagonist, how we all have a Sphinx within ourselves and the symbolism of each of the parts in the Sphinx.

To make it more simple we generally present two of the animals only, the Eagle and the Ox. The auxiliary egos are introduced to the protagonist.

The Eagle stands on a ladder or a chair and puts his hands on the

shoulders of the protagonist, exercising some pressure with the claws as a symbol of social pressure in social roles or in the Superego; from time to time he takes the position of an eagle with its wings outspread.

The Ox sits down on a chair and puts his arms round the protagonist's loins.

The protagonist stands.

If an auxiliary ego is also used to represent the Lion he will put his arms around the protagonist's chest.

The protagonist is then asked to put himself in a time and space situation in which to start the automatic action, such as brushing his teeth. He is also requested to soliloquize. In the course of the soliloquy the doubles speak, expressing what the protagonist probably feels but does not spell out sufficiently, as for instance:

Ox: "I don't like brushing my teeth. I'd rather still be sleeping; in any case, it's a waste of time. What a drag."

Eagle: "I have to brush my teeth. To be clean and well brought up you have to brush your teeth every day. Brushing the teeth is a good thing. I'm a civilized person. I have to brush my teeth every day, morning, noon and night."

At the appropriate moment the Director asks, usually after the Eagle has spoken: "Of whom does that remind you? Who used to speak that way?"

In all cases treated, without exception, the protagonist responded by indicating an authority figure: father, mother or a substitute.

In accordance with the contract with the group and the aims set forth above, we are from that point on able to work in greater depth and to reconstruct the important events which governed behavior formation. In less than five minutes we are able to surmount the five-year-old barrier which is so difficult to overcome with conventional psychoanalysis and the main stimuli may be found, with the positive and negative reinforcements which shaped the operating behavior.

After this scene we return to the initial position of the protagonist and his doubles and sum up the initial scene. The Director then asks the protagonist: "Who is really your Eagle?" The usual response is: "Mom (or Dad, or both)." "Then you have your father and mother within you, haven't you?" This may be the start of the dialogue, allowing the protagonist to become aware of and conceptualize his way of living.

With this new awareness of conditioning and introjections it is important to put the following questions to the protagonist: "And what do you plan to do now? How do you feel in relation to what you have just lived through?" This is the phase of personal decisions and reinforcement of the ego.

We can, therefore, distinguish the following phases in the Sphinx psychodrama:

1. Warming-up of the group; presenting the idea of a Sphinx psychodrama.
2. Choosing the protagonist.
3. Warming-up of the protagonist; explaining the Sphinx, choice of automatic actions.
4. Warming-up of the animals in the Sphinx (doubles).
5. Psychodrama with return to the past; representation, returning to the initial position, feed-back.
6. Awareness and personal decisions; reinforcing the ego.
7. Return to the group.

Numerous variations may be introduced during these phases. For example, if the protagonist does not agree with the doubles he may role reverse with his doubles.

The doubles may enact their own role during the entire psychodrama.

In the event this is a simple demonstration of role conflict, stop at phase four.

COMMENTS ON THE RESULTS

As with any method of psychotherapy, systematic follow-up is required to give the Sphinx psychodrama experimental validity. We hope to be able to carry this out in the future.

We must content ourselves for the moment with clinical observations before and after the psychodrama.

During the psychodrama we were able to check that we had generally achieved the aims set out for ourselves. This is a technique which permits an easy analysis of the first conditioning, before the age of five and which is so difficult to reach and penetrate with conventional psychoanalysis.

Within from five to ten minutes we have our protagonists representing their father, forcing them into what they do not want to do, or their mother slapping them because they refuse to wash or brush their teeth. The members of the group also undergo an evolution through role identification.

After participating in a number of such Sphinx psychodramas, we have had protagonists who stopped smoking, achieving better relations with their parents with whom they had been in conflict, or becoming more flexible towards themselves, less rigid in their habits or behavior as demonstrated in the psychodrama.

In conclusion, we might recommend caution: the ease with which analysis in depth can be made of the patient's past may also be dangerous.

We apply the psychodrama of the Sphinx with all the above listed stages only in long term psychotherapy in which the evolution of the protagonists and the group members may be followed-up.

PSYCHODRAMA: A SPECIAL GROUP APPROACH IN THE PSYCHIATRIC HOSPITAL*

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I have described elsewhere¹ the use of psychodrama at Brook Lane Psychiatric Center, a small private psychiatric hospital near Hagerstown, Maryland. This review of a five-year program showed how effectively psychodrama can be integrated into an already well-established hospital program, making significant contributions to patient welfare and to the training of mental health professionals. A survey of the 1968 Directory of the National Association of Private Psychiatric Hospitals indicates that only a few private hospitals make any formal use of this treatment modality. Yet psychodrama has been used for years in several state and federal institutions. Psychodrama, which has evolved from the theories and methods of J. L. Moreno, has achieved world-wide recognition. During a period between 1960 and 1968, more than one thousand students received some level of training at workshops under the auspices of the Moreno Institute, Beacon, N. Y.

The present paper will focus on the desirability and feasibility of establishing psychodrama programs in other private hospitals. Special attention will be given to the problems of acceptance, staffing and funding.

As used here, psychodrama refers to the classical methods of J. L. Moreno as taught at the Moreno Institute² or its associated establishments. It excludes other techniques, however valuable, that are sometimes confused with or even called psychodrama. Psychodrama is allied with but different from such other forms of experiential education as sensitivity training, drama therapy, improvisational theater, encounter groups and gestalt therapy. In the hospital setting it requires a director who in addition to being an experienced mental health professional must have special training in the psychodrama method. At best the director should be aided by a staff of therapeutic assistants who may or may not be professionals but who must be trained and guided by the psychodramatist.

Before dealing with staff problems (which are not as formidable as might seem at first blush), the decision to establish a psychodrama program would have to be made. Possible resistances to such an innovation need to

* Paper delivered at the Thirty-Seventh Annual Meeting of the National Association of Private Psychiatric Hospitals in Nassau, The Bahamas, January 13, 1970.

¹ Warner, G. Douglas, "Psychodrama in a Small, Private Psychiatric Center," *Group Psychotherapy*, Vol. XXI, No. 4, December, 1968, pp. 229-234

be anticipated. The mechanics of funding and the education of the referring sources must be planned in advance. Hospitals are, after all, huge adaptive organisms that have survived in part by an innate conservatism. But the medical directors and administrators responsible for their viability and growth are always looking for more efficient and better use of personnel resources.

How does psychodrama work? Briefly stated, psychodrama is an action form of group psychotherapy in which one or more group members role play real life situations. The psychodramatist is trained to warm up a group to some relevant issue, and to help them select a group member (called the protagonist) to personify a specific problem. He then leads the protagonist through a series of role playing scenes which culminate in a better understanding. He helps the group members to share experiences and to synthesize whatever new learnings emerge during the psychodrama.

What unique values can psychodrama offer the psychiatric hospital? Most striking is the efficiency with which it can isolate the important issues in the patient's life. While not meant to be instant therapy, the psychodrama experience is always vivid and often becomes a significant turning point in the patient's hospitalization. Psychodrama complements the other therapies. Material uncovered and insights gained in psychodrama can be used by the patient later in individual or group sessions. By the same token, issues raised in other hospital encounters can be worked through psychodramatically.

Special dramatic techniques enable the patient to externalize intrapsychic conflicts projecting them outward with feeling and in action where he, with the help of others, can deal with them more effectively. The impact is strong and immediate. After a patient has completed a psychodrama, he is generally grateful and often elated. He will think about his experience and elaborate on it long after the session is over and even after he has left the hospital.

How can a psychodrama program get started? First, the interest of the staff must be aroused. This may well begin by letting key personnel get a taste of psychodrama. Attendance at one of the three day workshops at Beacon would be an excellent introduction to the method. Training there is on the graduate level, and all workers in the helping professions are admitted. In addition, the hospital might engage a consultant in psychodrama who could demonstrate the method to the staff. He could also be useful in helping to establish guidelines suitable to the particular needs of the institution. Arrangements for such consultation may be made by writing the Moreno Institute. A consultant experienced in mental hospital work would be preferred.

Who would run the program? Certified psychodrama directors are rare and in demand for work in a large variety of fields. Unless one is readily available, a hospital might consider recruiting someone from the staff to be trained at Beacon. He could be one of the psychiatrists, social workers, psychologists, occupational therapists or nurses. Assuming he has been trained in the dynamics of personal adjustment, what particular discipline he comes from is less important than his personality, interest and ability to get along with the rest of the staff. He should have considerable personal integrity along with sensitivity and leadership skills. If he is experienced in group work, so much the better. He will need the full support of the medical director and the administrator.

Between training periods, which may extend anywhere from three days to three weeks or more, the trainee can begin to form psychodrama groups at the hospital. He can expect consultation and guidance from the Beacon center throughout his practicum period. He will advance in his training through various levels of certification until he is a full director. This will require a minimum training period spread over two years, sixteen weeks of resident training and the accumulation of 96 credits. Tuition fees for this amount of training run about \$3,600.

In the meantime, of course, the psychodrama trainee will continue to earn money for the hospital. An obvious advantage of using people from the existing staff is that during the transition from getting started to a full program, the trainee can continue some of his present functions. Funding strategies will, of course, vary with the specific requirements of each hospital. Some will contract for services. Others will find no problem earning 125% of the psychodramatist's salary. The current fee for psychodrama at Brook Lane, as an example, is \$12.00 per session with eight to twelve patients in each group. Individual interviews concerning psychodrama cost the usual interview fee.

Depending on his talents and interests the staff member trained in psychodrama should be able to enrich the hospital program in a variety of ways. It is a good plan to have the psychodrama done on a referral basis. This stimulates the communication between the psychodramatist and other therapists so that there is a continuous interchange of information and ideas.

As part of in-service training, psychodrama can give the mental health workers at all levels a learning experience that is dynamic and to the point. Training others to become therapeutic assistants broadens the scope of a psychodrama program.

Individual psychodramas can be scheduled at the request of other staff members to clarify issues in family therapy and marriage counseling. Ther-

apists often choose to take part in such sessions along with the clients. Psychodramatists can also be "farmed out" to day care units and community mental health centers both for staff training and therapy groups. Further utilization of this special group approach awaits only the creativity of the staff using it.

It has been the purpose of this paper to present some ideas for establishing psychodrama in private psychiatric hospitals. It has accomplished its aim to the extent that you feel psychodrama might be worth looking into.

GROUP ROLE REVERSAL AS A TEACHING TECHNIQUE IN AN ALCOHOLISM REHABILITATION UNIT

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Many of the techniques originated by J. L. Moreno¹ in his development of psychodrama have found wide application in other related areas of human endeavor. Outstanding have been applications of psychodrama techniques in elementary and higher education, public affairs, vocational counselling, human relations training, and all varieties of psychotherapy.

A previous² paper outlined some of the ways in which psychodrama techniques have been used in the Alcoholism Rehabilitation Units at Central Islip State Hospital. The purpose of the present paper is to describe the units' experience with the use of group role reversal as a technique in teaching groups of visitors about alcoholism.

Among the important goals of any community-minded mental health facility must be that of education. Education of the general public and of those in the health and welfare professions rank high on the list of available methods in preventive psychiatry. In the field of alcoholism changing public and professional attitudes may be the only preventive method we have. With this in mind both patients and staff of the Alcoholism Rehabilitation Units have readily welcomed interested groups ranging from high school students to visiting psychiatrists for educational sessions on alcoholism.

The Alcoholism Rehabilitation Units now consist of two 60-bed units for men and women and a 15-bed halfway house for men. All patients are voluntary, free of psychosis and involved in a program of alcoholism information, group and individual psychotherapy, Alcoholics Anonymous and psychodrama. The majority volunteer with enthusiasm to take part in teaching sessions with visiting groups.

The larger groups that visit the units usually come for either a long morning or a long afternoon. Although some curiosity is present in nearly all of the group members, the long ride out to the unit, the generally negative attitudes toward "field trips" and the various preconceptions of "state hospital" and "alcoholic" add up to a considerable teaching problem. Since the goal of the session is not merely to sustain attention or to impart some knowledge but to achieve emotional involvement leading to a change in attitude the

¹ Moreno, J. L. *Psychodrama* (3 Volumes), Beacon House, Beacon, New York.

² Blume, S. B., Robins, J., & Branston, A. Psychodrama Techniques in the Treatment of Alcoholism. *Group Psychotherapy*, XXI, pp. 241-246, 1968.

method of teaching is of crucial importance. After considerable experience with various types of presentation the following application of the role reversal technique was tried. It proved so successful that it has since been adopted as standard procedure.

The visiting group, which may range in size from 8 to 30, is first given a brief tour of the building in which the unit is housed and then settled in the large meeting room used for psychodrama. The group is arranged in a large circle. A staff member acting as group leader for the session then gives a very brief talk on alcoholism, in language appropriate to the level of sophistication of the group. In all cases technical terms are avoided. Next follows an outline of the rehabilitation process with stress on the importance of motivation, self-knowledge and learning new ways to handle old problems without alcohol. This formal part of the procedure is kept brief. Although group participation is encouraged many specific and personal questions are reserved for later on.

At this point a group of patients currently participating in the rehabilitation program is invited to join the visitors. These patients have volunteered earlier to take part in the educational session but have had no prior instructions. Their number is matched as closely as possible to the number in the visiting group.

The patients are welcomed into the room by the group leader, asked to pull up chairs and join the circle, alternating visitor and patient around the room as nearly as possible. As soon as the noise and bustle subsides the leader introduces the visitors as a group and asks them to stand. After they are re-seated he introduces the patient group in the same way and all shake hands with their immediate neighbors. Everyone now is instructed to reverse roles: thus the visitors take the role of alcoholics in the treatment unit, the patients being visitors who have just had a tour of the unit and an idea of how it works. (It is important that the patients in their new roles be identified clearly as college students in a psychology course, social workers for a welfare department, or whatever the visiting group happens to be).

The sudden role reversal combined with the unexpected personal contact proves very stimulating to the group. Seldom is it necessary for the leader to start off the general discussion, but he may do so by turning to any one of the patients (in his role as a visiting student or whatever) and asking him what he thinks of the unit. A lively discussion soon develops with plenty of laughter and increasing involvement. The leader's job becomes that of keeping things moving and avoiding prolonged digressions. Questions asked earlier by visitors and saved for later may now be re-introduced by the leader, posed to the questioner himself in his new role as patient. Attitudes toward drinking,

alcoholism, illness, psychiatric treatment and many other issues are elicited and presented for discussion in an immediate way. Personal experience replaces the presentation of abstract theory.

Depending on the time available and the size of the group the session may now develop in a variety of ways. If the group is large, it may be split into 2 or 3 smaller circles to continue the session. After about $\frac{2}{3}$ of the time allotted for the group interaction has elapsed the leader directs that everyone now resume his original role and comment on what was previously said. Patients offer feedback to individual visitors about the insight (or lack of it) displayed in the comments they made as alcoholics. Visitors, especially if they are working in the health field, comment on the conceptions and misconceptions of their roles by the patients. The group is generally concluded with a go-around in which everyone is asked to state his feelings about the experience. A few minutes are left after the conclusion of the session itself for individual discussions among the participants.

Visitors who have taken part in educational groups at the units have found them highly stimulating and educational. Beyond that, they report true emotional involvement. The patients consider the groups therapeutic and learn a great deal from the interaction. On one occasion for example, during the final go-around, a social work student expressed his gratitude for the group experience, stating he had always had terrible trouble speaking in a group. This brought forth a tremendous amount of support from the patients. For them it was a unique therapeutic experience to share problems with one of the visitors.

The technique of group role reversal described above as used in the Alcoholism Rehabilitation Units for mutual education is not new. No claims are made by the author for its invention. Such techniques are invented and reinvented many times. It is here described in detail only because it seems to work well and to have so many possible applications in teaching by mental health facilities of all kinds. It is presented in the hope that it will be so used.

USE OF PSYCHODRAMA AND SOCIODRAMA IN REDUCING EXCESSIVE NEGRO AGGRESSION*

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STATEMENT OF THE PROBLEM

Events, both national and international, during the past decade have focused interdisciplinary attention on the black man and his treatment. Emancipation of the African Negro from European colonialism and the establishment of independent African states provide new impetus for black people elsewhere in their struggle for equality.

A comprehensive survey of the psychological literature of the past decade on problems of the American Negro was made by Logan in 1966. He concluded that the prototype of the "good nigger" who "knows his place," while appropriate for survival of the 19th Century American Negro, is no longer appropriate and is being discarded in favor of an aggressive effort to force environmental change. Whereas the black man's resentment was formerly turned inward, with tragic consequences of shattered self-esteem, the tendency today among an increasing number of Negroes particularly in the North, is to shift resentment outward against the environment including the white man, with acting out in all sorts of extreme behavior. The relevance to psychopathology of such resentment and the direction it takes lies in resulting deviant and unhealthy behavior which does not alleviate long standing social and economic injustices but in fact serves to retard their removal, if not actually set back the very objective sought.

Aggression of Negroes has created a great practical problem in enacting further Civil Rights legislation because of loss of white sympathy. Sclare (1953) found that the handling of aggressive impulses poses an overwhelming problem to many Negroes. Hammer (1953) found that the mean aggression and hostility ratings from HTP responses is higher for Negro than white children. Roberts (1953) found that among Negro war veterans 47% of those northern born and 81% of those southern born have hostile feelings towards whites. Grossack (1956) found that Negroes also display hostile reactions towards other Negroes. Nutall (1964) found that high achievement northern Negroes are more militant, less religious and feel more victimized, and that high achievement Negroes of the Southwest express their own hostility and accept male violence. Carr and Roberts (1965) found no correlation between

* Helpful suggestions from Dr. Saul Rosenzweig and Dr. M. Erik Wright in reporting this study are acknowledged.

social action civil rights activities and conventional attitude scale scores. Mussen (1953) found that TAT responses of Negro boys showed more aggressive pressure from the environment, mild verbal aggression from heroes, less interest in having friendly relations and relative indifference to achievement, as compared with white boys. Pierce, Jones, Jackson and King (1959) report Negro adolescents scored more negativistically than whites on attitude to society and its institutions.

The Negro's view of the environment as essentially inhospitable, as observed by Cottingham, is further reflected in the finding that a relatively small number of these subjects see themselves as establishing and maintaining friendly relations: (n Affiliation 2), respecting others (n Deference), or being kind and considerate of others (n Nurturance 2). In the same way, they infrequently see themselves as being respected (p Deference 2), followed, or obeyed by others (p Deference 1).

Their perception of the world as hostile and threatening may also imply feelings of inferiority and helplessness and an attitude of indifference (p. 120).

The literature on psychotherapy of Negroes is scanty although the method of dramatic spontaneity has been utilized. It will be remembered that Moreno (1934, 1953) originated and developed this mode of treatment in Vienna in the early part of the 20th Century.

The distinction should be made between psychodrama and sociodrama. Psychodrama focuses on the personal problems of the individual patient, whereas sociodrama focuses on the whole group. Moreno (1946, 1964) makes this clear:

It is the group as a whole which has to be put upon the stage to work out its problem, because the group in sociodrama corresponds to the individual in psychodrama (p. 354).

Moreno (1964) emphasizes that sociodrama is ideally suited to problems of intercultural relations:

A special form of psychodrama was necessary which would focus its dramatic eye upon the collective factors. . . . (p. 353) For the study of cultural interrelations the sociodramatic procedure is ideally suited, especially when two cultures co-exist in physical proximity and their members respectively are in a continuous process of interaction and exchange of values. Examples are the Negro-White, the American Indian-White, and the situation of all cultural and racial minorities in the United States (p. 355).

The distinction depends upon the focus. Obviously sociodrama would be less threatening to the individual than psychodrama because the thrust of sociodrama is partially absorbed by others in the group.

In practice the boundary between psychodrama and sociodrama may become indistinct because the collective problem of the group is also a part of the individual's problem and, of course, the reverse is equally true. For example, the psychodramatic protocol on the Negro-white problem set out by Moreno (1943, 1964) can be considered only in conjunction with the collective problem stemming from distorted stereotypes:

On the adult level, to the non-Negroes, for instance, all Negroes are taken as identical, the Negro . . . black, dirty, curly-haired and inclined to attack. . . . Negroes take themselves as a single collective, the Negro, a condition which submerges all individual differences, a self-evaluation which appears to gain support in the way taken by the other, the non-Negro groups (p. 381).

While, like other therapeutic methods the improvised dramatic technique may not be universally beneficial, it is claimed to have particular value for the Negro. Bustamente, in ascribing successful employment of psychodrama in treating Cuban Negroes to their characteristic traits, states:

The Negro is an extremely social being. All his expressions lead to communal action (p. 32).

Riesman (1964) notes that all forms of role playing "appear much more congenial with the low income person's style: physical (action oriented, do vs. talk); down to earth, concrete, problem directed; externally oriented rather than introspective group centered; game-like rather than test oriented; easy, informal tempo" (pp. 36, 37).

Siroka (1964) reports that sociodrama was successfully used in training Negroes of the Harlem Domestic Peace Corps for self-help in Harlem, and concluded that there is an important place for "action methods" such as sociodrama, ethnodrama, and all of its derivative in education and psychotherapy in the "Great Society." Commenting on the advantage of the spontaneous drama technique he says:

The (psychodrama director) therapist is not merely a combination of transference and professional certification, he is a living, fallible person with whom life is not all laughter nor all tears. He is a human being who feels pain, compassion and, hopefully-courage, who invests part of himself in each encounter with a patient (92).

At Temple University, Bowman (1947) utilized psychodrama in an integrated psychology class composed of both Negro and white students for the purpose of enabling the students to work through their problems of inter-racial hostility. He initiated the effort by exploring scenes of prejudice against Chinese and against Greeks before dealing with the Negro-white problem.

Bowman recommends such groups be integrated and composed of not more than a dozen participants. He noted:

Members of groups that have experienced the sting of prejudice tend to be sensitive. This sensitivity can be kept under control in an abstract discussion fairly easily but dramatizations of concrete situations are likely to bite more deeply into one's emotions (p. 425).

Experience in group psychotherapy with Negroes points up further the value of an active role of the therapist. Scheidlinger and Pyrke (1961), reporting on group treatment of socially disadvantaged Negro women with severe character disorders, found that in order to meet the patient's needs the therapist had to be active, initiate discussion, intercede during silences, serve refreshments, telephone absentees and even write them individualized letters. Scheidlinger and Holder (1966) in reporting on 205 successive group therapy sessions with the same group pointed to "greater opportunity for social and emotional distance and availability of peers who can offer confrontations and interpretations" (p. 188), as of special value in treating Negroes. The same advantages would of course also be inherent in sociodrama.

Sociodrama has been successfully utilized in the classroom, wherein Negroes participated. Moreno (1947) used sociodrama in an integrated classroom of nurses, to deal with the problem of racial discrimination and its ramifications. Murray (1948) successfully utilized sociodrama in a racially integrated special pilot course on intercultural communication. Zeleny (1956) reports the technique of sociodrama at Colorado State College of Education was found helpful in teaching an integrated class in international relations and world history.

A sociodrama on Negro-white relations is reported in detail by Fink (1964), using the basic question, "How close are whites and Negroes able to come on a person-to-person or friendship level?" Fink found sociodrama valuable as a therapeutic tool in providing new insights, reaching deeper roots of shared experiences, and penetrating the personal dimension aspect of race relations. Moreno (1952) reports similar usefulness of sociodrama in working through antisemitism. He envisages an important role for psychodrama and sociodrama:

Sociodramatic workers have the task to organize preventive didactic and reconstruction meetings in the community in which they live and work; to organize, upon call, such meetings in problem areas everywhere; to enter communities confronted with emergent or chronic social issues, to enter mass meetings of strikes, race riots, rallies of political parties and try to handle and clarify the situation on the spot (p. 117):

The task of anticipating outbreak of racial strife sufficiently ahead of time to prevent violence would seem extremely formidable, but Moreno (1934, 1953) claims that an understanding of sociometric currents makes it possible to recognize unmistakable signs that predispose to disturbance in a community. He illustrates the point with a study of group treatment of Negro women in the community of Hudson:

The majority of the colored girls until almost the last stage were indifferent or undirected. But the organization of the group was ready: predisposed to the coming development. It appears that, when aggressive currents arise in respect to self-preservation or racial difference, a very small minority may come to the front and direct the currents which are set for release (p. 438).

Moreno (1934) coined the term, "saturation point," beyond which an emergent minority within a community becomes a threat to the majority and evokes actively hostile interaction. It would seem that the "saturation" point would vary greatly from situation to situation for differing problems and populations.

Haas (1949) has edited a volume comprising 36 articles written by various authors on the subject, "Psychodrama and Sociodrama in American Education," at all educational levels, elementary, high school, and college. He concludes that such techniques are effective in all affect-laden situations, including problems of race relations, and "proved most practicable when (a) problems *personal* to the students, (b) problems of *general interest* to the students, or (c) problems of free or *unimpeded production* were presented" (p. 425). He emphasizes that the treatment process "implies a society in which the citizens could ultimately determine their survival through applying the principles of democratic human relationships, in an organized fashion, to the resolution of interpersonal and intergroup conflicts" (p. 429).

Spontaneous drama may also be used for a variety of nontherapeutic purposes. Riesman (1964) reported that it had been successfully utilized by organizers of civil rights demonstrations:

Freedom Riders have been screened through roleplaying to see how they would deal with difficult situations that might arise (p. 42).

The literature is barren of experimental statistical evaluation of psychodrama or sociodrama with Negroes. Therefore, the study undertaken here is believed to be one of first instance in which the independent variable comprises a controlled life experience, the psychodrama and sociodrama stage, and the dependent variable the behavioral comprises measured aggression of Negro subjects.

Although the Rosenzweig P-F Test was constructed primarily as a tool

for the exploration of concepts related to frustration theory rather than as a clinical diagnostic device, it was selected as the measuring instrument for purposes of this study because of its ready availability and ease of group administration with minimal interference with the routine of the classroom setting wherein this study was made. Retest reliability has been established at the .01 level of confidence in studies made by Rosenzweig as reported by Mirmow (1952) and Bernard (1949), wherein positive correlations ranging from .34 to .73 were found between test and retest scores. For the E (extrapunitive) factor, Rosenzweig found the test scores of 45 male medical students to correlate positively .56 ($p < .01$) with retest scores 7½ months later, and that scores of 35 female student nurses correlated positively .61 ($p < .01$) with retest scores two months later. The early validity studies on the Rosenzweig P-F Test are also summarized by Mirmow (1952). The test was utilized by Harth (1966) in a school room setting to measure reactions of children to stress, by Clarke (1961) to measure changes in behavior by school personnel and by McCrary (1950) to measure changes in frustration behavior of Negroes.

ASSUMPTIONS AND HYPOTHESIS

This study assumes that deviant violent behavior of Negroes results from marked extrapunitive aggression and that a reduction of this aggression against the environment and its redirection would, in turn, tend to reduce the deviant violent behavior presumed to be the acting out expression of extrapunitive aggression. The assumption thus made appears entirely reasonable from intensive study of American Negro psychopathology and the literature of the past decade. Hence the following hypothesis was made:

The aggression of Negroes manifesting marked extrapunitive (E) aggression (as defined by Rosenzweig and as measured by his P-F Test) may be reduced by means of group experience utilizing the techniques of psychodrama and sociodrama.

METHODOLOGY

A. *Experimental Procedures*

The treatment administered consisted of four months of weekly 1½ hour sessions of a group comprising five whites and five Negroes, utilizing both sociodrama and psychodrama. An integrated group of Negroes and whites was believed to offer more hopeful prognosis than a group confined to Negroes alone. Two hours of college credit were given all ten participants and the course was limited to the first ten students to enroll. The course was listed in the college catalogue as "Group Dynamics." It was anticipated, as indicated

by the literature, that psychodrama might be more threatening than sociodrama, and hence sociodrama would have to be employed from time to time in order to keep the group together and the process moving. The director was experienced in the techniques of psychodrama and sociodrama but had not previously utilized them in race relations problems.

B. *Subjects*

Ss were young undergraduate students of a Jesuit college enrolled in at least one evening school psychology course. Experimental Ss comprised those of the five Negroes mentioned, who enrolled in the course, "Group Dynamics," and whose pretest scores manifested marked aggression against the environment greatly in excess of Rosenzweig's (1947) published norms for the E factor of a 6.6 mean score for men and 6.5 for women. The Negro students thus selected as experimental Ss comprised two males and one female.

C. *Controls*

Control Ss were likewise Negro undergraduate students enrolled in another psychology course (two male and one female) in which class no form of psychotherapeutic technique was attempted. Because practical considerations made random assignment of Ss to the control or experimental groups impossible, matched groups on the basis of P-F scores were chosen as an alternative method of selecting Ss. Control Ss were selected on the basis of Rosenzweig P-F scores matching the pretreatment scores of experimental Ss, to form as nearly as possible matched pairs each comprising a control S and an experimental S of the same sex, and, consequently, matched groups resulted. (The remaining white and Negro enrollees in the Group Dynamics course were not utilized in the study except for the purpose of providing an integrated group although they too were administered the P-F Test along with the three Negro members of the Group Dynamics class chosen as experimental Ss.)

D. *Design of Study*

The Rosenzweig P-F Test was administered to both experimental and control Ss at the beginning and at the close of the four month period, responses were scored double-blind, and the direction and degree of any change in scores were compared as between the experimental and control groups to determine what differences, if any, might result in the E factor, as well as the direction of any change. Rosenzweig defines the E factor as blame and hostility, resulting from frustration, being turned against some person or thing in the environment, whereas the design follows the pattern which Shontz (1966) terms the

method of direct control in that the independent variable is subject to direct control of the investigator.

As previously stated, the Group Dynamics class was focused on Negro-white relations and involved an attempt to ventilate hostilities, to point out that the Negro problem could not be solved successfully by violence or by other extreme acting out, that the appropriate approach involves joint cooperation with enlightened whites and that Negroes themselves have a responsibility in developing their own capabilities into productive skills to the extent the environment permits. Both sociodrama and psychodrama on a regular psychodrama stage were utilized, with group discussions following each stage performance.

ANALYSIS OF FINDINGS

Experimental Ss are designated X1, X2, X3, and controls C1, C2, C3. Pretest and posttest scores for the E and I factors appear in Table 1:

TABLE 1
PRETEST AND POSTTEST E FACTOR SCORES*

Subjects	Pretest	Posttest	Change
X 1 (female)	8	4	— 4.0
X 2 (male)	12.5	8	— 4.5
X 3 (male)	14	8	— 6.0
EX	34.5	20	—14.5
$\bar{X}$	11.5	6.7	— 4.8
C 1 (female)	8	9	1.0
C 2 (male)	12	11.5	— .5
C 3 (male)	13	12	— 1.0
EC	33	32.5	— .5
$\bar{C}$	11	10.8	— .17
t			5.3
df			4
p <			.01

* The reduction of E scores increased scores in other factors but without discernible pattern of redirected aggression, and for that reason the scores in the other factors are omitted from the table.

Lest the intellectually curious reader be left wondering, the scores of the two Negro and five white students who with the three Negro experimental Ss enrolled and participated in the Group Dynamics I course, are given in Table 2. White Ss are designated W and Negroes N. Changes were not significant. Pretest scores were near or below the overall mean.

TABLE 2
PRETEST AND POSTTEST E SCORES OF THE TWO NEGRO AND FIVE WHITE
PARTICIPANTS IN GROUP DYNAMICS

Subject	Pretest Scores	Posttest Scores	Change in Scores
W 1	7	6	-1.0
W 2	6	5.5	— .5
W 3	3	4.5	1.5
W 4	3	4	1.0
W 5	3	4.5	1.5
N 4	6	5	-1.0
N 5	5	4.5	— .5
E, W and N	33.0	34.0	1.00
$\bar{W}$, $\bar{N}$	4.7	4.9	.02

DISCUSSION

Several points stand out in relief from the data. It is clear that there are many gradations of E aggression among Negroes as well as among whites. All scores, even the highest, were well within the range of scores previously found by Rosenzweig (1947).

The techniques of psychodrama and sociodrama appear to be efficacious in influencing individuals having high E scores; the higher the initial score above the overall mean of 6.6 for men and 6.5 for women in factor E, the more pronounced are the measurable changes of score immediately following such experience.

It will be of interest to mention salient points of the sessions. The course got off to a start with an abundance of action in which X3 voluntarily re-enacted scenes involving his grandparents with whom he had lived since infancy. These scenes included their biblical quotations, admonitions for him to "be good" (following the Uncle Tom prototype) and his deep feelings aroused by the first realization of what it meant to be a Negro. X3 also willingly re-enacted a later experience in the Marine Corps involving a southern white marine whom X3 almost killed for calling him a "good nigger." The portrayal of such scenes so early in the course created a visible shock and threat to X3 as well as other Ss, such that for several succeeding periods the theme of interracial problems was blocked and it was only by resorting to sociodrama in several sessions that the group were enabled to return to racial problems, after which psychodrama could again be utilized.

The Negroes, X2 and X3, having the highest E scores raised the question of atheism as a component of their resentment against racial discrimination.

They corroborated their atheistic leanings by pointing to the failure of the "Christian" white man to follow Christian precepts of brotherhood in dealing with the black man over the centuries. They felt the Christian religion had been used by whites as a device to keep blacks under subjection. They expressed the view that Negroes had and are utilizing the Sabbath as their only opportunity to dress up in finest bib and tucker and for at least one day out of seven are able to say: "Now we amount to something!" But since Negro preachers "have nothing to say" except platitudes religion for the black man has become a "farce." It would therefore "be better for the Negro to embrace Mohammedanism" which they felt is the traditional religion of educated African Negroes. Two white members of the Group Dynamics class were nuns, both of whom handled themselves sympathetically and effectively. The theme of religion vs. atheism predominated for several sessions.

In other sessions the same two Negroes X2 and X3 expressed the feeling that 1968 will bring new violence between whites and Negroes and that they wanted to participate in destroying as many whites as possible. When it was pointed out that a violent program would be self-defeating because the American Negro is outnumbered ten to one, the reaction was that it is better to die for freedom than live as "second raters."

The war in Viet Nam was likewise aired; the Negro students were unanimous in condemning it for the asserted reason that the sacrifices in manpower and the casualties suffered were believed to be proportionately greater among Negroes than whites.

When the director attempted to redirect attention to the responsibility of the individual to make the most of his capabilities, resistance was encountered in facing that issue. The experimental Negro subjects indicated that whites owe Negroes a living unless it can be proved in individual cases that the Negro will not work.

Personal experiences were enacted in which the Negroes as children experienced the sting of being taunted and called "niggers" by white children and realizing for the first time what being a Negro means. A massive ventilation of long standing resentments was achieved.

The markedly reduced E scores after four months of effort came as a surprise in that the resentments expressed at that time appeared to have as great force as at the beginning—there was no visible evidence that they had spent themselves. There appeared to have occurred no diminution in expression of Negro resentment of wrongs perpetrated on him.

Perhaps comment should be made respecting the methodology used. Since members of an organized college practicum course were utilized as the experimental group and the treatment consisted of the practicum itself, it was im-

possible randomly to assign subjects to the control and experimental groups. It was also impossible to exclude enrollees whose E scores were at or below the overall mean. Hence, an attempt was made to use matched groups. Perhaps the alternative used was preferable in view of the small number of Ss within each group. Only the Rosenzweig P-F Test was used to obtain measures of the Ss. It would be of interest to utilize other tests as well in order to enable a more complete comparison of effects. Unfortunately, in this instance, time was not available for giving a battery of tests.

The reduction in E scores by the experimental Ss was surprisingly large and the possibility that such scores were merely an artifact was considered. A possible explanation that comes to mind is that these were from Ss with the greatest resentment and the sessions invariably found them "spotlighted" on the stage and in group discussions. An effort was made to discuss the situation in detail with them in order to determine whether any uncontrolled variables entered in to contaminate the results, such as the misimpression that a better grade in the course would result from a dramatic shift in responses, but Ss indicated that such was not the case.

It will be of interest to determine whether the gains so registered will persist without continued treatment.

CONCLUSIONS

The data of this pilot study tend to support the following tentative conclusions:

1. Negroes have a wide range of scores in factor E of the Rosenzweig P-F Test.
2. The techniques of psychodrama and sociodrama appear useful in reducing high E scores among Negroes in an integrated group.

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EXTENDED DOUBLING AND MIRRORING "IN SITU" IN THE MENTAL HOSPITAL*

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Some psychodramatic techniques have use outside the regular psychodrama session. Role reversal, for example, is often used spontaneously by non professional hospital aides in conflict situations with patients. Doubling may also have its value on the mental hospital ward. On a ward of defective delinquents doubling was used in specific situations for an extended period of time with apparent value.

In one situation, a moderately retarded adult was withdrawing from decision situations. His passive behavior was preventing him from achieving any progress toward his rehabilitation. He was well acquainted with the doubling procedure from attendance at psychodrama sessions. One day the therapist noted this patient anxiously pacing the ward. The therapist followed him for long periods of time utilizing doubling techniques, stopping at intervals for direct interaction. In this manner the therapist was able to draw out many of his feelings of helplessness. After a long period of this peripatetic therapy, the patient was called into the ward office where he was told that he would be reassigned to his previous job situation. His regular counselor was then in an excellent position for discussing his readiness for this assignment.

In a second example, a twenty year old individual of normal intelligence in the low average range had established a long history of avoiding work. After one month on the ward, it was evident that no one was able to develop a successful method of eliciting work from him. He had developed a clever set of mechanisms to avoid work, he played the role of the "good guy." He could charm and laugh his way out of any job assignment.

As in the case above, the patient was familiar with psychodrama. The director had frequently mirrored his behavior in the psychodrama sessions. It was decided to extend the mirroring time to saturate the patient with his own behavior mechanisms, to let him know that all of his mechanisms were clearly exposed to both patients and aides. At first the patient enjoyed the attention, but when doubling was extended and the novelty faded he desper-

* This work was done at Prigg Cottage, a unit for defective delinquents at Oregon's Fairview Hospital and Training Center in connection with a project supported with Public Service Research Grant No. 1R11 MHO 1902-01 from the National Institute of Mental Health.

ately tried to avoid this confrontation—only to have his own mechanisms thrown back at him. The result was effective enough to make the patient start taking more responsibility. A few “booster” shots from time to time were helpful in maintaining his progress.

CONGRESSIONAL RECORD*

Proceedings and Debates of the 91st Congress, First Session Vol. 115
Washington, Tuesday, June 10, 1969, No. 95

"The committee wanted to learn more about Dr. Moreno. . . (He is) a New York mental expert famed as discoverer of psychodrama, group therapy and sociometric techniques in psycho-therapy . . . born in Bucharest, Rumania in 1892 . . . came to the United States in 1927 . . . naturalized in 1935. . . He did his first psychodramatic work at Hunter College in 1929 and was responsible for the first sociometric conference at Philadelphia in 1932. Dr. Moreno's technique is vast and covers many areas: education, veterans, industry, hospitals, mental health, UNESCO and Government. . . Many educators and others have credited Dr. Moreno with some of the techniques used currently in the classrooms of America. . . Current sociometric terms coined by J. L. Moreno are: Psychodrama, group therapy, group psychotherapy, role playing, racial cleavages & saturation, social-emotional expansiveness, hypnodrama, interpersonal situation, interpersonal therapy and dynamics.

"Dr. Moreno, in his book, 'Who Shall Survive,' says: 'If God would come into the world again he would not come into it as an individual, but as a group, as a collective. . . I have heard that a form of socio-psychodrama is used for Communist propaganda in the Philippines, India and China, in order to convert people to communism. . . This is an illustration in point that highly directive sociodramas can be used for the indoctrination of any set of values, religious, communistic or fascistic. . .'

"Dr. Moreno says, in his book, 'Sociometry, Experimental Method and Science of Society, an Approach to a New Political Orientation—Sociometry and Marxism.' 'The idea of communism must and can be halted. It can only be halted by an idea which is superior to it. . . He (Marx) raised the question as to who should govern the means of production in order to assure society from uneven and unjust distribution of income. Thus far Marx was correct. But the conclusions he drew from it have not stood up in the crucial test of reality . . . He (Marx) did not permit himself to doubt the value and veracity of the social revolution itself. The sociometrist, however much the idea to change the world may burn in him, entertains a different point of view. What may be of little significance to the practical revolutionary Marxist is of the greatest importance to him—the sociometrist is interested in the

* This section of the Proceedings reported in the *Congressional Record* is being included here to inform our readers that the US Congress saw fit to discuss the techniques and methods used in encounter groups and sensitivity training and sociometric group and action methods, now generally recognized to have been largely pioneered by J. L. Moreno.

social revolution as a 'social experiment!' It is to an extent immaterial to him whether it succeeds or fails. . . he is interested in it primarily as an exploratory experiment and not as a social crusade what one learns from it and not only whether society improves through it. . . socialism is the revolution of one class, the economic proletariat; sociometric revolution is a revolution of all classes, of total mankind. . . The sociometric proletariat has its victims in all classes.

Sociometric revolutions do not promise violent and rapid results . . . their success depends upon a new learning process applied to small groups . . . it tries to encourage the masses to insist on change of the legal, social, political and cultural order . . . At last we sociometrists . . . developed 'psychological and social shock methods' which may well become scientific instruments of social action . . . As human society is ailing we can expect a psychiatric empire to emerge gradually and spread over the globe. Politicians and diplomats will move into second status. Social scientists, sociatrists and sociometrically oriented socialists will move into first. The mentor in the White House, a future President of the United States may well be a psychiatrist before another century has passed . . ."

"Psychodrama and Sociodrama in American Education, edited by Dr. Robert Bartlett Haas, with an introduction by J. L. Moreno. . . Subsection 6 of Section 1, "Psychodrama and the Philosophy of Cultural Education" by Ronald B. Levy: ". . . 'psychodrama' includes the whole family of the techniques and processes which are involved in the 'unrehearsed' but not unplanned, dramatization of human problems for the purpose of dealing with them effectively. . . . The diagnostic psychodrama is intended as a kind of research tool. It offers a method whereby individuals and groups may be analyzed with respect to their potentialities for some type of future action . . . while the therapeutic psychodrama is concerned with pathological behavior and maladjustment, the educational psychodrama is concerned with the control and direction of normal behavior toward desired goals. Like all psychodrama it is a group process by which we seek to modify existing behavior. . . ."

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BOOK REVIEW

WILLIAM C. SCHUTZ. *Here Comes Everybody*. New York, Harper & Row, 1971. 295 pp. \$6.95.

Schutz's last book, *Joy*, presented a collection of group methods gathered from various sources. This book, *Here Comes Everybody*, adds more of these methods, some in greater depth, while providing insights into his personal life and his own struggles with encounter and life processes. That which he is comfortable with comes out easily, while issues which he is currently struggling with are presented with full pain so that one gets a glimpse of the psychology of the man.

The confusions of the book are paralleled by his own confusions, and it is testimony to him that he presents his underlying assumptions and historical experiences in a way to judge the validity of his constructs. Schutz wishes to make a strong impact upon the world but appears to rely only on personal creativity rather than combining it with systematic work to attain this goal. His personal creativity does not seem sufficient if this book is valid witness.

The book's thesis is simple. If everyone were truthful, problems would be ameliorated. It denies the fact that some are not ready for the hard realities of truth and that a moment's truth may not be worth a lifetime of future misery. Asking an individual to present facts to another individual before either or both are ready may destroy the other individual and the relationship without the person's realizing in advance that this could be the outcome. Neglecting to place encounter within the sound realities of the way man is—both evil and good, loving and hating, bold and fearful—has been the source of numerous tales of encounter disasters. Encounter disasters are talked about sub rosa among encounter leaders. But all who have had experience with encounter are aware of their existence. For example, have you heard the one about the man who led his partner on a blind walk into a thorny cactus plant and then said to his bleeding victim, "Well, you must learn not everyone in the world is to be trusted."

The terms of Schutz's struggle for immortality contain the seeds of his own frustration. He looks at others—those who have the inner peace without struggle—skeptically, while granting that perhaps this is what he really wishes if he only knew how to find it. Immortality does not come easily, and it is those who seek it without effort who necessarily fail, unless endowed with genius.

Exceptional creativity, talent, industrious workmanship, or historical accident are the routes to having wide impact. If these are lacking the reality

of the individual changes to support the fictions and myths which are the underpinnings of assumed success. The obvious is presented as novel, the good as great, the failures as nonexistent or disguised success.

We see the struggle in the book in the juxtaposition of personal revelations with expositions and methods. Schutz spends particular time discussing Rolf's method of structural integration. Rolf has formulated a method of bodily manipulation which Schutz proffers as a method of eliminating one's emotional difficulties. Rolf appears, however, to be less messianic than Schutz, who is attracted to this ten-session, short-term road to emotional and mental health. Schutz presents Rolf as claiming her method restructures the body so that it sits well, structural tensions ameliorated, and that this can improve emotional functioning and have cathartic benefits. Rolf does not seem to go further, as Schutz does, into greater accomplishments. Schutz continually gives messianic flavor to that which he writes. He substitutes grandiosity for humility—a humility necessarily acquired when one is truly aware of the human struggle.

Schutz's earlier book which enjoyed great success aroused some disappointment in psychodramatic circles because methods developed on the psychodrama stage and in action-laboratory settings were not given full credit as to their origin, an error consistent with his goals and outlook. In this book, Schutz nobly confesses that perhaps this is a weakness he has suffered from in the past and attempts to give credit in this book where it is due. In this vein, he cites Moreno as a pioneer of psychodramatic and encounter methods and, although admitting this, would do well to study and report on Moreno's methods in depth rather than in passing. Instead, Schutz confines his reference to it to a few paragraphs on pages 200 and 201, as follows:

Drama. There is a discussion in *Joy* of the methods of psychodrama devised primarily by J. L. Moreno for making situations more real in the same way that body and fantasy methods often seem to work. They basically involve acting out situations rather than talking about them.

Somehow the mention of Moreno always brings to my mind the question of priority. When I first met Moreno a few years ago, we had a pleasant lunch in which he told me he was very pleased with *Joy*, it seems partly because I was carrying on approaches and methods in which he had pioneered. I had heard this claim before from some of his followers and had investigated it prior to my meeting him. To my dismay, he was almost entirely justified. Virtually all of the methods that I had proudly compiled or invented he had more or less anticipated, in some cases forty years earlier—all except the fantasy methods that I had adapted from Leuner and Desoille. So when he alluded to his priority, I confronted him with my ace in the hole. What about fantasy? You didn't invent that. Ha! (This type of remark is typical of Schutz. Would

he upon meeting Freud have accused him of not having "discovered the unconscious"? In what category, for instance, does Schutz place Moreno's Godplaying at the age of four, or his work with children in the gardens of Vienna in 1908 and his subsequent founding of the Theater of Spontaneity in Vienna in the early twenties? Reviewer's note.) He patiently pointed out that Leuner's original articles had appeared in his journal in about 1932, and he had been using the method periodically since. Foiled again! So I invite you to investigate Moreno's work. It is probably not sufficiently acknowledged in this country. Perls' gestalt therapy owes a great deal to it. It is imaginative and worth exploring.

With fifty years of careful development, the old treasures should be mined rather than merely noted because of the glitter of the new and sensational.

In summary, this book might be recommended if one is curious as to the way a psychologist looks at himself or is interested in a secondary source of various encounter techniques. The unevenness of the substance and repetition will be a test of the reader's persistence.

Ronald Robbins, Ph.D.
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Poughkeepsie, N.Y.

ANNOUNCEMENTS

New Books Released by Beacon House

The Words of the Father, with a Preface by J. L. Moreno, M.D. is now available in a brand new, pocketbook edition at \$2.95.

This book contains a great message for our time—the religion and the science for a new world order based on the essential responsibility of one man to another. Man is more than a psychologic, social or biologic being. Man is a cosmic being. He must be placed back in the center.

There is no guarantee for his continued existence unless the existence of the universe is guaranteed.

This book contains a new conception of God, the Creator, and is unabridged, 317 pages. Paperback, pocketbook edition at \$2.95; clothbound de Luxe edition, small, \$8.00, large \$12.00. 33 $\frac{1}{3}$ LP recording, with narration by J. L. Moreno, is also available at \$5.00.

In Press, for Publication in time for Christmas

Love Songs to Life, by Zerka, pocketbook edition \$5.00, de Luxe, Numbered, Limited Edition \$7.50.

Poetry, says the author in the Preface, is a highly personal form of expression. Even a favorite poet produces some work that does not speak to the heart equally. As with all other forms of art, however, the poet expresses some universal experiences. This collection of poetry written over the past thirty years is presented to the public with the idea that some of the poems may reach the heart of the reader in some way, thus achieving their aim.

Orders on these are now being taken.

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BEACON, N.Y. 12508.

CALENDAR OF EVENTS

Seventh International Congress of Psychodrama and Sociodrama

Scheduled to take place in Tokyo, Japan, from March 29-April 4, 1972. President: Professor Kohei Matsumura. For details write: Mrs. Utako Kitahara, The Secretariat, 7th Int. Congress of Psychodrama, Otowa, Bunkyo-ku, Tokyo 112, Japan.

Annual Meeting of the Moreno Academy

Dallas, Texas, Saturday, April 29, 1972. Exact location to be announced. For program information write: Moreno Academy, P.O. Box 311, Beacon, N.Y. 12508.

Exhibits of the American Society of Group Psychotherapy and Moreno Academy

During the annual meeting of the American Psychiatric Association, at Memorial Auditorium Convention Center, Dallas, Texas, May 1-4, 1972. The booth number will be announced. Further information from P.O. Box 311, Beacon, N.Y. 12508.

Moreno Institute Post-Graduate Directors' Special Seminar

An intensive three-day workshop specifically organized to meet the needs of post-graduate certified directors for interchange and cross-fertilization. Directors are requested to send in their recommendations for scheduling of program as well as their offer for program participation. Dates: July 1 through 3, 1972.

Moreno Institute 1972 Training Periods, Training Director: Zerka T. Moreno

December 24 through Jan. 13, 1972	July 4 through 24
Jan. 21 through Feb. 3	August 4 through 24
Feb. 11 through 24	Sept. 1 through 21
March 10 through 30	Oct. 6 through 26
April 14 through 27	Nov. 3 through 23
May 12 through June 1	Dec. 8 through 28
June 9 through 22	

Fifth International Congress of Group Psychotherapy

The International Council of Group Psychotherapy announces the Fifth International Congress will take place in August 1973, in Zürich, Switzerland. President: Dr. A. Friedemann. Associates: Dr. R. Battagay, Dr. A. Uchtenhagen and Dr. A. Heigl-Evers.

Eighth International Congress of Psychodrama and Sociodrama

Planned for summer, 1973, in München, Germany. Details to be announced.

