

Nr. 01 - März 2021

ICCPP-Journal

Clinical Psychology and Psychotherapy



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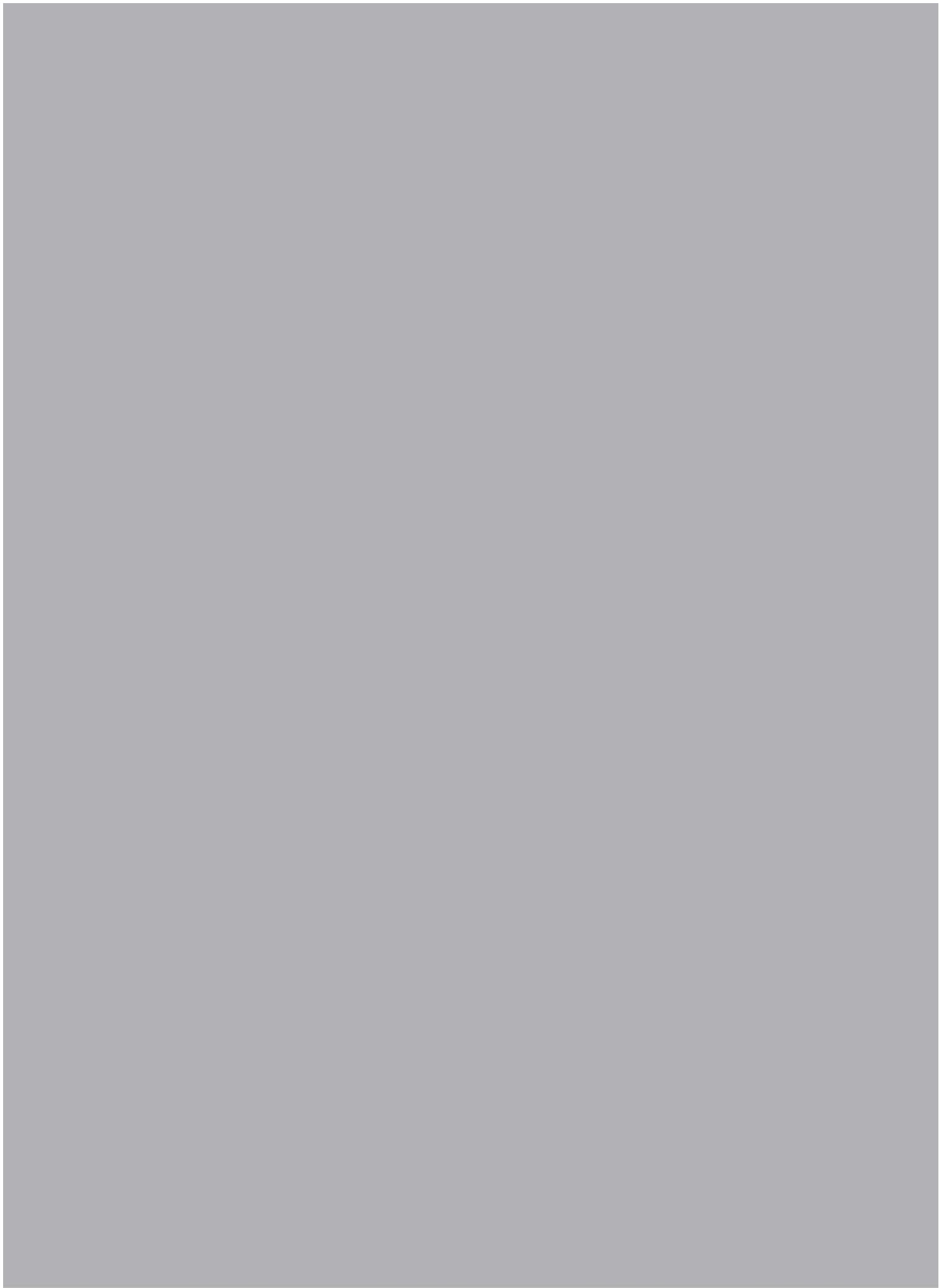
Open letter to group psychotherapists

Reprinted from Sociatry, Volume I, No. 1, Mrach 1947



ISSN 2747-6464
www.iccpp.org

 Verlag des
Psychotherapeutischen Instituts Bergerhausen



OPEN LETTER TO
GROUP PSYCHOTHERAPISTS

An Introduction to Society



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New York City

BEACON HOUSE, 1947

PSYCHODRAMA MONOGRAPHS, No. 21

EDITORIAL I

THE SCIENCES AND SOCIETY

The United States of America has become the strategic center in the production and organization of most scientific ideas. Increasingly representatives of all sciences are traveling from all parts of the globe to the United States in order to find out what is new in science and what the ideas are which the future promises to hold.

It is the most important outcome of World War II, although the situation has been in the making for some time. This picture is in contrast to the one which the movement of scientific ideas offered after World War I. It was then American students who traveled to the old countries; the strategic centers were then in Europe. Students, in order to find out what was new and pregnant with future, in social organization and planning, traveled to Moscow, in regard to the physical sciences they traveled to Berlin and other European signalposts, for learning the new in psychology and psychiatry they traveled to Vienna.

Today the picture is reversed. Not only representatives of the vanquished countries but also of the victor countries are coming to the United States, Englishmen, Frenchmen, Russians, Hindus, Chinese, to expand their knowledge, and also to find a market for their ideas. Genius has, of course, in the sciences as well as in the arts, no geographic or ethnic barriers. It even rises more frequently among desperate and suffering than among prosperous peoples. It may also be contended that the thoughtwaves did not originate here; that they are here because the political situation in Europe and Asia has forced many carriers of ideas to seek refuge in the safe haven of the United States. But this is beside the point. They came not as much for the sake of their material welfare but rather for the safety and development of the ideas which they carried in their mind.

The facts are that the United States has been able to provide at a growing pace the *opportunities for productivity* and the *public receptivity and responsiveness* without which no pioneering effort can prosper. The effect of providing a fertile soil for idea-seeds has been that the United States is becoming itself a center of positive productivity stimulating and multiplying its own resources for scientific talent and aiding them in opening new frontiers. It is up to the people of the United States to take advantage of this historical moment. Leadership is like a great fortune. If not cared for and well directed it marches away to other people more courageous.

It has to watch the pathology of its own nation as it affects the rest

of the world. It has to invent devices by which correctives can be put to work. Improvement and pathology of human society and improvement and pathology of science are inter-dependent. Each must be watched at every turn, each situation as it emerges and each idea long before it becomes a scientific magnitude. But this cannot be done by preaching. In the present world emergency it is required from leadership of a first order that it sponsors "sociatry", the science of social pathology and catharsis to which this journal is dedicated. It turns the attention of the therapist to *both* ends of the stick, to the social atoms of which human society consists and to the whole of mankind, to each of its parts as it affects the whole and to the whole as it affects each part.

EDITORIAL II

SOCIATRY AND PSYCHIATRY

The frontiers of psychiatry have never been clearly drawn. Its frame of reference has been traditionally the mental healing of the single organism. (But playing with phrases like "social" psychiatry indicates a widely spread confusion as to the finality of this boundary.) The two spheres below and beyond, "Bioatry"¹ and "Sociatry" have logically the healing of the *species* and the *socius* respectively, as frames of reference.

The initiation of the science of sociatry coincides with the critical historical situation of mankind in the middle of our century. The aim of the new science is the prophylaxis, diagnosis and treatment of groups and intergroup relations and particularly to explore how groups can be formed which propel themselves into realization via techniques of freedom *without* the aid of sociatry or psychiatry. The secret aim of sociatry, and of all science, is to help mankind in the realization of its aims and ultimately to become unnecessary and perish.

Neither the laws of chance nor the laws of heredity can account for the birth of human society. Nor can economics account for it. New factors positively engaged have been discovered, tele and spontaneity. The goals of sociatry cannot be attained merely by a series of abreactions or by the adjustment of man *à tout prix* to a social and cultural order. They cannot be attained without changing this order—changing it means the setting up of a new system of values and the penetration of human society with it. This system of values must be evolved in conformity with sociodynamic and sociatric laws. The change cannot be brought about without a "revolution" in all departments of life, the most radical it has undergone since the glacial age.

¹Bioatry, similar to Sociatry, is derived from the Greek *Bios*, life, and *Iatris*, healing. See "Sociometry of subhuman groups," *Sociometry* Vol. VIII, No. 2.

FOUNDATIONS OF SOCIATRY

AN INTRODUCTION

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What Is Sociatry?

Sociatry derives from two, a Latin and a Greek root, the one is *socius*, the "other fellow," a social group, the other *iatria*, healing. The old sociological term *socius*, a term metaphorically and vaguely used in pre-sociometric literature, has gained in the discovery of the social atom as the earliest and smallest social unit of significant consistency, a precise classification.

The earliest definitions of sociatry, sociosia and sociotic in contrast to psychiatry, psychosis and psychotic seem to have been given currency by me in "Who Shall Survive?"¹ "The imbalances within the social atom and their reflection upon the development of psychological currents and networks give social psychiatry a nosological basis and differentiate it as a discipline from psychiatry proper. Psychiatric concepts as neurosis and psychosis are not applicable to socioatomic processes. A group of individuals may become sociotic and the syndrome producing this condition can be called a sociosia."²

Sociatrist is then one skilled in sociatry. A doctorate, or diplomate of sociatry is a degree to be given in the future not exclusively to doctors of medicine, as it is now with psychiatry, but to doctors of education, psychology and sociology as well. The art and skill of the sociatrist will depend upon a synthesis of knowledge towards which all social and psychiatric sciences will have made their contribution.

Sociatry and Sociometry

Sociatry must be defined as to its position within a system of both, social and medical sciences. Sociology should be given a central and broader definition than usual because of the probability that the "tele" phenomenon operates in subhuman³ just as well as in human societies. Sociology is a synthesis of two processes, a) relation of human organisms (or animal) to each other, b) relation of human organisms (or animal) to their environments. It has two branches, human sociology and animal sociology, each of which

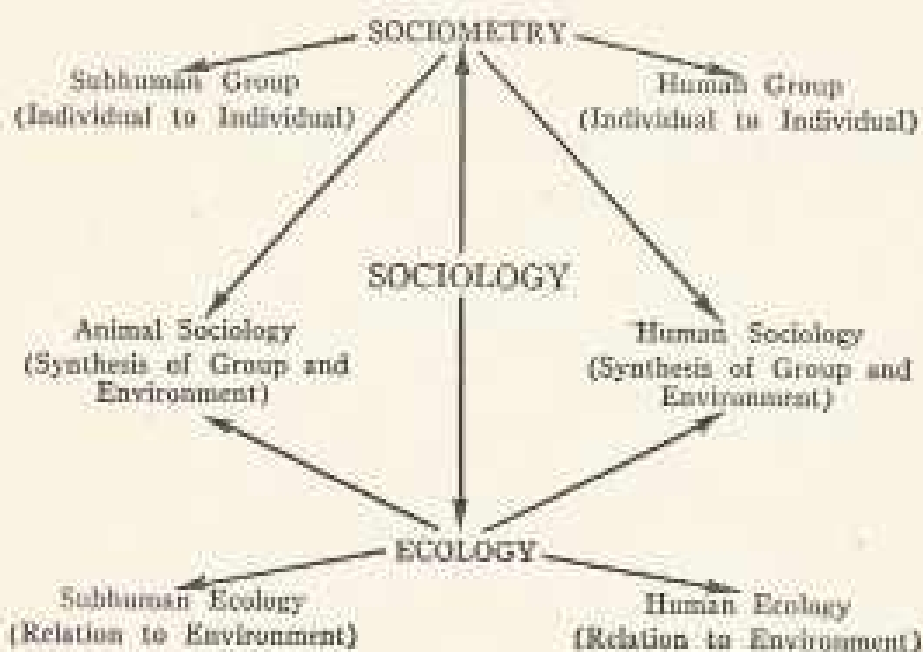
¹See page 75.

²See, J. L. Moreno, "Sociometry and the Cultural Order," and Stuart C. Dodd, "Sociometry Delimited," *Sociometry*, Vol. VI, No. 3, 1943.

³See "Sociometry of Subhuman Groups," *Sociometry*, Vol. 8, No. 1, February 1945.

has two main divisions, sociometry and ecology. Sociometry is the science of human and subhuman groups (excluding their relation to environments as climate, geographical conditions, etc.). Within a system of social sciences, from the point of view of the dimension explored, Sociology can be also classified as "macro" sociology, sociometry as "micro" sociology.

Sociatry⁴ is remedial sociometry. It is just as much a pure science as is sociometry. They differ in method and emphasis rather than in purity. A research science is not purer than a therapeutic science. The adjective "remedial" should not connote a lower degree of accuracy. Sociometry may be just as often applied sociatry as sociatry applied sociometry. One is a function of the other. They are differentiated as notions but not in concrete functioning. The value of psychodramatic audience therapy or sociometric regrouping, or other forms of social therapy, is determined by the demonstrable evidence of effects.



Relation of Sociatry to Psychiatry

Psychiatry is the branch in medicine that relates to mental disease and its treatment; it treats the individual psyche and soma. Sociatry treats the diseases of inter-related individuals and of inter-related groups. It is based upon two hypotheses: 1) "The whole of human society develops in accord with definite laws"; 2) "A truly therapeutic procedure cannot have less an objective than the whole of mankind."⁵

⁴Ibid.

⁵See "Who Shall Survive?" pp. 3 and 4.

OPERATIONAL METHODS IN SOCIOMETRY AND SOCIATRY

The introduction of operational methods to sociology is often "charged" to sociometry. This cannot be accepted without some clarification. Operational methods in physics and in sociology¹ have little in common besides the name and the mutual desire of moving from a metaphysics of words into a word-free reality, a metaphysics of action or, as I called it, a "meta-praxie",² but this is as far as the similarity goes. Otherwise the two movements, physics and sociology in their essential problems are far apart and have a different historical origin. *Operational methods in the social sciences are closely linked with the development of action methods.* Physics is a far advanced science, it has its central subject matter well established in contrast with social science which is still struggling to find the very substance matter of its discipline. It is this which sociometry has attempted to produce, to expose at least the beating heart of all sociological subject matter. This is the reason it started a new epoch in social methodology. Although many of the problems have been pioneered by pre-Comptian sociologists as St. Simon, and Charles Fourier, by the German sociologists Karl Marx and Georg Simmel, and by two contemporary Americans, Charles Cooley and George H. Mead, the synthetic demonstration of their visions has been first given actuality by sociometric experiment. "The objective was to test a community as a whole and to reconstruct it purely on the basis of findings yielded by the test. Our guiding principle in the research has been from the start, after we had decided working in an unexplored territory, *to let the direction and the expansion of the research flow out of the situation.* Therefore our procedure was not fixed in advance."³ Because of the fact that the individuals forming the group know in advance the meaning of the procedure and accept it, they can make it their plan of action, they are identical with it. They are in full consciousness operators in their own behalf. Such methods fall under the general category of *operational sociometry*.⁴

¹The uninhibited regard of some social scientists for mathematics and physics often takes the form of a considerable "mathematical neurosis", as mathematical methods are often advocated by social scientists who are neither mathematicians nor statisticians.

²The Stegreif Theatre, page 17-21, by J. L. Moreno, 1931.

³Page 91, Who Shall Survive?

⁴Sociometry, Vol. I, page 344, 1937-38, J. L. Moreno and Helen Jennings, Statistics of Social Configurations.

As in Sociometry, also in Sociatry, careful theoretical and practical planning of controls and statistical treatment have to be the guideposts. *Test the group before and after you have applied some procedure to it, and find out the change which has taken place.* It makes no difference whether the measure producing change is re-grouping and role-training (as in the Hudson study), or whether it is a medium to which the group is exposed, for instance, a lecture or a drama. A classic illustration is the analysis of an audience with two control audiences before and after they have been exposed to the same medium, a psychodramatic production.⁸

BASIC CATEGORIES OF GROUP PSYCHOTHERAPY⁹

The following categories are the result of operational experimentation. They may serve as a guide to the fundamental directions group psychotherapy can take.

SUBJECT OF THERAPY

1. As to the *Constitution* of the Group

Structured (Organized) Group	vs.	Amorphous
Determining the dynamic organization of the group and prescribing therapy upon diagnosis.		Without considering the organization of the group in the prescription of therapy.

2. As to *Locus* of Treatment

Treatment of Group in Loco Nascendi, in Situ	vs.	Treatment Deferred to Secondary Situations
Situational, for instance within the home itself, the workshop itself, etc.		Derivative, for instance in especially arranged situations, in clinics, etc.

3. As to *Aims* of Treatment

Causal	vs.	Symptomatic
Going back to the situations and individuals associated with the syndrome and including them <i>in vivo</i> in the treatment situation.		Treating each individual as a separate unit. Treatment may be deep, in the psychoanalytic sense, individually, but it may not be deep groupally.

⁸This is first reported in literature by Zerka Tönnies, *Role Analysis and Audience Structure*, *Sociometry*, Vol. VII, 1944, page 205-221. See also *Psychodrama Monograph No. 12*, Beacon House, New York, N. Y.

⁹See J. L. Moreno, *Scientific Foundations of Group Psychotherapy*, p. 318-19, *Sociometry*, Vol. 2.

AGENT of Therapy

1. As to *Source or Transfer* of Influence

Group Centered Methods

vs.

Therapist Centered

Every member of the group is a therapeutic agent to one or another member, one patient helping the other. The group is treated as an interactional whole.

Either chief therapist alone or chief therapist aided by a few auxiliary therapists. Therapist treating every member of the group individually or together, but the patients themselves are not used systematically to help one another.

2. As to *Form* of Influence

Spontaneous and Free

vs.

Rehearsed and Prepared Form

Freedom of experience and expression. Therapist or speaker (from inside the group) is extemporaneous, the audience unrestrained.

Suppressed experience and expression. Therapist memorizes lecture or rehearses production. The audience is prepared and governed by fixed rules.

MEDIUM of Therapy

1. As to *Mode* of Influence

Dramatic or Action Methods

vs.

Lecture or Verbal

Dance, music, drama, motion pictures.

Lectures, interviews, discussions, reading, reciting.

2. As to *Type* of Medium

Creative Media

vs.

Conserved, Mechanical or Unspontaneous

Therapeutic motion pictures as preparatory steps for an actual group session, extemporaneous doll drama with the aid of auxiliary egos behind such doll, psychomusic, psychodrama and microdrama.

Motion pictures, rehearsed doll drama, rehearsed dance step, conserved music, rehearsed drama.

3. As to *Origin* of Medium

Face to Face	vs.	From-a-Distance Presentations
Any drama, lecture, discussion, etc.		Radio and television.

The categories listed in the left column are in principle superior to the ones listed in the right column. Structured is superior to amorphous diagnosis, *in situ* to deferred situations, causal to symptomatic treatment, group centered to therapist centered, spontaneous to rehearsed, action methods to verbal, creative media to mechanical, face-to-face to distance. Most of the current methods of group psychotherapy are concerned with the choice of *medium*, lecture, interview, discussion, motion picture, doll, music, drama, etc., but are unconscious of the equally fundamental consideration of the constitution of the group, locus and aim of treatment, source and form of influence. However, masterly as the medium used may be, the medium in itself does not qualify as therapy of a group.

OPEN LETTER TO GROUP PSYCHOTHERAPISTS

What is group psychotherapy? This is a question which thousands of therapists working with groups are asking today. Is lecturing to a group of individuals on a topic which has some reference to their own problems and discussing their reactions to it afterwards, is that group psychotherapy? Is showing a puppet play or a motion picture to an audience and watching their reactions, is this group psychotherapy? Is presenting a psychodrama of a problem and getting the audience responses to it afterwards, is that group psychotherapy? Is watching a group of people in various activities, eating or working together, and analyzing their behavior with them afterwards, is that group psychotherapy? Is witnessing a ball game in the midst of thousands, or going into a social revolution or a popular war with many comrades in arms, is that group psychotherapy? Taking one individual or another in front of a group, letting him present one of his crucial personal problems and permitting the participants to reflect upon experiences of their own, is that group psychotherapy?

No, they are not, at least not by themselves. If I assume the authority to declare this outright, it is for two reasons; it happened that I introduced the terms group therapy and group psychotherapy in literature, connected with a specific concept of them, and I am usually made responsible for the development of sociometry. Although I believe that I had made myself clear from the beginning, we are all often misquoted as well as misread. Therefore, I will try to recapitulate briefly my original theory on the subject.

The real issue was and is the difference between individual and group psychotherapy. In individual psychotherapy the patient is a single individual. In group psychotherapy the patient is a group of individuals. The premise to the therapy of an individual is a fair knowledge of the structure of the individual psyche, or, as it is often said, of its psychodynamics; on the basis of this knowledge individual diagnosis and individual therapy can be devised. The premise to the therapy of a group would be consequently knowledge of the structure of groups, of the "sociodynamics" operating in them resulting from the relations between the individual members. At the time when I entered the field, a science of the group was practically non-existent. I made it my business therefore, to investigate the possibilities by means of carefully organized experiments, and to help establish such a science. I was fully aware that without a knowledge of the organization of groups, group therapy is either impossible, or an accident.

At the time when I started with my query there was no science of the

group, but there was a psychological science of the individual¹ in the making. Although there were several schools it revolved more or less around the psychoanalysis of Freud. Freud assumed that the psychological factors operating in an individual also operate in groups, in nations and in human civilization at large. This was at the height of the psychoanalytic movement perfectly human and understandable, as nobody knew much about the group. The group seemed to be a figment of the individual mind without a reality of its own. Freud might have cautioned himself that certain psychodynamics operating within an individual could become, in the course of inter-individual and inter-group relations so grossly modified that effects and laws would result, inconceivable and unpredictable from the horizon of individual psychoanalysis alone. However, he did not caution himself, at least not sufficiently, his pupils still less, and thus we have experienced and are still experiencing interpretations of group phenomena as if they would be crude projections of an individual neurosis. A group, a nation, mankind, was at times examined like an individual patient. The consequence was that psychiatrists, psychiatric social workers, social workers, group workers, psychologists, social psychologists, anthropologists, sociologists, criminologists, trained or influenced by psychoanalytic doctrines applied uncritically to the group the terminology and the mechanisms they had learned from psychoanalysis. The result was confusion and chaotic views on the subject when with the beginning of the second world war group psychotherapy (or what went under this label) began the rise to its present popularity. Many of the non-psychoanalytic workers using their common sense fared better. Unfortunately, only few had studied and had been trained in the science of the group, which as sociometry and related disciplines had developed in the last twenty years. A considerable body of knowledge was able to give group psychotherapy the beginnings of a scientific foundation.

Among the ideological and political barriers to the development of scientific group psychotherapy may I mention here besides psychoanalysis a popular variety, Alcoholics Anonymous. Alcoholics Anonymous is in itself an offspring of group psychotherapy and has taken over some of its principles; although it is an excellent illustration of the therapeutic effect of mirroring technique within homogeneous group membership, no one would ever learn

¹Since 1938 also the science of the individual has made new progress. Besides the "Psychoanalytic model" of personality at least two more have been developed, the "Gestalt model" (based on the theory of gestalt qualities) and the "Psychodramatic model" (based on spontaneity theory).

anything about the factors producing it and thus advance scientific knowledge. Psychoanalysis is more difficult to penetrate because of the desire of many psychoanalysts to dominate *every form* of psychological treatment, whether individual, group or mankind. If they cannot claim that the psychoanalytic interview as such is universally applicable, they will try persistently to show that psychoanalytic concepts and theories are and if the latter is not possible, they will at least stretch the meaning of their terms so that they can apply to *every* human situation. Although this is understandable as a grandiose psychoanalytic day dream, it is in disregard of facts and a block to the progress of a science of social pathology and social psychiatry. It is also in utter disregard of Freud's own doctrines. I, an outsider and opponent of psychoanalytic philosophy, am placed here in the odd position of having to defend the integrity of Freud's work against the abuses it receives from his own students. The only monument which a man of Freud's stature can receive from posterity is that the invention or the instrument which he has developed continues to be useful and is identified by the name he gave to it. What Freud meant by psychoanalysis and psychoanalytic therapy everyone knows who knew him personally and who read his books. He never was shaken from his belief that psychoanalysis is *analysis*, that it is not synthesis, not active therapy, not a projective method, not sociometry, not psychodrama, not group psychotherapy or whatever. I believe he would not have been shaken by these new inventions if he were alive today. Indeed, the little he knew about them during his lifetime did not shake his faith that the instrument he had discovered is superior to all others. You know well how he attacked Alfred Adler when the latter began to use the term "free psychoanalysis", whereupon Adler changed it to "individual psychology". Jung changed the name of his method to "analytic psychology" and you remember how displeased Freud was towards Ferenczi and Rank when they tried to permit the patient to be occasionally more active during the treatment session and Ferenczi² withdrew with apologies. Students of psychoanalysis should have deeper respect for the founder of the psychoanalytic movement, not only

²See "Theory and Technique of Psycho-analysis", by Sander Ferenczi, Boni and Liveright, New York, 1937, p. 117. Previous to and during that period (1919-1925) my first studies on psychodrama appeared and the Viennese Stegreiftheater (Theatre of Spontaneity), that synthesis of action and analysis and the most drastic opposition to "mere" analysis was in full swing, visited or known to many psychoanalytic writers (among them Alfred Adler, Arthur Schnitzler, Theodore Reik, Siegfried Bernfeld and August Aichhorn).

by lipservice but in their actions, and they should not forget that the psychoanalytic method of analysis which was so resourceful in the hands of Freud may have a permanent value in the *form* he has given it. If progressive therapeutic workers coming from the psychoanalytic movement like Franz Alexander, Thomas French and others like to use methods which have been developed in the last twenty years by *non*-psychoanalytic therapists, by sociometrists, group psychotherapists, psychodramatists, interpersonal therapists, and clinical psychologists, this is commendable as well as courageous. But they should honestly admit what it entails. They should not call it psychoanalysis. Let's call a spade a spade. They would not have called what they are doing psychoanalysis if Freud would have been alive. They may think of his reaction to Alfred Adler, Carl Jung and others in a similar situation. In this respect it was interesting to read in a recent issue of the Bulletin of the Menninger Clinic a statement by K.A.M. (which I suppose stands for the initials of Dr. Karl A. Menninger) in which he comments on the digressions of the Chicago Psychoanalytic Institute² as follows: "The authors . . . here present the results of their work over the past few years in attempting to apply psychoanalytic principles to what has previously been regarded as non-psychoanalytic psychotherapy. Their insistence that there is 'no difference' between this and psychoanalysis is not convincing, nor is it substantiated."⁴

I cannot formulate better today the limits of psychoanalytic theory and the dangers which result from thoughtless transgression than I did in 1934:³ "Individual psychology may aim at an interpretation of mass situations through projecting to a mass the findings which relate to a single individual, for instance, hysteria, neurosis, etc. But the salient point is to investigate a mass of, for instance, five hundred individuals from the point of view of each individual contribution and of the emotional product which results in the form of mass reactions. Then it becomes evident that—projections of hysteria, neurosis, Oedipus complex, etc., from an individual to a mass are undue generalization and symbolizations, that the actual processes are of a different nature. The investigations of the organization of this mass, the position each individual has within it, the psychological currents which pervade it, and the forces of attraction or repulsion which it

³See "Psychoanalytic Therapy: Principles and Application", by Franz Alexander, Thomas M. French and Staff Members of the Institute for Psychoanalysis, Chicago, 1946.

⁴"Bulletin of the Menninger Clinic", p. 110, Vol. X, No. 6, 1946.

"Who Shall Survive?" p. 159-162.

exerts upon other masses, compel us to formulate new concepts and a special terminology better adapted to the new findings. Up to date all findings appeared to indicate that the essential elements of existence are locked within the individual organisms and are recognizable only in respect to the individual. The social impulses also did not seem to present an exception to this rule, however great an influence in shaping them we attributed to the environment; the shape they had attained in the course of their evolution was bound within the individual organism only, nothing which mattered fundamentally existed outside of the individual organism. But there is in the field outside of the organism a special area, the area *between* organisms. Characteristic patterns of interrelation have been found to exist between individuals, definite rules control the development from stage to stage and from place to place; they are of such a regularity of form and have such a continuous effect upon groups near and distant that it appears as if social impulses have been shaped not only in respect to the individual organism but also *between individuals* and that a remainder of this process is always discoverable whenever social groups are analyzed.—Concepts as reflex, conditioning reflex, instinct, mental syndrome, etc., which have grown out of the approach of the individual organism, are not explanatory of these findings and have no meaning in this area. Fifty individuals who singly are classified as suffering from hysteria may as a group reveal a pattern totally different from a mass hysteria, for instance, an extroverted group organization with a high number of incompatible pairs. Or, again, the sexual character of individual members may be male or female, heterosexual or homosexual. And from an individual point of view this is a definable condition but from the intersexual choices, attractions and repulsions among such members a social organization may result which has as a totality a different meaning from that of the sexual character of its individual members alone.¹⁷

It is immaterial to the group theorist which method of interpreting individual behavior one prefers, among others, the psychoanalytic, the behavioristic or the psychodramatic. The point is that when individuals enter a group with a given organization of their total persons, at this moment they are on a new plane and a different set of phenomena begins to emerge from their relations. Therefore, once a group structure per se is begun to be studied there should be no quarrel between the adherents of the different individual psychological schools—they can share in the development of new instruments and in the methods of analyzing the findings. In other words they should enter the

field of the group⁸ with an open mind unbiassed by previous mental fixations and try to learn about the dynamic factors operating within groups and about how a scientific form of group psychotherapy can be founded. Let us take a specific case as illustration. In the course of a group session the following problem arose—it does not matter here whether it arose in the course of an interview with a particular member of the group or in the discussion after a lecture, after the showing of a motion picture or in the course of enactment on the psychodrama stage: a man, in a sudden abreaction, hits a policeman who hands him a ticket for speeding. A psychoanalyst interpreted the reaction as follows: "This is due to suppressed hostility. Let us go back to the original trauma, the hostility of this subject towards his father. It is a displaced manifestation of the Oedipus complex." A psychodramatist said: "The subject enacted the scene on the stage. Many things which the analyst has to infer from the word symbols I could 'see' directly following his actions and responses. He mentioned afterwards that his older brother had been hit by a policeman in a recent strike and enacted that scene. He immediately took the part of the brother in that scene. The hitting of the policeman in the speeding situation appears like a 'role reversal' of this one. He mentioned also that his brother used to hit him when they were small. This too, was immediately enacted. But now, in contradiction with his remembering, he hit the brother back and knocked him down. This too is a sort of a role reversal, overlaid by many other parallel reversals since then. As to the genesis of this act: since the subject was about 1½ years old he was placed in a milieu typical for our culture, one filled with dolls and automatic semblances of humans and animals. He was encouraged to apply his 'excess of spontaneity' to them. Extreme affection or extreme hostility towards them became a part of his daily enjoyment. His hostility towards dolls he could repeat later with animals and finally with children in the neighborhood. He learned thus in early infancy how to liberate himself from an excess of spontaneity without expecting punishment or reward." Either of these views may be correct and the debate of which view is more appropriate may continue on the plane of the individual. But it does not matter essentially on the plane of the group which of the views will ultimately be accepted.

The confusion which psychoanalytic theory has channelized in the minds of a large number of psychiatrists cannot be better illustrated than

⁸Ibid.

by quoting at random from a representative, current book.¹ "The unconscious factors are the repressed aggressive tendencies, the emotional and adjustment difficulties of the units of the nation. War cannot be prevented until the unconscious elements are properly dealt with. Every psychiatrist knows the futility of prescribing a holiday for the psychotic unless his mental conflicts have been solved. . . . It is the same with war, because fundamentally it is a mass psychosis." The symbolistic way in which a psychotic individual is taken as a model for war, mass and mankind is unfortunate. Most sociodynamic phenomena disclosed by sociometry and sociatry "are" unconscious. But not unconscious in the sense of psychoanalysis, as repressed aggressive tendencies for instance, but unconscious almost in the sense in which the arrangements of the astronomic world were unconscious to man before he was able to study the stellar movements by means of scientific instruments. There are millions of atomic items buried in the group structures of human society which no human genius could divine and which no psychoanalysis of an individual mind lasting a thousand years could disclose.

The science of the group is still in its infancy although safe foundations have been laid. It seems to develop faster than the science of the individual, perhaps because an individual is more ready to expose his bonds to the group than the bonds to himself. It developed late for two reasons; psychiatrists neglected the group because of their professional preoccupation with the single organism; sociologists, although professional students of the group, because of their preoccupation with social masses and generalities, rarely gave us more than an abstract, symbolistic and ideological picture of it. But groups have a realistic and specific organization of their own; they may vary with every sample and the constant and variable structures characteristic for them can be ascertained by means of a few simple tests. These tests can be applied to groups of any size and any type, a village of a thousand people, a workshop of five hundred, a hospital of two hundred patients, an audience of a hundred spectators or a family of three individuals. The actual beginnings of group psychotherapy as a scientific discipline took place between 1930 and 1933 under the leadership of sociometry. Efforts made before 1930 cannot be called group psychotherapy; it was not until then that full realization grew in the minds of a few that all methods which attempted a therapy of the group without a science of

¹R. G. Ellery, "Psychiatric Aspects of Modern Warfare", Reed & Harris, New York, 1945.

it were inadequate. The new therapeutic thinking culminated in the dictum: one patient can be a therapeutic agent to the other, let us invent devices by which they can help each other,⁸ in contrast to the older idea that all the therapeutic power rests with the physician. The new vision did not come from those who have been successful in the development of individual psychology as medical psychologists and psychoanalysts; these were rather holding back the progress towards an experimental investigation of the group. Its first sponsors were a few physicians, social psychologists and sociologists unbiased by commitment to the rigid individual-centered approach and equally unbiased by sociological mass symbolism.

The organization of groups has been identified by various instruments, acquaintance test, sociometric test, spontaneity test, role test, action test. They have revealed to the therapist exploring⁹ the group before he decides upon the treatment required: its membership as to a) age, b) sex, c) acquaintance or non-acquaintance, d) ethnic composition, e) the position of each individual, isolates, pairs, triangles, chains, key individuals, networks and so forth, f) the collective role-range of the group and the roles in which each individual partakes, etc. He is able, on the basis of these findings, to make a diagnosis of the social syndrome from which a group ails. It is not necessary to determine in advance every possible aspect of group organization before treatment begins. It is possible to make a diagnosis on the basis of two or three important items of information, like a physician of the human body who may come to a diagnosis, appendicitis or tuberculosis, on the basis of a few tests only, without having to make a comprehensive study of every possible aspect of the patient's body.

Some of the factors found to determine group organization are: a) *Yalc*. Previous to the discovery of tele-sociologists used to talk vaguely about human relations, but nobody knew how to define the relationships.

⁸Although the first discoveries of the fundamental sociodynamic factors controlling group organization have been made by sociometric and similar tests, that does not preclude that they can be made by other tests as well. Just as it was in the development of physics, a discovery, being first made by a primitive instrument and later confirmed by more complex instruments, it is obvious that sociodynamic phenomena exist regardless and independent of the instrument by which they are identified for the first time. All significant discoveries made by sociometrists can be confirmed by social scientists using instruments other than sociometric ones, even interview, observation and questionnaire methods should be able to elicit rough approximations of the original findings.

⁹See "Group Method and Group Psychotherapy", J. L. Moreno, p. 60 and 94. Beacon House, New York, 1931.

The attraction between two physical masses, M_1 and M_2 , and the attraction between two human beings was called a relationship, but nobody knew in what manner the relationship differed in each case. Psychoanalysis used to call the relationship between a patient and his analyst a transference, uncritical of what a relationship actually entails. This confusion came to an end, at least for sociometrically oriented scientists, when it was demonstrated that there is a factor which acts in and shapes human relationships which is not unreal but real, not projective but cooperative. This factor is called *tele*. It is the socio-gravitational factor responsible for the degree of reality of a social configuration *above* chance. It was demonstrated by experiment and statistics that it operates between individuals, drawing them to form *more* positive or negative pair-relations, triangles, quadrangles, polygons, etc., than by chance. The factor responsible for the degree of unreality of social configurations *near or below* chance, can be called transference.¹⁰ *Tele* and transference (the pathological distortion of *tele*) became thus amenable to a sociometric type of quantification.¹¹ (See sociograms, p. 29-30.)

Sociometrists differentiate therefore three types of relationships. Reality produced relations (often described as coexistential, cooperational, two way or objectified relations), delusional relations and esthetic relations. The reality produced relations are *tele* phenomena; it is upon them that the solidity and permanency of social relations depend. The delusional relations are transference phenomena and play a role in psychopathology. The esthetic relations are empathy phenomena, empathy being the one-way "Einflussung" into objects. It is harmful to stretch the meaning of transference to cover all human relationships beyond the definition given to it by its coiner. It is particularly meaningless because if we make transference an over-all term we would have to differentiate three types of transference, reality bound transference, delusional transference and esthetic transference. This gives lip service to the "word" transference but it does not change the facts. It is preferable therefore, to have for every operation a specific term expressing it. In this manner the three phenomena, *tele*, transference, empathy, which were dormant and inherent in Meusnier's animal fluid, have been identified by sociometrists as independent functions and again brought together and shown in combined operation. Studies of the warming up

¹⁰Using the Freudian idea of transference freely on the group level, but I believe in the sense in which he thought of it.

¹¹Statistics of Social Configurations, *Sociometry*, Volume 1, part 2, 1938. See also *Sociometry Monograph No. 3*.

process of individuals towards each other have revealed that the importance which psychoanalysis has given to transference is exaggerated. The tele phenomenon is operating already in the first meeting of two individuals. The longer a relationship lasts the more it becomes dominated by tele and not by transference. Even if the transference portion was large to begin with, it vanishes often as the relationship goes on. This is found to be true of all inter-individual relations, even of the relation between physician and patient. As the relationship endures the projectional aspects recede and the real attributes of the physician are perceived. In other words, true transference,¹² in the psychoanalytic sense, diminishes in quantity and intensity as individuals mature and as groups gain in cohesion and integration. *The effect of social catharsis is to increase tele production and to decrease transference production between members of groups. Tele, therefore, can be defined as the group binder, transference as the group disintegrator.*

(b) *The social atom hypothesis and "sociostasis"*. The hypothesis states that as the individual projects his emotions into the groups around him and as the members of these groups in turn project their emotions towards him, a pattern of attractions and repulsions, as projected from both sides, can be discerned on the threshold between individual and group. This pattern is called his "social atom". "Every individual's social atom retains a significant consistency in its ratio of positive reciprocation and its inter-choice ratio between two time points. The incidence of patterns at one time and at a later time in the same community is a relatively constant factor in the structure of attractions and in the structure of rejections which characterize it. There are found, in a given community, special choice and rejection patterns and they show an orderly distribution within it. Yet, while the incidence of certain patterns may be relatively constant, the findings further show that the individuals occupying particular patterns at one time may or may not be the same individuals who occupy them at the later time."¹³ The tendency within social atoms to maintain a healthy and functioning balance between the constantly present contrary emotions and the

¹²It operates particularly, however, among people whom psychoanalysts thought transference was non-operative, among psychotics. They are frequently projecting into other people, physician or nurse, their delusory ideas, but unfortunately for psychoanalytic therapy it is a form of transference which is not productive. It is unsteady, it changes frequently its direction, intensity, and form. Often it is found that even transference relation of psychotics is not a true transference to a specific individual but a composition of disconnected tele units. See J. L. Moreno, "Interpersonal Therapy," *Sociometry*, Vol. I.

¹³See Helen H. Jennings, "Leadership and Isolation," 1943.

equilibrating effect within the total of human society can be called *sociostasis*.¹⁴

(c) *The Sociodynamic Effect*. It is divided into a first and a second part. The first part¹⁵ states that the income of emotional choices per capita is unevenly divided among the members of the group regardless of its size or kind; comparatively few get a lion's share of the total output of emotional choices, out of proportion with their needs and their ability to consummate them; the largest number form an average income of choice group within their means to consummate them and a considerable number remain unchosen or neglected. The second part states that if the opportunities of being chosen are increased by increasing the size of the group and the number of choices per capita, the volume of choices continue to go to those at the top end of the range (the "stars") in direct proportion to the size of the group and to the number of choices permitted per capita, furthering the gap between the small star group, the average group and the neglected group. (Besides tele, social atom and sociodynamic effect, there are other factors not included here.)

Besides adequate diagnosis of the group and considering the concrete form taken by the sociodynamic laws operating in it as a preliminary step to therapy there is another significant aspect, the *adequacy* of the *medium* or stimulus used; as the group stands for the individual patient the medium stands for the drug in somatic medicine. Can, for instance, the most thoroughly organized lecture compare in its effectiveness with a similarly well organized psychodramatic production in which representatives of the group play the key roles? Can the most thoroughly constructed puppet play compare in effectiveness with a sociodrama of the collective relations existing within the group, people in the flesh, experienced in spontaneous interaction? On the basis of a number of control studies it is clear that some media have a far more powerful effect than others and that the *choice* of medium is dependent upon the psychosocial organization of the group-patient and the social syndrome from which it ails. Therapists using a particular medium who have tried to produce an effect upon the group have been able to do so because of certain factors operating in groups. If a favorable effect was produced upon the group, favorable at least from the point of view of therapeutic value systems the particular therapist had in mind, it was because intuitively he hit and stimulated these factors. If an adverse effect was

¹⁴See "Who Shall Survive?" p. 191-3, *Balance and Imbalance Within the Social Atom*.

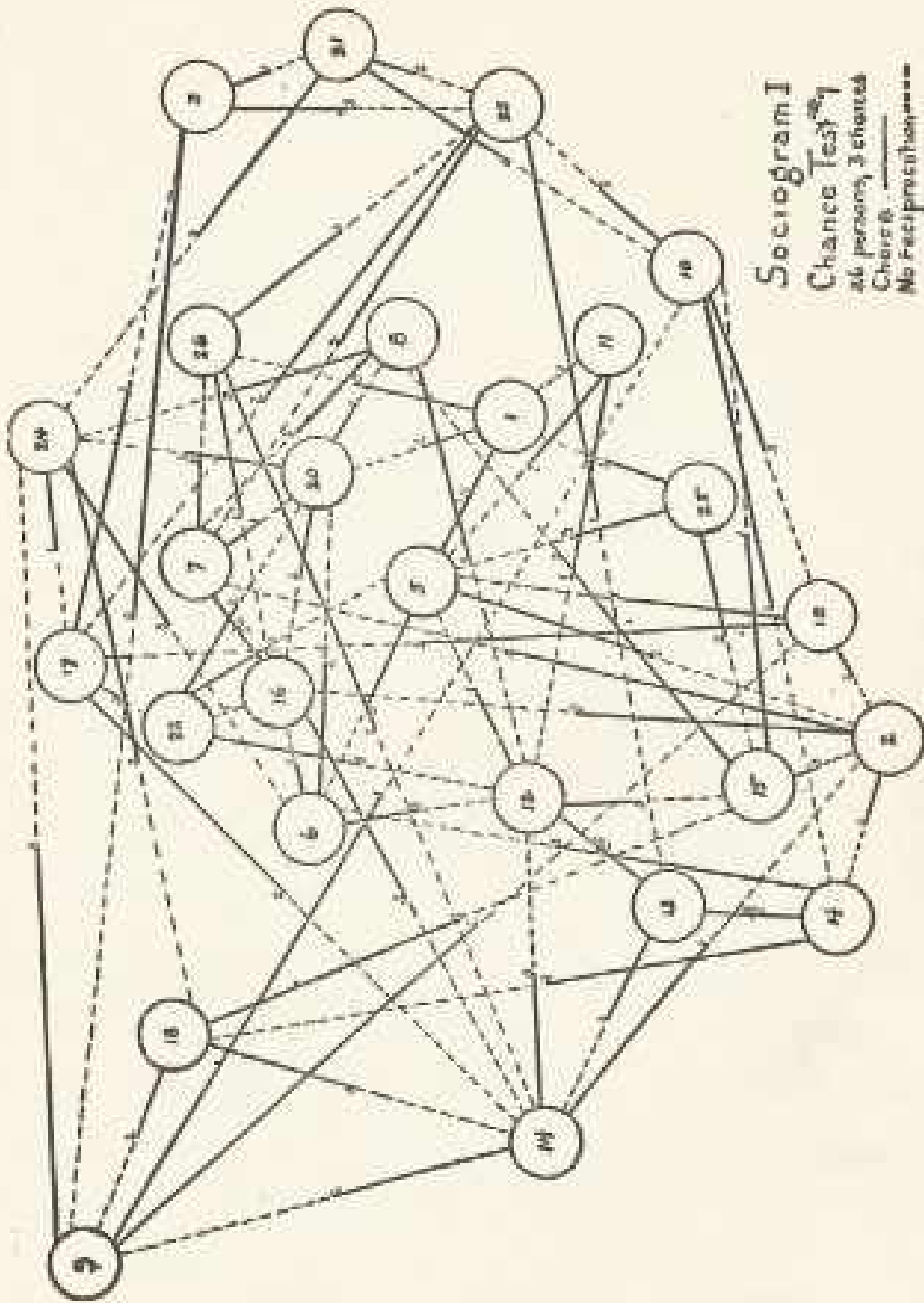
¹⁵*Ibid* p. 74.

produced it is because he misconceived them. This is true about all catharsis which is experienced by groups, whether it is the result of a religious ceremony, a musical symphony, a drama, a motion picture or a baseball game. Every group has a certain psychosocial organization and every medium has a certain structure, however ill defined and little known they may be to the therapist in question, they are there just the same. The difference between scientific group psychotherapy and group therapy as it has been practiced throughout the ages intuitively and unconsciously, often as a sort of magic, is that the first works with a conscious and systematic knowledge of the organization of the groups which it is trying to influence via certain media, the other without it.

The treatment of groups requires therefore therapists who are trained to use these social instruments. The scientifically trained group psychotherapist will approach every group he is considering for treatment in the same spirit, applying the tested procedures. A great deal of what now goes on under the name of group psychotherapy is not group therapy in the strict sense of the word. It is group psychotherapy "as if". A psychodramatic session for instance, is far from being always group psychotherapy. It is often but treatment of certain individuals *in* the group. In fact, some of the best known forms of psychodrama¹⁰ are carried out without any group being present. It is obvious that most forms of group discussion, group lecturing and group case work affect the group in a non-specific way. The audience or class is approached like a symbolic, magnified individual or at times it is approached only as a byplay, attention being given to two or three people among them. At times the intention is to reach as many as possible but as the relationship existing between the individuals present is uninvestigated and therefore unknown, it is intuition or empathy which leads the therapist but not concrete knowledge. It is not necessary however, to limit the terms group psychotherapy or group therapy only to the rigorously carried out procedures. We may continue to use them for all procedures where the scientific principles are known to the therapist but where perhaps practical situations limit their full application. The least we can

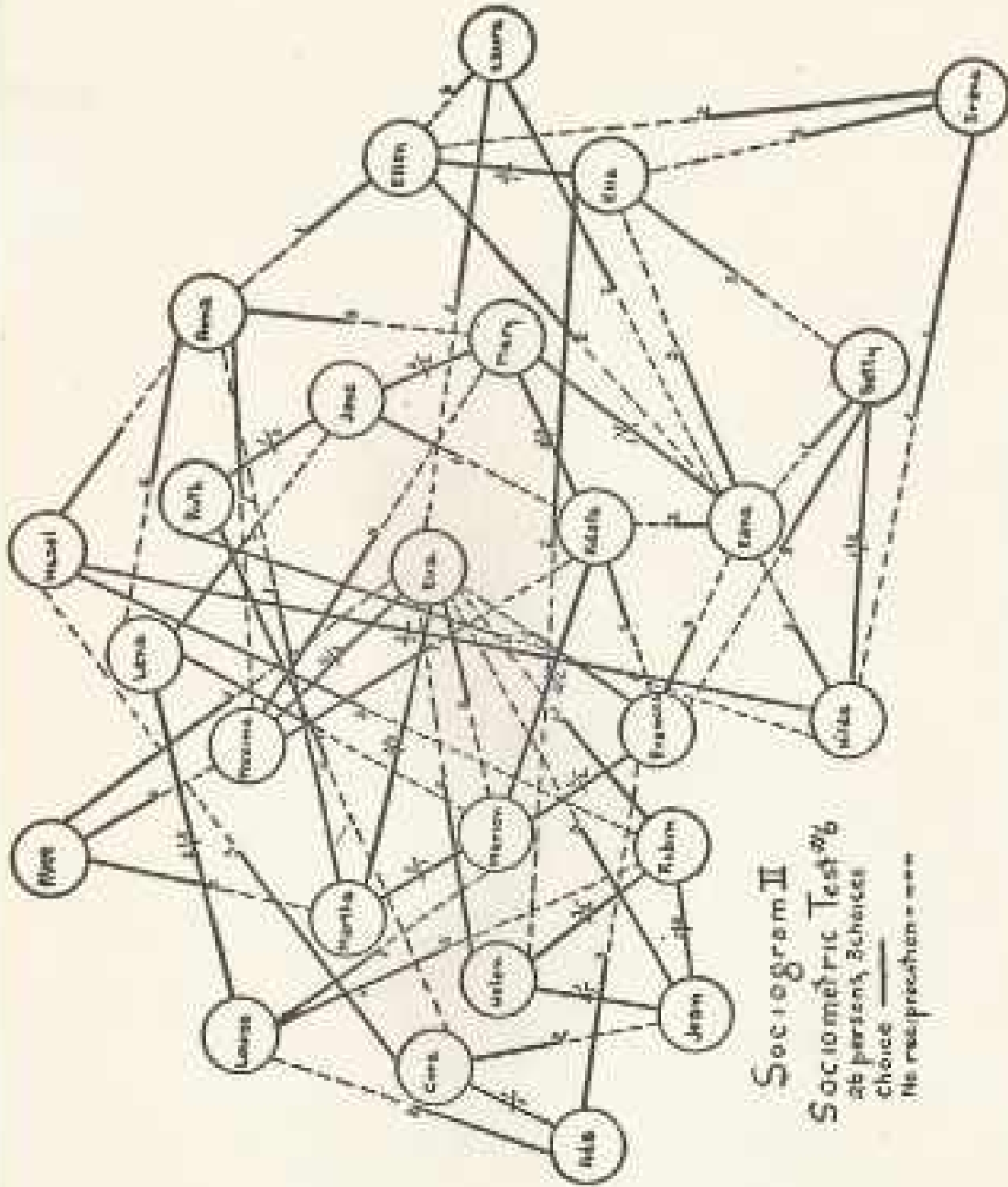
¹⁰Psychodrama and group psychotherapy are historically two independent developments; group psychotherapy is linked with sociometry, psychodrama is linked with action and community catharsis. Psychodrama is as a scientific and therapeutic method older than group psychotherapy. It is not a form of group psychotherapy. It is rather the other way around. Psychodramatic procedure consists of two portions: the stage (action therapy) and the audience (group psychotherapy).

CHANCE-LEVEL and TRANSFERENCE-LEVEL



mutuals, unreciprocated, chains
 3 70 0

On the chance level of structure we see a highly disintegrated group with practically no mutualities. On a transference level, the degree of cohesion is even less than in this sociogram.



mutual, unreciprocated, chains
 17 2
 44

On the tele level, there is usually found, as in this sociogram, a high degree of mutuality, chains, triangles, and leader-structures.

expect from "group conscious" therapists is that they are aware, a) of the fundamental difference between personality organization and group organization and therefore between individual and group psychotherapy, however many transitory stages there may be in practice between them; b) of all the media and group skills of treatment and not to rely upon individual methods and skills only. Being a good individual psychotherapist does not make one automatically a good group psychotherapist and vice versa.

May I end this letter with an appeal to all who practice group psychotherapy that it entails great responsibilities, perhaps even greater than the responsibilities of the psychotherapist of the individual. Experience in individual psychological procedures is not sufficient; good will is not sufficient, although both are fundamental. Thorough education in sociometric analysis and in theory and practice of group psychotherapy itself is indispensable.

J. L. MORENO
Editor

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WHO SHALL SURVIVE

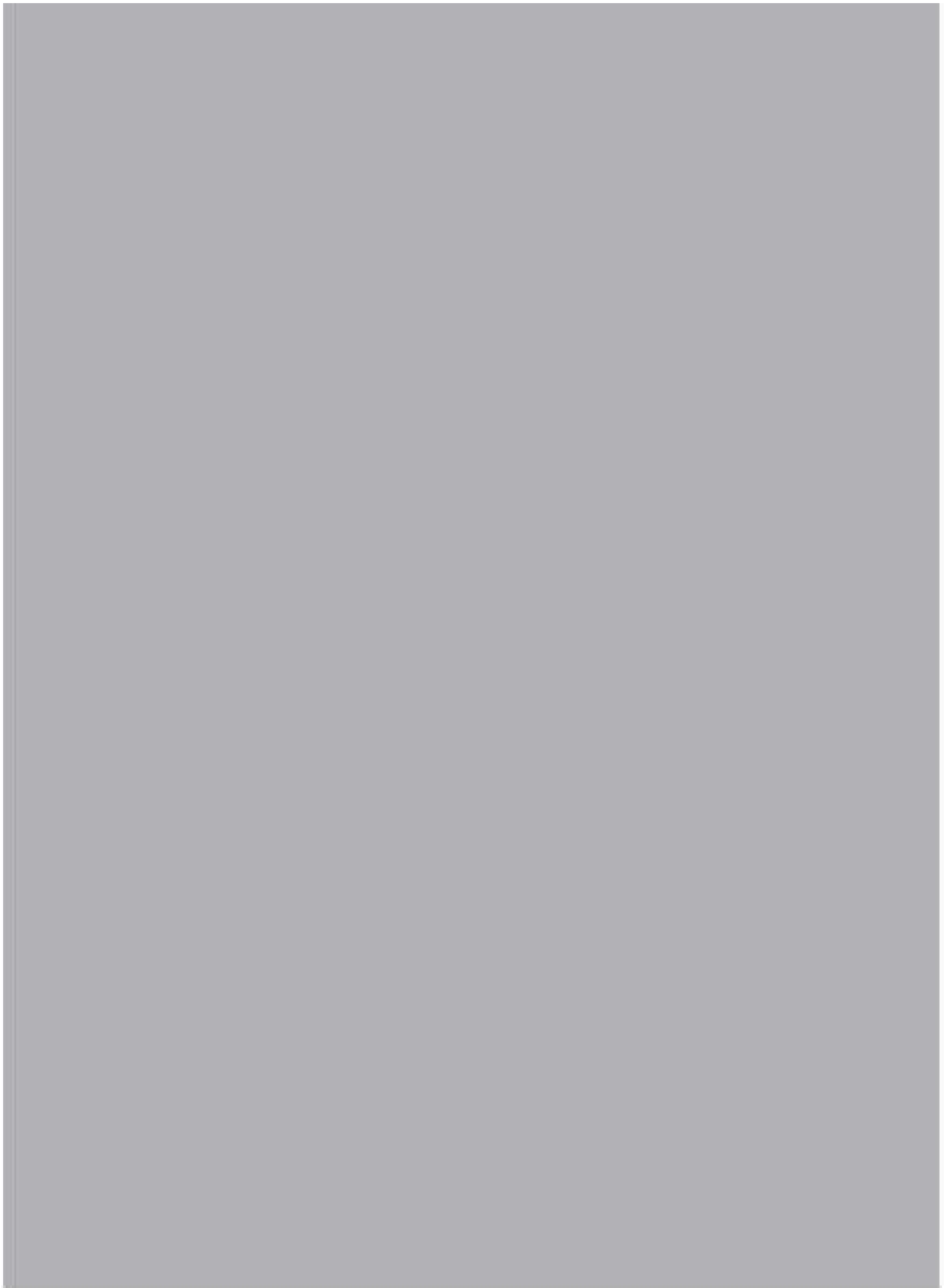
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Journal des Internalen Zentrums für Klinische Psychologie und Psychotherapie
<https://www.iccpp.org> - info@iccpp.org - ISSN 2747-6464

Herausgeber

Prof. Dr. Hans-Werner Gessmann

© Verlag des Psychotherapeutischen Instituts Bergerhausen -
Franz-Beck-Straße 31 - D-86551 Aichach

März 2021 Auflage ca. 30.000

