From Zeig, J. (Ed.)(1987). The Evolution of Psychotherapy. NY:Brunner/Maze

Psychodrama, Role Theory, and the Concept of the Social Atom

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The name Moreno is synonymous with psychodrama. Zerka T. Moreno is honorary president of the American Society of Psychodrama and Group Psychotherapy; president of the Moreno Workshops; and honorary member of the Board of Directors of the International Association of Group Psychotherapy.

Zerka Moreno is the author and co-editor of many books and articles in the field of group psychotherapy and internationally known as a teacher, therapist and lecturer. She is the widow and *was for more than SO years the collaborator of the late Jacob L. Moreno, M.D., who pioneered psychodrama.*

Zerka Moreno presents the development of psychodrama, centering on the seminal contributions of J.L. Moreno. He is credited as one of the first action-oriented therapists, and as an originator of cotherapy and group and marital approaches. Moreover, he was one of the pioneers in treating psychosis. Not only is history presented, Zerka Moreno clarifies important psychodrama methods and concepts such as role and social atom. *Cornerstones of this approach are the notions of spontaneity and creativity.*

HISTORICAL BACKGROUND

J.L. Moreno first began his formal interest in psychology by observing and joining in children's play in the gardens of Vienna, Austria, in the first decade of this century. At the time he was a student of philosophy; he had not yet entered medical school. He was impressed by the great amount of spontaneity in children and became aware that human beings become less spontaneous as they age. He asked himself, why does this occur? What happens to us? The same process struck him when he started to direct the children in staged, rehearsed plays. At the first portrayal, whatever spontaneity was available to the children was mobilized. But the more the children repeated the performance, the less inventive, creative, and spontaneous they became. They began to conserve their energy, to repeat their best lines, movements, and facial expressions because these produced the greatest effect upon the audience. What resulted was a mechanical performance, lacking in reality. Clearly, this was the same phenomenon evident in aging and in certain types

of emotional disturbances, where one finds repetition without relation to the current situation, a freezing of affect and of memory.

How could this process be reversed or slowed? Looking at the world at large—and it is notable that most of Moreno's theories and concepts were based on observations from life and were not limited to the clinical setting—Moreno conceptualized that what is of essence in human existence are the twin principles of spontaneity and creativity. The end products of these he called *cultural conserves.* They were attempts to freeze creativity and spontaneity of a past moment into a concrete product. He noted that conserved products are all around us, in music, in literature, art, religion, culture, technology, and even biology. The principle of energy conservation, the freezing of a past moment of creativity resulted in ubiquitous conserves.

Wanting to break these frozen patterns • and try to redirect energy back to the source of creativity, Moreno asked himself, what is spontaneity? How does creativity emerge? He decided that spontaneity and creativity were inherent in the human organism, endogenous, but the conservation of energy can block them and turn them pathological under certain conditions. What are these conditions and how can lost spontaneity and creativity be revitalized? How does this loss affect our relations with one another? How does learning via play differ from learning via the intellect? This last question has since been elucidated by the studies of the left brain and the right brain, but this information was not yet at hand in Moreno's time.

In his magnum opus *Who Shall Survive?* (1934, 1953) he dealt with creativity and spontaneity as *the* problem of the universe.

> The universe is infinite creativity. But what is spontaneity? Is it a kind of energy? If it is energy it is *unconservable,* if the meaning of spontaneity should be kept consistent. We must, therefore, differentiate between two varieties of energy, conservable and unconservable energy. There is an energy which is conservable in the form of *cultural conserves,* which can be saved up, which can be spent at will in selected parts and used at different points in time; it is like a robot at the disposal of its owner. There is another form of energy which emerges and which is spent in a moment, which must emerge to be spent and which must be spent to make place for emergence, like the life of some animals which are born and die in the love-act.
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> It is a truism to say that the universe cannot exist without physical and mental energy which can be preserved. But it is more important to realize that without the other kind of energy, the unconservable one—or spontaneity—the creativity of the universe could not start and could not run; it would come to a standstill. There is apparently little spontaneity in the universe, or at least, if there is any abundance of it only a small particle is available to man, hardly enough to keep him surviving. In the past he has done everything to discourage its development. He could not rely upon the instability and insecurity of the moment, with an organism which was not ready to deal with it adequately; he, encouraged the development of devices as intelligence, memory, social and cultural conserves, which would give him the needed support with the result that he gradually became the slave of his own crutches. If there is a neurological localization of the spontaneity-creativity process it is the least developed function of man's nervous system. The difficulty is that one cannot store spontaneity, one either is spontaneous at a given moment or one is not. If spontaneity is such an important factor for man's world, why is it so little developed? The answer is: man *fears* spontaneity, just like his ancestor in the jungle feared fire; he feared fire until he learned how to make it. Man will fear spontaneity until he will learn how to train it. (p. 47)

Though approaching creativity from another aspect, Otto Rank had this to say in *Art and Artist* about its end products:

> [the artist] desires to transform death into life,

as it were, though actually he transforms life into death. For not only does the created work not go on living; it is, in a sense, dead; both as regards the material, which renders it almost inorganic, and also spiritually and psychologically, in that it no longer has any significance for its creator, once he has produced it. He therefore again takes refuge in life, and again forms experiences, which for their part represent only mortality—and it is precisely because they are mortal that he wishes to immortalize them in his work. (1968, p. 39)

Clearly, one reason spontaneity is feared is because it is confused with irrationality and unpredictability. But anxiety and spontaneity are inverse functions of one another—the more anxious we are, the less spontaneous we become, and vice versa.

There seems to be a paradox in the notion of training spontaneity. If it is trained, can it still be called spontaneity? Perhaps a better designation would be the re-evocation and retraining of spontaneity.

Looking at some definitions of spontaneity and creativity, we note the following: Spontaneity derives from the Latin *sua sponte,* from within the self, The *Random House Dictionary* defines spontaneity as "coming or resulting from a natural impulse or tendency, without effort or premeditation, natural and unconstrained, unplanned, arising from internal forces or causes, self acting." The philosopher Charles Sanders Pierce (1931) spoke of spontaneity as having ". . . the character of not resulting by law from something antecedent. . . I don't know what you can make of the meaning of spontaneity, but newness, freshness and diversity" (p. 232).

Creativity in the abovenamed dictionary is described as: "To cause to come into being, as something unique that would not naturally evolve or that is not made by ordinary process, to evolve from one's own thought or imagination, to make by investing with new functions, rank, character, etc."

For Moreno spontaneity was "a new response to an old situation or an adequate response to a new situation" (1953, p. 336), with creativity adding the element of inventiveness. Both Pierce and Moreno stress newness.

The question remains, by what route can we train spontaneity? When Moreno noted the children's repetition in a role, he instructed them to throw away the written script, to improvise within the rationale of the role and the interaction, to remember feelings, not the lines, and to practice newness. By cutting off the old route, he forced the actors to find within and between themselves new ways of sustaining their roles.

During the early 1920s Moreno began to apply his method to adult actors. Out of that experiment, the Theatre of Spontaneity as an art form was born. Moreno put his actors into a variety of situations, taking them by surprise and having them respond to one another. It was a freeing of their ability to act and interact on the spur of the moment—being accused of infidelity by a spouse, being fired from a job, being insulted or misjudged by a friend, and so forth.

He attempted to tap into the unconservable energy, spontaneity, from within the wellspring of the actor and to use it in the developing interaction, to see if some resolution could be found, either between the actors or within the actors themselves. The bonding which took place between them and which helped them to be more creative due to their co-creation he called *tele.* Tele goes beyond empathy and transference and may be thought of as two-way empathy. It is feeling into and appreciation of the reality of the other, mutually experienced and reciprocally involving. Tele is responsible for mutuality between persons, over and beyond their projections, and is responsible for interpersonal and group cohesion.

In a New York State training school for delinquent girls, a study was undertaken in which the residents were asked to indicate whom they wanted as dining room

partners at tables seating four persons. The seating arrangement was carried out according to these choices. Mutual choices far outpaced what had been projected on the basis of chance. The factor responsible for these mutualities was revealed to be tele. Moreno decided that tele is the cement which binds people together in a reciprocally satisfying relationship.

Tele is found in several categories: mutual positive, mutual negative, positive versus negative, and neutral. The sense for tele develops with age. In general, it is weakly developed in children and grows with social awareness.

EMERGENCE OF THE THERAPEUTIC DRAMA, OR PSYCHODRAMA

While exploring the implications of his findings with his actors in the Theatre of Spontaneity, Moreno began to apply his ideas to interpersonal disturbances. He required his patients to show him, in action, how they had reached their current impasse, turning them into actors instead of reporters. He conceived of three intrapersonal phenomena: the director who tells the actor what to do, the actor who carries out the directions in action, and the observer who records, makes mental notes, and either encourages or discourages the action, interpreting what has occurred ex post facto. These could all be at odds with one another and thus disturb the smoothness of performance. In addition, each of these could be in discord with the others facing him, further diminishing spontaneity and increasing anxiety.

Moreno wanted to have the problem displayed in action for a number of reasons. There was often a discrepancy between the verbal representation and the actual action, and he wanted to reduce this. To a greater or lesser degree, patients display, as all humans do, incomplete perceptions of self and others, as well as perceptions which are lacking, weak, distorted, or pathological, and especially one-sided and subjective. Where perceptions are clear and mutually confirmed, positive tele is at work. The enactment was for Moreno not merely a better diagnostic tool, but a more lifelike model, yet larger than life. Later he often called it "a laboratory for learning how to live." It incorporated not only action and interaction, therefore including the body which was left out of the verbal approach, but also speech, mime, music, dance, and the dimensions of past, present, future, and space.

He did not trust the verbal method to be the royal road to the psyche. There is no universal language; each is culture-bound. He observed that there are, in fact, language-resistant portions to the human psyche which can preclude or impede speech as when emotions are deep or in turmoil. And, he asked, if speech were the central and all-absorbing sponge of the psyche, why do we have the various forms of art? These communicate to us in ways which cannot be replicated in speech. Indeed, the verbal method requires a secondary process of interpretation, in itself a product of the therapist's own philosophical orientation. In the dramatic form, the patient was learning to interpret himself as well as the others with whom he was engaged.

Perhaps even more basic as a reason is that both ontogenetically and phylogenetically language is a fairly late development in man. However, we are in interaction from the moment of birth, and much learning goes on in the first few years in action without language. Moreno saw man as an improvising actor on the stage of life. He concluded that he needed to tap a more primary level than speech, that of action. Children and psychotics frequently devise their own language, incomprehensible to auditors, unless carefully studied, and even then it may elude interpretation.

Dramatic depiction allows for the uncovering of concurrent fantasies; and a number of techniques were devised to enable the actors to concretize them.

What other basis could there be for the need for psychodrama? It was noted that developmentally every human infant goes

through a stage in the first few months after birth, in which it is not yet aware that there are other beings, outside of itself, around. It experiences itself as the totality of the universe, everyone and everything are extensions of its own being. Hangovers from this period may manifest themselves in children's play. It is called *normal megalomania;* the child uses it whenever it feels the need and this use may well be therapeutic in itself. This phenomenon is also related to Moreno's view of man as more than a biological being, reflecting his cosmic aspect. Here he approaches Rank who spoke of a lost union with the cosmos in which present, past and future are dissolved, and he hypothesized the trauma of birth as a final rupture of this union.

The child emerges gradually out of this state of all-identity into a state of differentiated identity, wherein other individuals and objects separate and become distinct from the self. This later stage leads to a complete breach, making the child aware that there are several kinds of experience, subjective and objective. This final breach, which is a universal phenomenon—the realization of the world within and the world without—is usually brought about by some traumatic experience, some deprivation. From this time onward every human being lives in these two spheres, subjective reality and objective reality, the world of fantasy and the so-called real world. If the essential nurture needs of the child are met, the child will learn about the two realms and, aided by spontaneity, will integrate and balance them. To the extent there is profound, continued deprivation or inadequate spontaneity, these two realms cannot mesh adequately. Then the child will withdraw into the subjective sphere which is once again the entire universe, all-powerful. The pathological seedlings planted there may eventually manifest themselves in various forms of intrapersonal, interpersonal, and socio-emotional disturbances. We all fall somewhere along this continuum; and as long as we are able to maintain our homeostasis or sociostasis, we can remain functioning.

Moreno's attention was engaged particularly by the psychotic experience as one of the most advanced forms of this split and it challenged him to treat psychotics through psychodrama. He conceived this method to be the bridge between the two spheres. Treatment should result in greater flexibility and creative adaptability.

Rank had this to say about play, "In every case play, by diminishing fear, liberates an energy which can ultimately express itself creatively" (1968, p. 324). Through the dramatic format of a play we are able to enter into the subjective, albeit psychotic, reality of the patient-protagonist by using supportive actors known as auxiliary egos, who concretize with and for the patient all those personae, real and fantasized, who are needed to complete and enlarge the internal drama. The protagonist is seen as a creator whose self-creation has gone awry, his creativity has erred, and he is stuck in his creation. It may be pathological creativity, but it is creativity nevertheless. It is the therapist's task to turn it eventually into healthy creativity. To this end, helpers are needed, midwives, to bring the incomplete creation to birth. Then the patient can complete the work, develop distance from it and eventually release it. The midwives are the director, auxiliary egos and supportive staff. They are also the guides who bring the protagonist back into objective reality.

Rank also wrote, "A man with creative power who can give up artistic expression in favor of the formation of personality will remold the self-creative type and will be able to put his creative impulse *directly* in the service of his own personality... The creative type becomes the creator of a self" (p. 430).

In the 1930s, psychotic patients were considered largely untreatable since they were unable to establish transference. In constructing a therapeutic approach, Moreno thought it more productive for the psychiatrist first to warm up to the pa-

tient, to establish the relationship by internally role reversing with the patient, and then with empathy and creativity to feel himself into the reality of the patient's subjective world and assess his needs. As there were multiple personae, real as well as hallucinatory or delusional, in the patient's world, the therapist needed helpers. Thus a team of co-workers emerged for the first time in psychotherapy. Up until that time it was deemed best for only one therapist to be actively involved in psychotherapy. It may be argued that active group psychotherapy was born here.

The auxiliary egos had to learn to put their own organisms at the service of the patient, his drama, and his world. For the patient this also represented the first step to resocialization. One remarkable aspect is the ease with which the patient is often able to accept the therapeutic helpers as representatives of the personae in his subjective system and is able to engage with them in interaction. The auxiliary egos had to develop spontaneity which helped them move fast along the axis leading from objectivity to subjectivity and back again.

The development of treatment teams was much like what had occurred in surgery. But is was a revolution in psychotherapy—previously only the therapist was supposed to have meaningful access to the mind of the patient. Moreno knew he could not influence a delusion or hallucination directly, but he hypothesized that such influence could be introduced through the relationship first established on the psychotic level. His auxiliary egos became the go-betweens; these he could direct. As the protagonist began to leave his subjective world, the auxiliary helpers. were there to support and guide him into the larger world, on the basis of the trust established earlier. This pioneering effort took place in a small mental hospital in Beacon, New York, in the later half of the 1930s.

In addition to using psychodrama as a comprehensive tool for treating psychotic and neurotic patients, before discharge their families were brought into therapy with them, to assist in achieving and maintaining more balanced interrelationships.

In 1937 Moreno started other innovations, using himself as a go-between in marital conflicts, as well as having both husband and wife in treatment together at the same time. Reports were published in 1937 in the journal *Sociometry* and later in the three volumes on psychodrama. In the September 1981 issue of *Family Process,* a Belgian psychiatrist, Theo Cornpernolle, published "J. L. Moreno: An Unrecognized Pioneer of Family Therapy," from which I quote:*

> from his earliest writings in 1923 J. L. Moreno developed an interactional view of psychotherapy that in 1937 already resulted in formulations of a true systems orientation and very concrete ideas about marital therapy, family therapy and network therapy. He probably is the first therapist who actually involved a husband's lover in conjoint marital therapy. His general theoretical formulations about the pathology of interpersonal relations as well as his practical suggestions for their therapy seem to be insufficiently known to workers and researchers in the field of family therapy. (p. 331)

Compernolle's article contains the following (p. 331):

> Then the momentary structure of the patient's life situation, the physical and mental makeup of his personality, and, most of all, how this operated and interacted with members of his family, and with various members of his network, was the information needed for diagnosis.. . . Considering the more complex forms of social neurosis, when two, three or more persons were to be treated simultaneously, the scenes enacted between them became a formidable pattern for treatment. Finally, all the scenes in their remote past, and all the remote networks, became important from the point of view of general catharsis of all the people

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involved. The solution was the resurrection of the whole psychological drama, re-enacted by the same persons in the re-creation of situations in which their association had begun. The new technique, if properly applied, aided the patient to actualize during the treatment that which he needed to let himself pass through in a procedure which was as close to his life as possible. He had to meet the situations in which he acted in life, to dramatize them, to meet situations which he had never faced, which he avoided and feared, but which he might have to meet squarely one day in the future. It was often necessary to magnify and elaborate certain situations which he was living through sketchily at the time or of which he had only a dim recollection. The chief point of the technique was to get the patient started, to get him warmed up so that he might throw his psyche into operation and unfold the psychodrama. A technique of spontaneous warming up of the mental states and the situations desired was developed. The spontaneous states attained through this technique were feeling complexes and, as such, useful guides toward the gradual embodiments of roles. The technique demanded usually more than one therapeutic aide for the patient, as aides in starting off the patient himself and as representatives of the principal roles the situation and the patient might require. Instead of one, numerous auxiliary egos were needed. Therefore it led to this: the original auxiliary ego, the psychiatrist, remained at a distance but surrounded himself with a staff of auxiliary egos whom he coordinated and directed and for whom he outlined the course and the aim of psychodramatic treatment.

The 1923 reference made by Compernolle was Moreno's first book dealing with problems of spontaneous production and improvisational drama, *Das Stegreiftheater,* translated into English and published in 1946 as *The Theatre of Spontaneity,* in which he dealt not only with the research aspect but also the therapeutic and philosophic areas. Again I quote,

But the true symbol of the therapeutic theatre is the private home. Here emerges the theatre in its deepest sense, because the most treasured secrets violently resist being touched and exposed. It is the completely private. The first house itself, the place where life begins and ends, the house of birth and the house of death, the house of the most intimate interpersonal relations becomes a stage and a backdrop. The proscenium is the front door, the window sill and the balcony. The auditorium is in the garden and the street.

Spontaneous role playing gives the "meta-practical proof" of a realm of freedom, illusion is strictly separated from reality. But there is a theatre in which reality or being is proven -through illusion, one which restores the original unity between the two meta-zones- through a process of humorous self-reflection; in the therapeutic theatre reality and illusion are one.

Some of the most significant techniques refer to the domain of *forms,* of *interpersonal relationships,* of *presentation* and *the treatment of mental disorders.* (p. 89)

In psychodrama, repetition of a scene or interaction need not be deadly. Because it is impossible to reproduce life exactly, an element of newness is already introduced; it is living it again, but with a difference. The cultural conserve, on the other hand, such as the legitimate drama, does not allow for genuine deviation. But, states Moreno,

The cultural conserve is not an inescapable trap. Its stultifying effects can be corrected. Instead of making the machine an agent of the cultural conserve—which would be the way of least resistance and one of fatal regression into a general enslavement of man to a degree beyond that of the most primitive prototype—it is possible to make the machine an agent and a supporter of spontaneity.. . . Indeed, every type of machine can become a stimulus to spontaneity instead of a substitute for it. . . . The reproductive process of learning must move into second place; first emphasis should be given to productive, spontaneous-creative process of learning. The exercises and training in spontaneity are the chief subjects of the school of the future. (1946, p. 55)

Clearly Moreno's concern was not only with the treatment of mental disorders but also with a new model of education, from kindergarten on up.

In Goethe's play *Lila,* the heroine is treated for her insanity by having all the persons involved in her private life join her in her delusions, taking the roles as she envisions them. After having lived these out in life itself with her co-actors, she can now rejoin them; and thus she is cured and returns to reality. Goethe pointed out in a letter to the director of the royal theatre of Saxony on October 1, 1818, "The play *Lila* is actually a psychological cure in which one allows the madness to come to the fore in order to cure it. . . . The best way to attain a psychological cure is by allowing the mad. ness to enter into the treatment in order to heal the condition" (1971, p. 14). Similarly, Moreno often spoke of psychodrama as a homeopathic remedy and as a "small injection of insanity under conditions of control." It is the control which is of importance, the madness being contained within it, with the learning taking place in a nonthreatening and protective setting. Family therapists similarly induce crises in order to treat the family in therapy.

THE METHOD

Psychodrama primarily uses five instruments: the patient or protagonist, the director or chief therapist, the co-therapists or auxiliary egos, and the group members, plus a space or theatre for the action.

Psychodrama sessions proceed in three stages: the warm-up and interview, the enactment and the closure. The warm-up is intended to prepare the group for the emergence of a protagonist or, if a protagonist has already been designated, to become more relaxed individually and more cohesive as a group. There are a great many warm-up techniques: some may be physical, such as doing exercises, some may be done with music or dancing, some with mingling, or with introductions by name. Directors often devise new warm-up techniques on the spur of the moment. There are group-centered warm-ups and sessions as well as individual-centered ones. The warm-up is also to assist the protagonist in establishing some level of comfort within the group. Over the years, as patients become familiar with this type of treatment, they are often ready to start when they come into the session, having been warmed up by the psychodramas of other patients or by some recent happening in their own lives. As patients start trusting the method and the therapists, their warm-up time is reduced.

A further warm-up is the interview when the protagonist comes to the stage space. This interview is to elicit essential facts and to help the group become familiar with the patient's needs and mental set, as well as to prepare the protagonist for the forthcoming action. The interview is greatly reduced in the treatment of psychotics: as soon as the director, auxiliary egos, and group members become familiar with the patient's inner world, action starts almost at once. The interview should set the stage for the protagonist, the place, the time, and the persons involved as the action begins. It also enables the auxiliary egos to be ready to step into the action as needed. If the group is homogeneous in terms of diagnosis, for instance drug users or alcoholics, the group members may bring up a related or unrelated topic and the protagonists may be self-indicated or group-chosen. The enactment follows, incorporating self-presentation, role reversal, doubling, soliloquy; shifting to more relevant scenes—real or fantasized; returning to the past or projecting into the future, as seen essential by the director, all with the cooperation of the patient, or as indicated by the patient.

A special adaptation in psychodrama, called the mirror technique, is the enlistment of the patient as a colleague, an auxiliary ego in his own role, watching his behavior in relation to others, yet at the same time helping the director to guide the action. Another is role reversal with the director who becomes the patient,

placing the protagonist in the role of the therapist. This technique has been taken over by individual therapists of various orientations. The patient can also be interviewed as a colleague and asked how this patient might be treated. One of the most useful role reversals is one in which the patient takes the role of the person with whom the conflict is to be explored and is then interviewed from that perspective. The amount of data and the sort of data which come out of this are frequently more valuable than the results of interviewing in the role of self.

One of the reasons why patients appreciate psychodrama is that their autonomy is mobilized, respected, and put to use in their own behalf, in a setting where mistakes, if any are made, are not punished but can be corrected on the spot, and where the possible consequences of their interactions can be tested out. Another reason is that it becomes obvious to patients that they know more about themselves than they realized and, especially in the beginning, more than the therapist. For example, their homes and the way they live with others are unknowns to anyone but themselves. This changes their status in relation to the therapist and makes them equal partners in an exciting process of exploration and learning. This experience is important for the patients to overcome their fears of acting, giving themselves away, and possibly losing control.

The function of director is complicated. It takes approximately two years to train a director, who must be a combination of scientist and artist. The more fully the director lives, the better he/she can fulfill this function. He/she has to be aware of cues of all sorts since action by itself may not be enough. Often a subtle cue must be followed up and the current scene dropped for a catharsis of integration to take place. My sense is that family therapists are so close to this role that they could easily incorporate psychodrama into their armamentarium.

The auxiliary egos have five major functions:

1. to embody the role required by the protagonist of either an absentee, a delusion or hallucination, an animal, an object, an idea or value, a voice, a body part, or as the double of the various aspects of the protagonist himself;
2. to approximate, in taking the role, the perception held by the protagonist, at least in the beginning;
3. to investigate the true nature of the interaction between the protagonist and the role being enacted by the auxiliary;
4. to interpret this interaction and relationship, and if possible, to bring that interpretation into the scene; and
5. to act as a therapeutic guide toward a more satisfactory relationship and interaction.

The first three functions are genuine additions to what the psychotherapist has been doing all along in points 4 and 5, but it is exactly the nature of the interactional process that refines the interpreting and guiding.

Because the auxiliary ego is closer to the protagonist in the action and because it serves as the agent of action on behalf of the director, the function of the auxiliary ego is the next important aspect. The auxiliary ego can assist the director in his own evaluation and guiding. The function of the auxiliary ego as a double to a psychotic patient cannot be overestimated; the more bizarre the patient is, the more a double can be effective in this process. Often a protagonist is unable to communicate what is going on inside and around him, but the double can, and does. Whenever possible, family members eventually are brought into the therapy. They, in turn, may become auxiliary egos for a while, or may be treated as co-protagonists, learning about what they may have contributed to the patient's difficulties. Auxiliary egos and directors are required to be protagonists in their own dramas during the course of their training, not only to develop as therapists and as people, but also to enlarge their role repertoire and to increase spontaneity. This becomes especially necessary when there

is some aspect of the patient's psychodrama that enmeshes the auxiliary ego in his personal psychodrama.

The first rule, therefore, for directors and auxiliary egos is: Be sure you are not doing your own psychodrama on your patients. There is always danger of this in any form of therapy; in psychodrama it becomes a little more evident since it takes place in a group. Such developments should bring the director and auxiliary egos to the stage as protagonists in psychodramas of their own. Whether to have patients present or not is a decision to be made. We have found it enormously useful for patients to attend such sessions because they learn that therapists, too, have their human problems. Prophylactic use of psychodrama sessions as a prevention of burnout is also to be recommended.

The final part of the session is sharing. This consists of bringing the protagonist back into the group circle and having group members identify with the protagonist or with another role represented in the psychodrama. Group members should speak about themselves, not the protagonist; here we share our common humanity. It is not merely that we are all more human than otherwise, as Harry Stack Sullivan declared, rather we are more alike than we are different. The differences do stick out, causing us often to forget our commonality. Dialogue, discussion or interpretation, and evaluation must come later, when the protagonist is not as vulnerable. At this stage he is, as in surgery, in recovery and must be handled gently, but firmly. The protagonist had denuded himself or herself before a group. This giving of self must be rewarded in kind, not by cold analysis, critique, or attack—no matter how shocking the revelations may have been—but by becoming once again a member of the group. Sharing has been found to be the most healing aftereffect; once sharing has taken place, analysis and interpretation can take place. However, these are best done by the protagonist. Many are eager to get this response so they can extract further learning, but it is not the primary aspect of sharing, or rather, not the first step. Analysis leads to intellectualization. Healing comes from the revelation of others. Insight by itself rarely heals anyone. In any case, healing is more readily achieved after the emotions have been stirred and acceptance has been made manifest.

THE CONCEPT OF ROLE IN PSYCHODRAMA

In psychodramatic terms, the role is a final crystallization of all the situations in a special area of operations through which the individual passes in interaction with others who play complementary roles. A role does not take place in total isolation from the environment or from significant others. It is thought of as a functional or dysfunctional unit of interactional behavior. The role can be defined as the actual and tangible form which the self takes. Self, ego, personality, character, and so forth, are cluster effects, not roles in themselves. The role is a fusion of private and collective elements.

During the 1960's, an unfortunate connotation was attached to the term "role playing," wherein the enactment of roles was not seen as an inherent function of the human being, but as something dis-

honest, a mask over the real person. This is a complete misunderstanding of the role concept in therapy.

The dramatic format of the Theatre of Spontaneity led to the concept of the role and role formation. They are placed into three main categories: Psychosomatic Roles, relating body and psyche, Psychodramatic Roles or Fantasy Roles, and SocioCultural Roles. The role is not considered separate from a person's essence, like the clothes he puts on or takes off, but as an existential part of his being, the part that makes up his ego with other roles. The personality may emerge from the roles, since role enactment takes place before there is role perception. The psyche is an open system with the roles in various stages of development. It is not a container into which the roles fit, like pick-up sticks in a tube.

Every human being has a role repertoire far larger than normally used. There is great individual variation in the number of roles each one activates and in the value placed on them. Roles may be absent, latent, emerging or developing, incomplete, distorted, in full activation, descending, dying or burning out and replaced. They may be of central order or peripheral. Their condition and states are not fixed; they may move from one position to another. Inability to move, rigidity of roles, has to be attended to by therapy and/or retraining.

Rapid and extreme shifting of roles can create group upheaval. An example of this is Gauguin's life. In the midst of a successful career in the world of finance, he gave it all up for the role of the creative artist, thereby upsetting his family's lives—his wife moved back to Sweden with the children. The role of the artist has no counterrole except that of the art appreciator. It is probable that Gauguin was considered psychotic, since such a dramatic emergence of a hitherto latent role, along with the burning away of all the other roles, is frequently regarded as insanity by interactors in the person's previous role and by observers of the process because their own role responses and needs no longer fit. We see similar events today, though not always in such extreme forms, in the growing number of people who are giving up successful careers for a second or third one. If there is no support for these changes within the family or social setting, no effective counterroles, the protagonist must establish a completely new and different set of associates.

Our role repertoire is activated and enlarged as we develop, moving from the protection of the family into the larger world. Inadequate role development in a much-needed role can lead to unsatisfactory interaction.

Society rigidifies certain roles and we have to struggle to free ourselves of these preconceptions: male versus female roles, the older person in our society seen as a nonworker and a nonsexual partner, to mention but a few sources of societal disablement.

While certain roles develop and remain fairly stable throughout lifetime, changing only in frequency, duration, or intensity, such as the psychosomatic roles of the sleeper, the eater, and the walker, certain other roles cease to be as central. For example, the role of the protective parent changes gradually, as required by the growing child, into a relation of greater partnership. Failure for this to happen brings the growing child and the family into conflict. There are parents who so love small children and their own parenting that they cannot permit the small child to grow up. Infantilizing and overprotection result. If the child rebels, the parents feel threatened and react, often negatively. There are others who feel the burden of small children to be beyond their own role ability and they can become child abusers, or they push their children into early adulthood, sometimes requiring them to reverse roles with them, to become their ideal parent. Their own small needy child gets in the way because of its early deprivation. Such role distortions require attention. Role structure is a complex phenomenon.

An example of misperception of a sociocultural role was reported to me by a teacher. The first day of a first grade class one of the little girls did not sit down in her assigned seat but stood up, next to it, when the class began. Upon the teacher's request that she be seated she answered, "But I'm not tired." Evidently she had not perceived that in the classroom the teacher is the only one allowed free movement—students are required to sit and must ask for permission to move about. She stayed aloft all day. But the next day she had grasped the student role and sat down with the rest. This may be an example of spontaneous behavior; however, in the eyes of the teacher and the rest of the students, it was inadequate.

Changing roles in our society requires great strength of purpose and determination; and while such changes may be seen afterwards as worthwhile, the actors in the ongoing drama go through much turmoil in the process.

There are three levels in role playing: role enactment, role perception and role expectation. Discrepancies between any of these create interpersonal as well as intrapersonal disturbances. Certain roles, specifically psychosomatic ones, require specific changes in our society. For example, in the average middle-class household, eating is done in the kitchen or dining room, sleeping in the bedroom, the bathroom is for dealing with excreta and cleaning oneself, the den is for the family to gather in and watch TV. Deviations from this pattern can be greatly upsetting to the managers of the household. We even demand proper toilet training from our small children and our pets; if they fail, they are not housebroken. Wrong or rigid emphasis on the correct settings can lead to family turbulence.

The roles of the eater and the sleeper in children are often distorted because their interactional matrix is inequitable. A mother needs to have her child eat at a specified time and to eat the prescribed amount of food. This need may impose itself on the child's wants in ways that create a struggle between them. The same may be true for the need of sleep. Having the child asleep is often more the adult's need for rest and recuperation than the child's need. Problems at sleeping time may result. The stress lies in the varying enactments of the interlocking roles, needs, and perceptions, in terms of quantity, length, and time. Intensity, duration and timing all play a significant part in role interaction.

Sometimes a simple reorganization of the seating order around the table can resolve eating problems. The parents may not share each other's view of how the child's eating role should be handled. We have successfully managed such reorganization by having the siblings take over some of the supervisory functions and by increasing the physical distance between the parent and child. This indicates the importance of space in interpersonal role conflicts.

Instances of intrapersonal conflict between two or more psychosomatic roles are known to us all. The eater role, for instance, may thrust itself into that of the sleeper, awakening the sleeper and making it 'imperative that it be satisfied. The sleeper gets up, has a snack to satisfy the eater, and is once again able to return to the act of sleeping.

On the psychological or fantasy level, role conflicts are usually more difficult to resolve. There may be conflict between two or more roles in different categories. A familiar one to persons in the helping professions is the conflict between private and personal roles, that of the therapist versus that of the parent. A little boy of nine, the son of a psychiatrist, came to therapy and was a striking example of this. When confronted with a male auxiliary ego in the role of his father, he angrily stamped his foot and said, "I don't want to be your son. I want to be your patient. Then you'll pay attention to me." This was a self-fulfilling prophecy which could not, in the end, be fulfilled since the father was not able to treat his son. The entire family entered into treatment so

that new interaction could create familial balance.

The auxiliary egos in such treatment are extremely valuable; they can double for each of the family members, assisting in the communication between them. Individual members can work with auxiliary egos to express safely their innermost conflict without fear of retaliation and with reduced guilt, since the offending family members are absent. If indicated, the partners in the conflict are treated first via auxiliary egos who become familiar with the conflict and represent the absentees realistically. Only when the various partners are able to enter into more open, honest contact with one another will they be brought together in treatment.

We note role deficiencies at times. One or another partner in a conflict may not have the particular role required by another in the repertoire, or may not give it the same centrality. This can be the cause of breakdowns in the relationship; the dissatisfied partner may search for substitution with another partner who has the required function and with whom interaction is more complete and satisfying. Role repair and substitution with another partner may lead to dissolution of the earlier relationship and they are often found in marital breakdowns. This does not refer only to sexual roles, although these may be involved; rather it is often a hitherto underdeveloped or ignored role that becomes dominant in one of the partners.

The designation of a person having a weak or strong ego beclouds the issue. No one has ever seen an ego. At best we can observe that a person has a weakly- or strongly-developed role. This allows the individual to realize what this structure does to the counterstructure in the partner or partners. Putting these structures in better balance may result in stronger partnership. There are few among us who are equally strong in a great many roles; they are the exception rather than the rule. The majority of us are deficient somewhere in one or another role relationship. Identification and training in these areas require spontaneity and creativity.

Anticipation of certain roles makes us anxious and insecure about entering situations where these roles will have to be embodied, such as the role of the lover, the spouse, the parent, the teacher, the employee, the traveler, etc. Desensitization is called for, along with some exploration of the earlier history that contributed to this anxiety, therefore requiring repair in the present.

Role structure and interaction can be plotted on diagrams for diagnostic and guidance purposes and are especially useful in the treatment of families and small groups. Such diagrams may be drawn by each partner and then compared with those of each of the other group members for discrepancies of perception and for further dramatic enactment and correction. Role reversal is the essential ingredient here. The more harmonious the interaction, the greater will be the areas of agreement as well as the number of roles perceived as mutually satisfying. These diagrams can vary from total disagreement to considerable overlap. If done longitudinally, they are good indicators of changes achieved and of those still needed.

THE CONCEPT OF THE SOCIAL ATOM

The position that emotional disturbance is largely a product of human interaction that is not restricted to intrapsychic phenomena led to the examination of the individual plus his relevant others, as well as of the relationships they shared. In the treatment of husband and wife, designated as the intimate social atom, the focus of treatment was upon three entities: the two individuals and their relationship. As with the psychotic patient, Moreno found it difficult to influence the psyche directly and thought it might be more effective to approach it through the relationship.

He applied this frame of reference to the study of a residential school for delinquent girls in upstate New York. His findings, published in 1934 in Who *Shall Survive?,* were the first sociometric investigation of an entire community. The sociometrist is not merely an observer-participant and interviewer; rather he elicits the active cooperation and collaboration of the group members. The group members become, in effect, co-researchers in the project. Out of this research came a large number of sociograms, or charts depicting the living, learning, and working space of the group members in interaction in these settings. From this study the concepts of the *social atom* and *social networks* emerged, among others. The structures around and between individuals, which tied them together, Moreno termed the

social atom and their role relationships he termed the *cultural atom,* which complements the social atom on the role level. The social atom and the cultural atom are two formations within a more comprehensive. one called the social network.

Definitions of the social atom are:

1) The nucleus of all individuals towards whom a person is related in a significant manner or who are related to him; the relationship may be emotional, social or cultural.

2) The sum of interpersonal structures resulting from choices and rejections centered about a given individual.

3) The smallest nucleus of individuals in the social universe who are emotionally interwoven, emotional because even the highest spiritual or intellectual relationships are meaningless without some feeling.

4) The center of attraction, rejection or indifference; the interweaving of emotional, social or cultural factors eventually takes the form of attraction, rejection or indifference on the surface of human contact.

5) The ultimate universal "common denominator" of all social forms, not normative like the family or an abstraction from the group like the individual.

6) An existential category, it consists of individuals. Once brought to cognizance it is in immediate evidence and cannot be further reduced. Contrary to it, the physical atom is not in immediate evidence and can be further reduced. It is not a reality but a construct. The term *atomos,* any very small thing, is a misnomer for the physical atom is not the smallest and simplest elementary particle of matter. Electrons, neutrons, protons, etc., are smaller and in the course of time still smaller particles may be found. But it cannot be imagined that at any time a smaller social structure than the social atom will be found, as it is nothing else but the most immediate social coexistence of individuals.

7) A pattern of attractions, repulsions and indifferences discerned on the threshold between individual and group. (Moreno, J. L., 1961, p. 36)

In terms of the cultural atom, according to Confucius there were five basic sets of human relations: Ruler versus Subject, Husband versus Wife, Father versus Mother, Older Brother versus Younger Brother, and Father versus Son. In our society there are additional ones which had no significance in the China of Confucius's time. Among these are: Employer versus Employee, Employee versus Employee, Stranger versus Native, Majority versus Minority group member, Government versus Citizen, Father versus Female Child, Father versus Middle Child, and so forth; and the same goes, of course, for the Mother-Child relationships and the Female versus Female and Female versus Male relationships.

Of particular concern to psychotherapists are six relationships uncovered in this microscopic overview. The dyad, or pair, is the smallest unit of social interaction. The family consists first of this pair. The dyad and its treatment, as pointed out earlier, encompasses three entities. These structures become far more complex in their interrelationships when entire families are involved (triangles, squares, pentagons, etc.), all considered with their substructures and bonds.

Within the dyadic organization the following are discernible:

1) Two healthy persons can have a productive relationship if it is mutually satisfying and growth-supporting; this is a reassuring finding even if somewhat rare.
2) Two otherwise healthy persons can have a disturbed relationship—with other partners they would be balanced, but together they contribute to one another's disequilibrium, disturbance, or destruction.
3) One healthy and one so-called sick person can have a healthy relationship—on this psychotherapy is based. This cannot last; it may eventually lead to an end, with release and independence of the dependent person. But it means a mutually beneficial and satisfying relationship.

4) A healthy person and an unhealthy one can have a pathological relationship, one which is mutually destructive.
5) Two so-called sick persons can have a healthy relationship when one of the partners is somewhat better integrated than the other, that is, well enough not to be disequilibrated by the weaker partner. Group psychotherapy and AA are based on this, as are all the mutual self-help groups, with each partner acting as therapeutic agent for another.
6) Two disturbed individuals can have a disturbed relationship in that they contribute further to the disturbance.

In psychodrama, after dealing with the dyadic organization, the social atom is studied not only from the perspective of the two central protagonists, for instance a couple, but also from the perspective of the children, in-laws from both sides, and siblings.

The effects of birth within the social atom are often profound. In addition to the exploration of these effects on the intimate, work, and socio-cultural atom, psychodramatists began to look at death within the social atom. In an aging population or in a network of dying, such as with AIDS, the deprivation by social and physical death becomes of major concern. Not only the aged are severely affected by death. Working with adolescents and young adults who have attempted or are depressed enough to contemplate suicide, treatment is directed at having the protagonist role reverse with a person whom they recently lost, either through the ending of a relationship or through death. In the latter case, we often find that the continued relationship with the deceased is more valued than one with anyone alive. Thus another subset of relationships was revealed, that of the Dead versus the Alive.

Here treatment consists in having the patient role reverse with the dead person and face himself portrayed by an auxiliary ego who firmly declares love for the deceased and the fervent wish to join the dead. In all cases treated in this way, the deceased did not wish the patient to join him in death. However, to complete the healing there must be a restoration of balance in the social atom of life, which must defuse the relationship to the dead person. Often patients are not aware that there is potential help around them. The way to reach for help is to ask the protagonist, who will be most hurt if you should happen to commit suicide? The person so selected by the patient becomes the next candidate for role reversal into that person learning of the patient's suicide. When one patient denied that anyone would care, the start of the psychodrama was with the person who would first discover her. This led to a chain of six persons, each of whose roles she embodied and each time the person was informed of her death. She did not have *psychodramatic shock* and full realization of the consequences her contemplated act would evoke until she became her own mother.

In another case, a teen-ager had made several such suicide attempts. In exploring what had happened to her in the last year, she set up seven empty chairs of persons whom she cared about, each of whom had died. Again, in the role of each one she did not give herself permission to die; instead, all encouraged and supported life, reminding her that she was a promising student and that she must live her life to the full. A lack of support was evident in her familial social atom. Although she and her father essentially had a caring relationship, it was her mother (who had been pyschotic before the daughter's birth) who was the center of her father's life. He was bound up in keeping his wife out of a mental hospital. Their relationship was so symbiotic that it excluded the children. The girl's only sibling, an older brother, had recently married and moved far away; they had been very close before this, being each other's mutual support. Here was, of course, another death in her life—the vital link to her brother. She felt he had to live his own life since he was newly wed; but when the protagonist was put into her brother's role, interviewed from that per

spective, and asked if he would want to help his sister because the danger of completed suicide could be real, the role of the protective brother came to the fore. It was clear that the sister had never revealed her despair to him. In his role the protagonist felt dreadfully burdened, as if his new life cost the life of his sister. When asked if he was willing to pay that price, the protagonist was shocked and asked how he could help. It was suggested that perhaps his sister should inform him what she was going through and that she should ask if he would be willing to help her move close to him and continue her schooling there. The answer was distinct and positive. Ending the role reversal here, the ensuing interview dealt with the writing of a letter. After a few more sessions, the correspondence was revealed to go well and she eventually did join her brother. In that healthier setting she thrived and has gone on to higher education. In this case, the restructuring of the social atom (moving from a diseased family setting to a healthy one) was the necessary step, since the parents did not come for psychotherapy and were unwilling to do so. We think of such intervention as social atom repair.

If exploration of the social atom reveals pulls from the side of death, then pulls from the social atom of life have to be enhanced. The social atom is a rich source of diagnostic and therapeutic information; it can be used to help restore what is called *sociostasis,* homeostatic balance in the social atom. Homeostatic balance is primarily linked to stability of relationships and not to stability of the individuals involved, nor to their characteristics. In the study of the work and school social atom, it has been shown that proneness to illness, proneness to accidents and absenteeism in business and industry, as well as in school with children, are reflections of the lack of integration in the group, rather than characteristics which reside only in the individual personality.

In psychodrama, process is more important than content, even though the con tent is reconstructed—"How did this happen to you, show me" is the focus rather than "What happened to you, tell me." Patients frequently repress or forget what happened, both in and outside of therapy, but they rarely forget how they experienced it and how this experience affected them. Thus, we tap into the process and, remarkably, the contents begin to emerge again, within the flow of the process. Protagonists may fall temporarily out of a scene by stating, "Oh, I had forgotten, this and that occurred here," thereby amplifying and intensifying the re-enactment. Because it is a flowing, life-connected process, learning can be carried from therapy into life itself. It affects the protagonist on the level of action, fantasy, and reality. We start with the magic "as if," but after a while the "if" falls away leaving only "as."

Rank has this to say about play, "For play, after all, differs not only conceptually, but factually, from art. It has in common with art the combination of the real and the apparent; yet it is not merely fancy objectivized, but fancy translated into reality, acted and lived. It shares with art the double consciousness of appearance and reality, yet it has more of reality, while art is content with the appearance" (1968, p. 104).

In practical terms, psychodrama protagonists should speak in the present tense; verbs are action words. Placing protagonists into the present, no matter when the scenes actually happened, reduces the verbal reporting and turns them into actors. As Longinus in the first century A.D. wrote, "If you introduce things which are past as present and now taking place, you will make your story no longer a narration but an actuality" (1970, p. 71).

Psychodrama is a synthesizing process, putting together many elements, sometimes in disorderly manner; but, out of this disorder, some order eventually arises.

Returning to Rank, we find him saying, "The great artist and great work are only born from the reconciliation of . . . the victory of a philosophy of renunciation

over an ideology of deprivation" (1968, p. 429). It strikes me that this applies to our patients who may have to reconcile themselves to a deprivation of their privacy to gain or regain themselves on another level and with larger dimensions. But to achieve this and not to feel deprived, they must find within themselves and their relationships, as artists find in their work, something of equal or greater value. Possibly some can even become artists at living. Our task is to guide them so that this can take place. Then they can achieve, as Eric Erikson put it in *Young Man Luther,* "This pure self is the self no longer sick with a conflict between right and wrong, not dependent on providers, and not dependent on guides to reason and reality" (1958, p. 265).

Moreno ventured a prediction in Who *Shall Survive?* He wrote:

> When the nineteenth century came to an end and the final accounting was made, what emerged as its greatest contribution to the mental and social sciences was the idea of the unconscious and its cathexes. When the twentieth century will close its doors that which I believe will come out as the greatest achievement is the idea of spontaneity-creativity and the significant, indelible link between them. It may be said that the efforts of the two centuries complement one another. If the nineteenth century looked for the "lowest" common denominator of mankind, the unconscious, the twentieth century discovered, or rediscovered, its "highest" common denominator-spontaneity-creativity. (1953, p. 48)

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