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PSYCHODRAMATIC RULES, TECHNIQUES AND ADJUNCTIVE METHODS

The growing demand for skilled workers in psychodrama has awakened us to the need to structure a comprehensive statement of fundamental rules[1] in the practice of this method, and a brief survey and explanation of the numerous versions of psychodramatic intervention. Other surveys of methods have described some of these,[2] but a number of basic rules to serve as guidelines for the practitioner are vital.

RULES

I

"The subject (patient, client, protagonist) acts out his conflicts, instead of talking about them."

To this end, a special vehicle or psychodrama stage may be used, though the process may have to take place in any informal room or space whenever no such specially designed vehicle is available. Ideally, the special vehicle makes for more intense involvement. The process requires further a director (or chief therapist), at least one trained auxiliary ego (though the director may be forced to act also as an auxiliary ego where no one is available). Maximum learning is achieved whenever such trained assistant-therapist-actors are used.

It should be borne in mind that psychodrama may be applied as a method of individual treatment—one patient with one director and auxiliary ego, or one patient and the director. Where it is applied as a method of group treatment, other patients in the group may very well serve as auxiliary egos for one another. In this fashion even individual-centered sessions involve in action other members of the group, who, in turn, derive therapeutic benefit from this auxiliary ego function. This further intensifies the learning of all those present.

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[1] See J. L. Moreno, Chapter on Psychodrama, *American Handbook of Psychiatry*, Basic Books, New York, 1959.

[2] Zerka T. Moreno, A Survey of Psychodramatic Techniques, *Group Psychotherapy*, Vol. XII, 1959.

II

"The subject or patient acts 'in the here and now,' regardless of when the actual incident took place or may take place, past, present or future, or when the imagined incident was fantasied, or when the crucial situation out of which this present enactment arose, occurred."

This is also true of situations which have not and may not ever take place. One of the notable experiences in psychodrama is the ineffectual, weak, incomplete and distorted fashion in which recall and re-enactment are produced. This has been experimentally verified by the immediate re-enactment of scenes which took place only five minutes earlier, using the identical persons involved in the original scene. Both verbal and action recall, as well as interpersonal perception were impossible to reproduce, even though all actual partners tried systematically and honestly to recapture "what actually happened."

The subject speaks and acts "in the present," and not in the past, because the past is related to memory and speaking in the past tense removes the subject from the immediacy of experience, turns him into a spectator or a storyteller rather than an actor.

The inability to recall perfectly indicates that such recall is a practical impossibility, absolute recall does not exist and correct reproduction is a hardly attainable ideal. Furthermore, spontaneity and "presentness" are subjugated to correct reproduction and thus disappears. To release spontaneity and increase presentness in the here and now, the protagonist is specifically instructed to make time his servant, not his master, to "act as if this is happening to you *now*, so that you can feel, perceive and act as if this were happening to you for the first time."

III

"The subject must act out 'his truth,' as he feels and perceives it, in a completely subjective manner (no matter how distorted this appears to the spectator)."

The warming up process can not proceed properly unless we accept the patient with all his subjectivity. Enactment comes first, re-training comes later. We must give him the satisfaction of act completion first, before considering re-training for behavior changes.

IV

"The patient is encouraged to maximize all expression, action, and verbal communication, rather than to reduce it."

To this end, delusions, hallucinations, soliloquies, thoughts, fantasies, projections, are all allowed to be a part of the production. Again, restraint has to come after expression, though it should never be overlooked. Without, however, getting expression in toto, restraint can at best be only partial.

V

"The warming up process proceeds from the periphery to the center."

The director will, therefore, not begin with the most traumatic events in the patient's life. The commencement is on a more superficial level, allowing the self-involvement of the patient to carry him more deeply towards the core. The director's skills will be expressed in the construction of the scenes and the choice of persons or objects needed to assist the patient in his warming up.

VI

"Whenever possible, the protagonist will pick the time, the place, the scene, the auxiliary ego he requires in the production of his psychodrama."

The director serves as dramaturg in assisting the protagonist. The director and protagonist are partners; at one moment the director may be more active, but the protagonist always reserves the right to decline the enactment of, or to change a scene. Furthermore, when the interaction between patient and director becomes negative, the patient resisting the director as well as the process, the director may: (1) ask the patient to designate another director—if more than one are present; or (2) ask the patient to sit down and watch a mirror production of himself by auxiliary ego or egos; or (3) turn the direction over to the patient himself, who may then involve others in the group as auxiliary egos; or (4) ask the patient to choose another scene; or (5) explain to the patient why he chose a particular scene and, even though it may not be carried out now, the patient should understand his rationale in making the choice; or (6) return to such an enactment at a later time if he continues to believe the patient needs this; or (7) insist upon its enactment if he believes that the benefits to be derived thereby for the patient are greater than his resistance.

VII

"Psychodrama is just as much a method of restraint as it is a method of expression."

The repressiveness of our culture has attached to "expression per se" a value which is often beyond its actual reward. In such methods as role reversal, or enactment of roles which require restraint, retraining and/or

reconditioning of excitability lies a greatly underestimated and disregarded application of psychodrama.

One thinks here especially of the chronic bad actor in life, the delinquent or psychopath, whose ability for self-restraint has not been strengthened by his warming up to stresses in life.

VIII

"The patient is permitted to be as unspontaneous or inexpressive as he is at this time."

This may seem to be a contradiction to the Fourth Imperative above, but only apparently so. Thus "maximizing of expression" may also refer to the patient's inability to express, his withdrawal, his submerged anger, etc. First we must accept this inability, and assist him to accept himself; gradually we try to release him from his own bonds by various methods as asides or soliloquies, the use of the double, etc.

The fact that a patient lacks in spontaneity is not a block to psychodramatic production. That is the reason for the existence of auxiliary egos who are trained to support, assist and strengthen the patient. Thus, also, have developed techniques as the soliloquy, the double, the mirror, role reversal, etc. The person who is unable to be spontaneous as himself, in his own roles, may become extremely spontaneous in role reversal as his wife, father, baby, pet dog, etc. His expressiveness will grow as his spontaneity increases. Expressiveness at any price is not necessarily spontaneous. It may be a cover-up for genuine feelings, as for instance, by producing a steady flow of words and actions. A patient may be entirely spontaneous, for instance, while sitting quietly in a chair, or observing others around him.

IX

"Interpretation and insight-giving in psychodrama is of a different nature from the verbal types of psychotherapy."

In psychodrama we speak of action insight, action learning, or action catharsis. It is an integrative process brought about by the synthesis of numerous techniques at the height of the protagonist's warm up. Psychodrama is actually the most interpretative method there is, but the director acts upon his interpretations in the construction of the scenes. Verbal interpretation may either be essential, or entirely omitted at the discretion of the director. Because his interpretation is in the act, it is frequently redundant.

X

"Even when interpretation is given, action is primary. There can be no interpretation without previous action."

Interpretation may be questioned, rejected or totally ineffective. The action speaks for itself. Furthermore, interpretation is colored by the orientation of the individual therapist. Thus, a Freudian will interpret from a different framework than an Adlerian, Jungian, Horneyan, etc. But that does not in any way change the value of the production itself. It merely puts interpretation into a lesser rung of importance. At times, indeed, interpretation may be destructive rather than constructive; it may be that what the patient requires is not analysis, but emotional identification.

XI

"Warming up to psychodrama may proceed differently from culture to culture and appropriate changes in the application of the method have to be made."

It may be impossible to start a psychodrama in the Congo by verbal exchange; it may be necessary to start with singing and dancing. What may be a suitable warm up in Manhattan may fall flat in Tokyo. Cultural adaptations must be made. The important things is not how to begin but what we begin.

XII

"Psychodrama sessions consist of three portions: the warm up, the action portion and the post-action sharing by the group."

Disturbances in any one of these areas reflect upon the total process. However, "sharing" may at times be of a nonverbal nature, a silence pregnant with emotion is often the most suitable way of sharing with a protagonist, or going out to coffee together, or making plans to meet again, or whatever.

XIII

"The protagonist should never be left with the impression that he is all alone with this type of problem in this group."

The director must draw from the group, in the post-action discussion phase, identifications with the subject. This will establish enchorages in the group for mutually satisfying relations among group members, increase cohesion and broaden interpersonal perceptions.

When there is no one in the audience who openly identifies with the

subject, the protagonist feels denuded, robbed of that most sacred part of himself, his private psyche. Then it is the task of the director to reveal himself as not merely in sympathy with the protagonist, but as being or having been similarly burdened. It is not analysis which is indicated here, but love and sharing of the self. The only way to repay a person for giving of himself is in kind. This will frequently warm up other persons in the audience to come forward in a similar manner, thus involving the audience in a genuine warming up which once more includes the protagonist, and helps to establish closure.

XIV

"The protagonist must learn to take the role of all those with whom he is meaningfully related, to experience those persons in his social atom, their relationship to him and to one another."

Taking this a step further still, the patient must learn to "become" in psychodrama that which he sees, feels, hears, smells, dreams, loves, hates, fears, rejects, is rejected by, is attracted to, is wanted by, wants to avoid, wants to become, fears to become, fears not to become, etc.

The patient has "taken unto himself" with greater or lesser success, those persons, situations, experiences and perceptions from which he is now suffering. In order to overcome the distortions and manifestations of imbalance, he has to re-integrate them on a new level. Role reversal is one of methods par excellence in achieving this, so that he can re-integrate, redigest and grow beyond those experiences which are of negative impact, free himself and become more spontaneous along positive lines.

XV

"The director must trust the psychodrama method as the final arbiter and guide in the therapeutic process."

This imperative is so universal that it finds confirmation among psychodramatic director-therapists. When the warm up of the director is objective, the spontaneity of his presence and availability to the needs of the patient and the group, or, conversely stated, when there is no anxiety in his performance, then the psychodramatic method becomes a flexible, all embracing medium leading systematically to the heart of the patient's suffering, enabling the director, the protagonist, the auxiliary egos and the group members to become a cohesive force, welded into maximizing emotional learning.

Techniques

Soliloquy

A monologue of the protagonist *in situ*, for example, the patient is preparing to go to bed, combing her hair, speaks to herself: "Why don't I cut my hair short again? It is such a nuisance, this long hair. On the other hand, it really suits me better this way and I don't look like everybody else."

Therapeutic Soliloquy

The portrayal by side dialogues and side actions, of hidden thoughts and feelings, parallel with overt thoughts and actions.

Patient is confronting her superior, who has called her on the carpet for participating in civil rights demonstrations. The auxiliary ego as the superior, asks her to account for her whereabouts the previous evening. Patient tells her she went to visit a sick friend. Auxiliary ego states she has evidence that this is not the truth. Director stops the overt action, asks patient to express how she feels, explains that "her superior" won't hear her and will not react, since she could not have known what was going on inside of her in the real situation. Patient states: "I really *did* go to that demonstration; she can't really do anything to me because I have tenure, but she can make it unpleasant for me." Director: "What do you want to do?" Patient: "Give her a raspberry, but of course, I can't." Director: "Here you can." Patient belches lustily. Director asks her now to continue the scene as it was and end it on the reality level.

Self-Presentation

The protagonist presents himself, his own mother, his own father, his brother, his favorite professor, etc. He acts all these roles himself, in complete subjectiveness, as he experiences and perceives them.

Self-Realization

Protagonist enacts, with the aid of a few auxiliary egos, the plan of his life, no matter how remote this may be from his present situation. For instance, he is actually an accountant, but for a long time he has been going to singing lessons, hoping to try out for a part in summer stock in musical comedy, planning eventually to make this his life's work. Alternatives may be explored: success of this venture, possible failure, the return to his old livelihood, or preparing for still another one, etc.

Hallucinatory Psychodrama

The patient enacts the hallucinations and delusions he is at present experiencing (though they may not be so designated by the director). Patient portrays the voices he hears, the sounds emanating from the chair he sits on, the visions he has when the trees outside his window turn into monsters which pursue him. Auxiliary egos are called to enact the various phenomena expressed by the patient, to involve him in interaction with them, so as to put them to a reality test.

Double

The patient portrays himself, an auxiliary ego is asked also to represent the patient, to "establish identity with the patient", to move, act, behave like the patient. The patient is preparing to get up in the morning, he is in bed. The auxiliary ego lies down on the stage alongside of him, taking the same bodily posture. The double may start speaking: "What is the use of waking up? I have nothing to live for." Patient: "Yes, that is true, I have no reason for living." Auxiliary ego: "But I am a very talented artist, there have been times when life has been very satisfying." Patient: "Yes, but it seems a long time ago." Auxiliary ego: "Maybe I can get up and start to paint again." Patient: "Well, let's try and get up first, anyway, and see what will happen." Both patient and auxiliary ego get up, go through the motions of washing, shaving, brushing teeth, all along moving together as if they were one. The auxiliary ego becomes the link through which the patient may try to reach out into the real world.

Multiple Double

The protagonist is on the stage with several doubles of himself, each portraying another part of the patient, one as he is now, another as he was five years ago, a third as he was when at three years of age he first heard that his mother had died, another how he may be twenty years hence. The multiple representations of the patient are simultaneously present and act in sequence, one continuing where the other left off.

Mirror

When the patient is unable to represent himself, in word or action, an auxiliary ego is placed on the action portion of the psychodramatic space. The patient or patients remain seated in the group portion. The auxiliary ego re-enacts the patient, copying his behavior and trying to express his

feelings in word and movement, showing the patient or patients "as if in a mirror" how other people experience him.

The mirror may be exaggerated, employing techniques of deliberate distortion in order to arouse the patient to come forth and change from a passive spectator into an active participant, an actor, to correct what he feels is not the right enactment and interpretation of himself.

Role-Reversal

The patient, in an inter-personal situation, for instance, with his mother, "steps into his mother's shoes" while the mother steps into those of her son. The mother may be the real mother, as is done in psychodrama in situ,[8] or may be represented by an auxiliary ego. In role reversal, the son is now enacting his mother, the mother enacting the son. Distortions of inter-personal perception can be brought to the surface, explored and corrected in action. The son, who is still himself, must now warm up to how his mother may be feeling and perceiving himself, the mother, now the son, goes through the same process.

A mother of an eight-year-old girl, after showing how they argue for ten minutes every morning during the winter as to what clothing the child should wear to school, is asked after their own roles have become clear, to take the role of Kay; Kay is asked to take the role of her mother. They are instructed to change place in space, to assume the role of the other, the posture and position each had.

Kay stretches a foot in the role of her mother, shows authority and certainty, whereas in her own role her anxiety was very evident. Mother now has to subdue her ebullience and restrain herself to be her somewhat withdrawn daughter. Both open their eyes wide at the image each holds before the other. Mother remarks when this scene is ended: "Am I really as aggressive as Kay portrayed me? My poor Kay!"

Future Projection

The patient portrays in action how he thinks his future will shape itself. He picks the point in time—or is assisted by the director to do so—the place and the people, if any, whom he expects to be involved with at that time.

The patient is studying to be an English major and has his bachelor's degree; he has been working on his M.A. for almost eight years, is unable to

[8] J. L. and Z. T. Moreno, The Discovery of the Spontaneous Man, *Psychodrama Vol. II*, Beacon House, 1959.

complete it. The future projection shows him three years hence, teaching his first course in English at the university. The entire audience is his class; he is asked to face them and inspire them with the beauty of the English language. "My name is Mr. Johnson; it is a very ordinary and yet beautiful name. I should like to welcome you here today, by asking you all to introduce yourselves to one another. But remember, that name stands for you. Try to present it in such a way that it sings, that it reaches out to the other as if to say 'here I am, who are you?' "

Dream Presentation

The patient enacts a dream, instead of telling it. He takes the position he usually has in bed, when sleeping; before lying down and taking the position of the sleeper, he warms up to the setting separately. The director asks him when and where he had this dream, to describe the room, the location and size of the bed, the color of his pajamas, whether he wears top and bottom, or sleeps in the nude, whether he sleeps alone, with the light on or off, window open or closed, and how long it normally takes him to fall asleep.

The patient is asked, in the lying down position, to breathe deeply and evenly, as he does in sleep, to move in bed as he does ordinarily while asleep, and lastly, to relax and let himself drift off. The final instructions of the director are: "Try, without telling me about it, to visualize in your mind the beginning, the middle, and the end. Do you see it? Just answer yes or no."

When the patient has fixed the various images somewhat in his mind's eye, the director asks: "Where are you in the dream? Do you see yourself? Yes? Then step out of the dream. What are you doing, walking, swimming, sitting, running, what?" Patient: "I do not see myself, I am in the dream." Director: "You are acting, doing something?" Patient: "Yes, I am flying, over the rooftops of houses." Director: "Do you see the rooftops? Get up and start to take a position resembling flying, here, stand on top of this table." Patient climbs on table, leans forward somewhat. "Yes, I see the rooftops, in fact, I'm hardly able to fly over them, sometimes it seems I'm going to crash into them." Director: "Where are these buildings and what are they?" Patient: "This is a residential section, in fact, as I realize now, this is the suburb where I live!" Director: "Do you see your house?" Patient: "No, but I seem to sense this is my section." Director: "Are you the only one who is flying? Are you alone?" Patient: No, I am carrying a bundle in my arms." Director: "In both arms, or only in one? Look at your arms." Patient

looks down at his arms which appear to be carrying something, then drops his left arm, says: "My right arm." Director: "What is in the bundle, do you know its contents?" Patient: (Looking intently at his right arm, crooked around an object, amazed): "It's a baby." Director: "Whose?" Patient: "My parents'; it's my baby sister, we are 18 years apart in age." Director motions to an auxiliary ego to come upon the stage to represent the baby. The baby is asked to kneel in such a way that the top of her head is approximately at the height of his right elbow, and the director asks the protagonist to hold her as best he can. Director: "What are you doing there, flying with her?" Patient: "I am carrying her with me through life, protecting her from harm, but I'm not very sure that I am able to do this; I seem to have trouble keeping her aloft with me." Director: "Are you afraid?" Patient: "Afraid, but also very angry." Director: "Angry at whom? The baby?" Patient: "No, at fate. Why should I be saddled with this responsibility? She is my parents' child, not mine." Director: "In the actual dream, do you speak to your baby sister?" Patient: "No." Director: "Well, here you can." (This is a psychodramatic extension of the dream.) To auxiliary ego baby: "Talk to your older brother." Baby (auxiliary ego): "I am a bit scared flying this high. Do you hold me carefully?" Patient: "I am doing my best, but you are very heavy." Baby: "You won't drop me, will you?" Patient: "I can't, though frankly, I'd like to." Baby: "Why? Are you angry at me for being here with you?" Patient: "Not at you, but after all, I'm not ready for such responsibility yet, I'm just starting college, and you're just a tiny infant." Baby: "I like you, you are my big, strong brother." Director: "What happens next in the dream?" Patient: "I clutch her and the dream just fades off." Director: You do not see any conclusive ending? Concentrate for a moment." Patient: "No, I just wake up in a cold sweat." Director dismisses auxiliary ego, returns patient to the position of the sleeper, back in bed. Director: "You wake up in a cold sweat." Patient: "Yes, I'm thoroughly soaked."

Re-training of the Dream

Director: "Sounds like a very frightening dream. Obviously, you wish it had not ended this way." Patient: "I even wish it had never started!" Director: "Yes, of course. You see, in psychodrama, we can 'change the dream.' When you are there, at night, things happen to you which appear to be out of your control. But, after all, it is you who produced the dream, because of your fears and anxieties. We believe that if we can help you to

change your dream pattern, to train your unconscious, so to speak, the next time when you are dreaming, your dreams will change in character, you will be in better control. Now, let's see how you wish to change your dream." Patient: "I don't want to have this dream at all." Director: "Yes, I can see that, but what would you like to do instead?" Patient: "I would want to have a good talk with my parents." Director: "Fine, let's have a good talk with your parents. Get up, and pick a mother and father from the group, two auxiliary egos to represent them. Patient does so, and sets up the livingroom of their house. Patient now confronts his parents: "Gee Mom, Dad, I know you have both been very ill in the past year, and, being the oldest son, I feel terribly burdened by the responsibility of the two younger kids, especially about Alice. Timmy is already older and not quite such a problem, but Alice is just a little infant." Director: "Tell them as brutally as possible what is on your mind; after all, these are not your 'real' parents, merely stand-ins. They will not be hurt by anything you say or feel or do." Patient: (blurts out) "Why the devil did you have to go and have a menopause baby? Don't you think you have enough complications? Mother works, the housekeeper is terrible, she doesn't even speak English, is my kid sister going to learn broken English? And don't you care what she eats? That dope can't even cook, all the kid gets is cereals and mashed banana." Now mother and father respond, try to soothe the patient, he role reverses with them, and finally, feels more reassured that his parents still have the major responsibility for the child.

This is the unique contribution of psychodrama to dream therapy, to go into enactment over and beyond the actual dream, including actual and latent material, but even more, to retrain the dreamer rather than to interpret. Interpretation is in the act itself.

Therapeutic Community

This is a community in which disputes and conflicts between individuals and groups are settled under the rule of therapy instead of the rule of law. The entire population, patients and staff alike, are responsible for the welfare of every other person, participate in the therapeutic process and have equal status.

Adjunctive Methods

Hypnodrama

Hypnosis is induced on the psychodrama stage portion. The hypnotizant is free to act, to move about, and is given auxiliary egos to help oortray his drama. Hypnodrama is a merging of hypnotherapy with psychodrama.

Psychodramatic Shock

The patient is asked to throw himself back into the hallucinatory experience while it is still vivid. He does not describe it, he must act. He puts his body into the position in which it was then, in the space he was in, at the time of day or night when this actually occurred. He may select a staff member to recreate the hallucinatory involvement.[4]

The patient may show resistance against being placed again into the horrifying experience from which he has just emerged. His natural bent is to forget, not to talk about it and to leave it behind. He is full of fears that his newfound freedom may be shattered. The mere recall frightens him, and the idea of enactment still more. The psychodramatic director explains that it is to learn control, not a mere reliving, that this reenactment will help him build resources against recurrence.

Once the patient has warmed himself up again into the psychotic state, and has thoroughly enacted it, the director stops him, to assist the patient in the realization that he can construct his own inner controls.

Improvisation for Personality Assessment

The subject is brought into the psychodrama theater or the life situation without any prior preparation. The director has structured the situation in advance with the aid of auxiliary egos. The subject is then asked to warm up to the situation as he would do if it were actually happening to him.

The subject is told he is in his car, driving on the highway. He is alone. Suddenly he hears a siren and a policecar comes alongside, then ahead of him. The policeman stops him, walks over to him, demands to see his ticket and gives him a tonguelashing because he was driving 20 miles over the speed limit. He gives him a ticket for speeding.

Or: the subject enters a cafeteria. An auxiliary ego, obviously the worse for indulgence in alcohol, approaches him and asks for money.

Numerous sets of standard situations have been devised and they enable the director and group members to get a profile of the action potential of the individual which paper and pencil tests are unable to uncover.[5]

Didactic Psychodrama and Role Playing

Used as a teaching method, auxiliary egos, nurses, social workers, psychologists, psychiatrists, are taking the role of a patient, in a situation of

[4] J. L. Moreno, Psychodramatic Shock Therapy, Psychodrama and Group Psychotherapy Monograph No. 5, Beacon House, 1939.

[5] *Assessment of Men*, Office of Strategic Services, Rinehart, New York, 1947.

everyday occurrence. For instance, the patient who refuses to obey rules as they are applied in the hospital or clinic setting. The students learn to take both roles, those of a patient, as well as their own professional role. The training situations are structured according to typical conflicts with which they are familiar, or which they are likely to face in their professional roles. Several versions of how to deal with the obstreperous patient can be represented by various students. The patient is usually portrayed by an auxiliary ego, a staff member, so that real patients need not be involved.

Another teaching application is to have staff members sit in on actual patient sessions, becoming involved as seems necessary. In this event, the patient represents himself, the staff members themselves. Role reversal between staff member and patient will intensify learning, with each getting a new perception of their relationship and of the responsibility in being a staff member, and the agony of being a patient.

Psychodrama Combined with Narcosynthesis, LSD, etc.

Under the influence of drugs, the patient relives certain experiences or, after having undergone drug therapy, needs to integrate his menodrama as it unfolded inside of him, while he was unable to communicate those experiences.

There are two variables, the drug, for instance Pentothal Sodium, and the enactment of the inner worlds. The question here is which variable contributes what to the treatment.

Family Psychodrama and Family Therapy

Husband and wife, mother and child, are treated as a combine rather than alone, often facing one another and not separate, because separate from one another they may not have any tangible mental ailment.[6]

In the course of this approach the family members may reverse roles, double for each other, and in general, serve as each other's auxiliary ego.

Summary

The important question which remains to be answered is the scientific evaluation of psychodrama. Does psychodrama, with or without group psychotherapy, beyond the subjective reports of therapists and their patients, produce behavior change? According to John Mann[7] forty-one studies have substantiated that fundamental changes in behavior take place.

[6] J. L. Moreno, *Group Psychotherapy, A Symposium*, p. 316, Beacon House, 1945. J. L., Z. T. and J. D. Moreno, *The First Psychodramatic Family* Beacon House, 1964.

[7] John Mann, Evaluation of Group Psychotherapy, *International Handbook of Group Psychotherapy*, Ed., J. L. Moreno, Philosophical Library, 1965.