

## THE GROUP APPROACH IN PSYCHODRAMA

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A review of the situation in Psychotherapy brings all existing methods under the following heads of classification:

### A) The Monologue or Self-therapy Method

The aesthetic category of the Monologue, (the subjective lyric state in poetry) has a counterpart in therapeutics--Self-therapy. This method has had convincing historic illustrations in Buddha, the Stylites and other types of recluse who attained their mental catharsis in isolation. In this type of treatment the "other fellow" (a physician or any person) is not necessary. It is essentially a self-cure. He, the saint, portrays himself and all his auxiliary egos. He produces his own auxiliary world, filling it with his visions.

### B) The Dialogue or Dyad Method

The Dialogue as an aesthetic category has a counterpart in therapeutics in all forms of psychotherapy which are in the broadest sense of the word conversational. To this class belongs the hypnotic seance, suggestion therapy, psychoanalysis and any type of treatment in which the physician or healer is faced by one person only.

### C) The Dramatic or Group Method

The Drama as an aesthetic category has a counterpart in therapeutics in the form of the Psychodrama. In the dramatic situation there is no limit to the number of individuals who may participate in the actions. Just as the dialogue may contain from time to time a monologue, the drama contains monologues, dialogues, both the lyric and the epic, the historic and the present. It is three dimensional, it represents a higher and more inclusive reality than monologue or dialogue. As an aesthetic category the drama is a synthesis of all aesthetic forms referred to above, and as we have seen they are part of it.

Psychodrama<sup>1</sup> is the therapeutic counterpart of the

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<sup>1</sup>See in this issue--Photograph of The Theatre for Psychodrama of New York, page 195.

drama, it contains all the sub-forms of psychotherapy. A mental catharsis can be reached by monologue, dialogue, or dramatic methods. Therefore an individual who has reached mental equilibrium by means of self-therapy will not feel the need of a dialogue method, for instance of a psychiatric interview. There are some individuals who may arrive at a mental equilibrium by a dialogue method, perhaps by psychoanalysis. They too would not have to go farther and turn to the drama or group method for an answer to their problems.

The methodological superiority of psychodramatic procedures as compared to the self-therapies and the healer-patient therapies can be easily demonstrated. A well-conducted psychodramatic session uses, among others, the following elements: a) the psychiatric interview with every member in the group participating, b) a lecture on topics carefully chosen to meet the interests and requirements of as many among them as possible, c) discussion, d) psychodramatic actions on the stage with the assistance of a staff of auxiliary egos, e) analysis of the acted out events to which each member of the group may make a spontaneous contribution, f) participant observers in the audience who register the reactions of each spectator, g) verbatim recordings of the total session. These are the basis for a total analysis and for preparatory steps leading up to the next session.

Other advantages are the possibility of a therapeutic approach to groups, small and large. Successful self-therapy is the privilege of few. It is largely the province of religious genius. Successful dialogue therapy too, is the domain of an exclusive minority. It has reached its climax in an era of extreme emphasis upon the individual as an entity, separate from the group. An example of this trend is psychoanalytic treatment of a neurosis, carried out for several years. The large masses of the underprivileged classes, as peasants and laborers can not take advantage of private, individual psychotherapy. The need of psychotherapy, however, is more pertinent today than ever. The maladjustments and neuroses among millions of underprivileged are as vicious as among people who can afford treatment. They affect home and work situations to a degree which influences the social equilibrium of the entire nation. In group psychodrama, which is a practical combination of all group approaches, a way of treatment is formulated which is at the same time amenable to scientific systematization as to experimental control.

The group approach in the psychodrama has reported various techniques to date. They can be summarized as being

all of the Confessional type. The object of these psychodramatic procedures was to treat a group of spectators or a particular individual. The people present were encouraged to act out their own problems truthfully on the stage, or to discuss the proceedings as they pertained to their own problems. The usefulness of these techniques has been described on different occasions.<sup>2</sup>

Another group of procedures deserves utmost consideration. Here the actions on the stage are produced, instead of by actual subjects, by a staff of auxiliary egos. The members of the audience are permitted to discuss the proceedings as if they would have no bearing on their own. This form of psychodrama can be called the Non-confessional type. Non-confessional psychodrama is characterized by the following three steps: the interview of every subject who is to participate in a session--the careful analysis of these materials--and the classification of every subject according to his dominant mental syndrome or problem. On the basis of these classifications the group for every session is organized so that they may attain the greatest possible benefit from the treatment. For instance, certain types of alcoholics may be put into one group, certain types of matrimonial problems into another group, etc.

The non-confessional group approach in the psychodrama appears to be of particular value in minor maladjustments, incipient neuroses and simple interpersonal conflicts. In such cases the mirroring of typical situations on the stage similar to the spectators' own stimulate attempts at autonomous objectification of their actual problem when left to their own resources. In more serious cases, however, this approach is but a prelude to the direct quasi-confessional form of treatment which culminates in the direct presentation of problems on the stage.

In the psychodramatic group approach it is important that every member of the audience be clearly visible to the director. He has to be able to see every gesture and facial expression. In an ordinary theatre the position of the spectator is arbitrary as the interest is focussed upon the stage and the only thing that matters is that the spectators can see what happens there. In a psychodramatic theatre the situation is changed. Here it is important that the director, too, be able to see every spectator. This has two reasons; the polarity is double. The psychodramatic director should see every member

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<sup>2</sup>See "Mental Catharsis and the Psychodrama," by J. L. Moreno, Sociometry, Vol. III, No. 3, 1940

of the audience and thus establish, if not more, at least an illusion of direct communication with them; and it is of equal therapeutic value that every spectator be able to see the director. A skilful psychodramatic director should always create an illusion of communication by letting his eyes pass over everyone in the audience. The visibility of every spectator to the director is bound to give the feeling of personal contact. It may prepare the ground for an interpersonal relation. This reciprocity of contact is a basic factor in the psychodramatic theatre, and especially valuable in group treatment.



The Theatre for Psychodrama of New York



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