

J. L. Moreno

Reflections on my Method
of Group Psychotherapy
and Psychodrama

Ciba Symposium 11(4), 148-157 1963

148
'Group psychotherapy' is a term that has established itself over the past twenty years, not only in medicine but also in psychology and sociology. In addition, it has become an indispensable aid in the pædagogic sphere, in industrial psychology, and in the armed forces. The basic concept of group psychotherapy still remains that which I originally expounded in 1932 at the annual meeting of the American Psychiatric Association:

The method of group psychotherapy aims at grouping all those taking part in the manner most likely to produce favourable therapeutic results. Where necessary, re-grouping is undertaken in order to bring the group constellation into line with the spontaneous motives and inclinations of the individuals concerned.

Plate 1.
Prof. J. L. Moreno,
Director of the Academy
of Psychodrama and
Group Psychotherapy
in Beacon, N. Y.,
and the Moreno Institute
in New York City.



The modern world—beset with tensions ranging from the pettiest personal difference to conflicts on an international level—stands in direr need than ever before of some means whereby these tensions might be resolved and harmony and mutual understanding restored and promoted. In this predicament, however, treatment imposed from the outside is powerless to help—what is needed is a solution which stems from the heart of man. Professor *J. L. Moreno*, a psychiatrist by training, has spent his life in a search for ways and means of resolving these conflicts, not only in the individual soul but also in larger and smaller groups of the community. The methods devised by him to this end include psychodrama, sociometry, and sociodrama. In the present article—prepared in collaboration with one of his pupils, Dr. *Gretel Leutz*, of Überlingen, Lake Constance, Germany—Prof. Moreno explains his concept of group psychotherapy, at the same time giving a brief account of his own life, intimately bound up as it has been with the birth and development of his ideas.

The Editors

J. L. Moreno

149

The underlying principle is that each individual—not just the physician himself—may act as a therapeutic agent for every other individual, and each group as a therapeutic agent for another group.

In 1932, I added the following postulate: Group psychotherapy treats not only the isolated individual, who is the main object of interest by reason of his inability to adapt himself and fit into his environment, but also the entire group and the sum of individuals who are in contact with him. In the last resort, a genuine therapeutic method must envisage nothing less than mankind as a whole.

The first aim of group psychotherapy is to promote the integration of the individual with respect to the uncontrolled forces surrounding him; this is attained through so-called sociometric analysis, whereby the individual *ego* explores his immediate environment. The second aim is the integration of the group. This method of approach from both sides, i.e. from the individual on the one hand and the group on the other, requires their reciprocal integration, which is realised by “spontaneous and free interaction” not only between the patients themselves but also between patients and the physician.

The methods I have evolved are closely bound up with my personal development, and this makes it necessary for me to refer here briefly to the more salient landmarks in my life story. I was born in Bucharest on May 19th, 1892. Five years later, my parents moved to Vienna. The sources of psychodrama are to be found in my childhood games and youthful experiences. One Sunday afternoon, while my parents were out, it so happened that I and some of the neighbours' children decided to play at “God” in the enormous cellar of the house in which I lived. The first thing was to build our Heaven. To this end, we collected every available chair and piled them up on an enormous oak table until they reached to the ceiling. I now mounted my heavenly throne—mine “the kingdom, the power, and the glory”—while my angels ‘flew’ round me singing. Suddenly one of the children called out: “Why don't you fly too?” Whereupon I stretched out my arms and ... one second later lay on the floor with a

149

broken arm. So ended my first psychodrama, in which I had filled the dual role of producer and chief actor. This taught me that, in order to play a part, the requisite inward preparedness must first be conjured up by means of a special “warming-up” process; that even the “highest” of God's creatures require the help of others; and that other children besides myself like to play at being God from time to time. These factors—the “warming-up” process, the help of others (‘auxiliary *egos*’), and the psychodrama protagonists—we shall encounter again later when discussing psychodrama. To-day, I am still convinced that the vertical structure of my psychodrama theatre betrays the influence of these childhood experiences. The first level is that of the conception, the beginning of the action of psychodrama, the second that of its growth, the third that of its fulfilment, while the balcony—as a type of fourth dimension—is the realm of gods and heroes.

As a medical student possessed of an extremely fertile poetic imagination, I used to spend much of my free time in the parks of Vienna. One day, it came to pass that I began telling stories to a small group of children playing nearby. To my amazement, other children soon left their games and joined the band of listeners. Next came nurses with babies in prams, then mothers and fathers, finally park attendants, and even a few policemen! From this day onward, telling stories in the park became one of my favourite occupations. I would usually sit down under one of the old trees and—as if lured on by a magic flute—the children would flock towards me, sit down in a circle, and listen with rapt attention. What made so deep an impression on these children was not so much the subject matter as the plot, the action—the manner in which the unreal, the ‘fairy-tale’, became reality, actual experience.

It was during those years before the first World War when, still a student, I assisted Prof. Otto Pötzl at the Vienna Psychiatric Clinic that I met Sigmund Freud. He had just finished a lecture on the analysis of a telepathic dream, and the students were leaving the lecture hall. Freud noticed me and questioned me on my work and my plans for the future. I answered: “You see

patients in the unnatural surroundings of your consulting-room. I meet them in the streets, in their homes, in their natural environment. You analyse their dreams. I shall give them courage for new dreams.”]

In 1917, I obtained my medical degree at the University of Vienna and, from then until 1924, was in practice in Bad Vöslau.

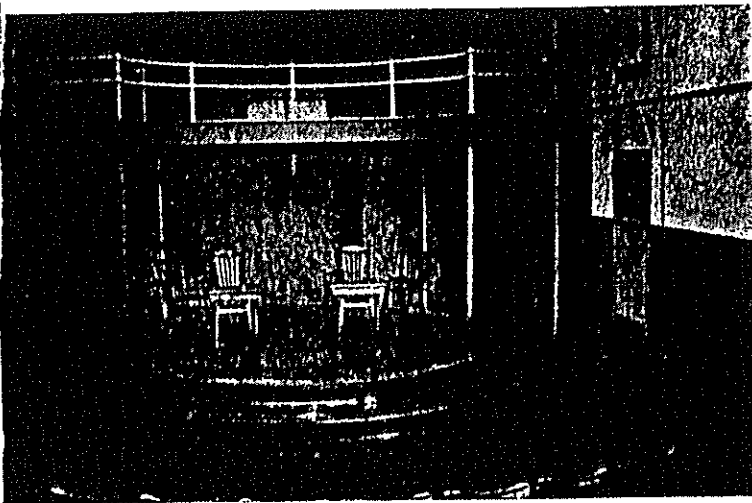
[From 1915–1917, I had been in charge of a refugee camp at Mitterndorf, near Vienna. I soon realised that the unhappy plight of displaced persons was made progressively worse by the immense psychological tensions to which they were subjected—tensions which often became unbearable, both for the community as a whole and for its members individually. It was then that I first hit upon my idea of exploring the psychological and sociometric structures and topography of groups of persons, without which any solution to this tension and any subsequent reorientation of the community seemed to me unthinkable. I set down my ideas in a letter addressed to the Austrian Government, but found no sympathy in that quarter.]

It was at this time that I tried to develop my poetic bent, which bore a marked religious-existentialist stamp. In fact, this constitutes the philosophical basis of my entire therapeutic method—a fact unfortunately too often overlooked: “A meeting of two: eye to eye, face to face. And when you are near I will tear your eyes out and place them instead of mine, and you will tear my

eyes out and will place them instead of yours, then I will look at you with your eyes and you will look at me with mine” (1914). About the same time, a number of my works were published in German (some of them anonymously) by the Anzengruber-Verlag in Vienna and by Kiepenheuer in Berlin. [*Invitation to an Encounter; The Godhead as Author; The Godhead as Speaker; The Godhead as Comedian; The Words of the Father; The Speech on the Moment; The Speech on the Encounter; The Speech before the Judge; The King’s Novel; and The Theatre of Spontaneity.*] I was also editor of the literary magazine, *Daimon*, which published contributions by Franz Werfel, Franz Kafka, Martin Buber, Arthur Schnitzler, Jakob Wassermann, Max Scheler, Francis Jammes, and others, many of these being original articles. Meanwhile, in the Maysedergasse, not far from the Vienna Opera House, the ‘Theatre of Spontaneity’ founded by me was transformed into a therapeutic theatre. Had I been interested only in material and intellectual well-being, I would have had every reason to continue my activities as author and physician in Europe.

Instead, in 1925, I emigrated to the United States. Only New York, the melting-pot of the nations, the vast metropolis with all its ethnic and psychological problems and its freedom from all preconceived notions, offered me the opportunity to pursue sociometric group research in the grand style. I not only used my findings in my own psychiatric practice, but also made them the basis of my group-psychotherapeutic methods, more particularly psychodrama, in reform institutes, prisons, and schools. I invented a number of tests: the *acquaintance test*, the *role test*, and the *sociometric test*. They have received universal recognition and acceptance. My school of sociometry soon aroused interest and won recognition among American sociologists. In 1937 and 1938, I taught at Columbia University and for some years now I have been professor at New York University. In the early forties, classes and seminars in sociometry were set up at various American universities, where they are now taught by former pupils of mine, who have contributed much to their development. During the second World War, my

Plate 2. Model of a theatre of psychodrama.

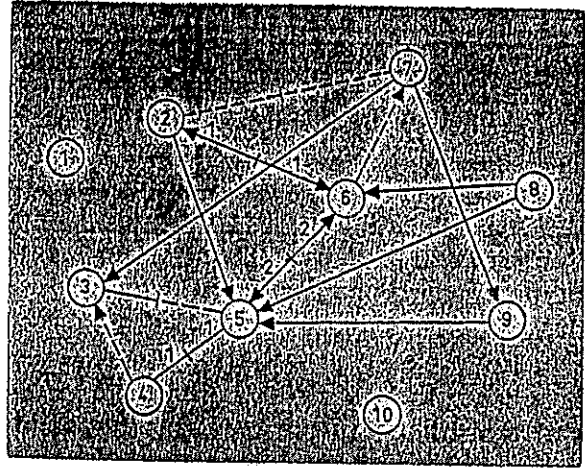


151

“sociometric test” was used by both the British and American armies, in an effort to promote the best possible interpersonal relations among the troops.

This sociometric test (the term is derived from *metrum* and *socius*, i.e. measurement of a person’s relationship to his fellow-men) is based on the following principles: the individuals of the group are asked to select (or exclude) other individuals on the basis of a clearly defined yardstick, such as, say: “With which of your comrades would you prefer to go into battle?”—or: “With which members of the group would you most like to work together in one room?”—or: “Which members of the group would you like to have as co-patients?” The results are reproduced graphically in the form of a “sociogram”: the individuals are indicated by circles (females) or triangles (males), and the interpersonal relationships by connecting lines of various types, e.g. sympathy by a continuous line, antipathy by an interrupted one, etc. The sociogram gives a reliable picture of the degree of cohesion of a particular group and of the psychological currents within it. It also shows the sympathetic and antipathetic currents flowing towards a particular individual. Some individuals emerge as favourites in one or other respect, while other structures (e.g. pairs, triangles, chains) show which individuals exhibit an affinity for one another.

The emergence of certain definite structures is not a haphazard phenomenon but is determined by the degree of maturity of a particular group. From this we deduced the so-called “sociogenetic law”, which states that higher forms of group organisation always proceed from simpler forms. In its ontogenesis, the group organisation is to a large extent a mirror of the structural modifications which succeeding prehistoric communities of the species have undergone in the course of their development. An individual may enjoy a high sociometric status while exhibiting sociogenetically a lower stage of development. This explains why in school sociograms, for instance, a certain pupil often remains isolated because his social and emotional development is more advanced than that of the other members of the group. The most popular individuals in a sociogram are frequently those belong-



151

Plate 3. A typical sociogram.

ing to the same sociogenetic grade. Even where the test is repeated and the possible choices extended, the sociometric structures—so far from changing on the lines of a mathematically calculable probability—in fact constantly yield similar results.

From this recognition I developed the “sociodynamic law”, which lays down that sociometrically isolated individuals, i.e. those who appear isolated, unnoticed, or little noticed in the sociogram tend to remain isolated and little noticed in the formal social structures also; moreover, the greater the number of social contacts, the more marked this isolation tends to be. Conversely, individuals who appear markedly ‘favoured’ in the sociogram tend to remain favoured, the more so in proportion to the number of their social contacts. This sociodynamic principle affects the group in exactly the same way, riding roughshod over all economic and cultural barriers and setting up new standards of “rich” and “poor”, namely “emotionally rich”, and “emotionally poor”. These sociometric differences, which evidently exist in our society, are of immense importance for psychotherapeutic situations. It has, for instance, been recognised that an individual’s chances of success and satisfaction in the psychological, social, and economic spheres depend on his sociometric status. It has also been observed that sociometrically isolated individuals tend to be less successful when applying for jobs and seem to be more prone to industrial accidents than the ‘favoured’ ones and those

who find it easier to work together with others.

My sociometric researches led to the discovery of two further laws, viz. the law of "social gravitation" and the law of the "interpersonal and emotional network". In the medical domain, the introduction of "perceptual sociometry" has proved particularly valuable. In this, the individual draws a sociogram of the individuals living with him in a group situation, i.e. their relationship both with one another and towards himself. This sociogram is then compared with another sociogram based on objective selection, i.e. the selection of others. Disorders of social perception, as revealed by this comparison, are particularly characteristic of psychotic individuals, e.g. paranoid subjects and schizophrenics.

The analysis of the sociograms forms the basis on which the plan of treatment is then drawn up. The first problem is to establish whether a particular individual requires treatment or the entire group, also what changes in the group structures are desirable in order to promote normalisation of these structures, harmonisation of the entire group, and hence also the restoration of the individual to emotional health. This is obtained by means of group psychotherapy and "psychodrama".

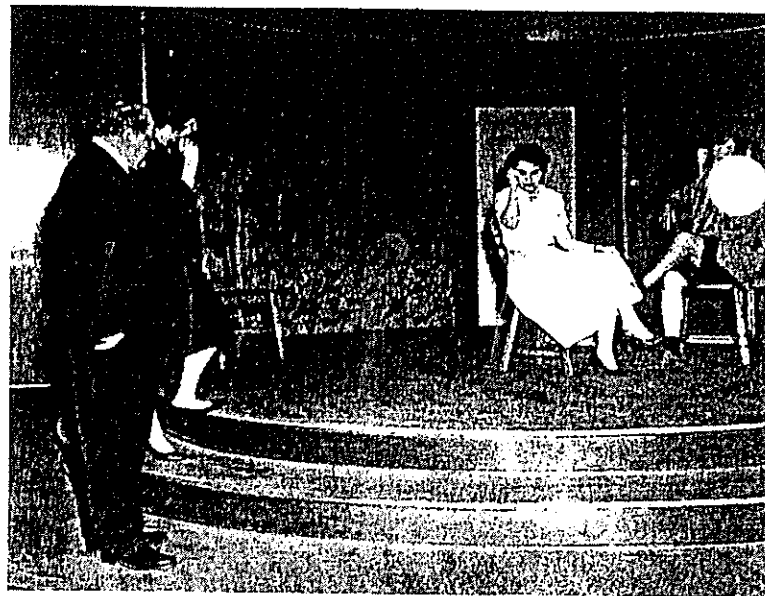
Psychodrama begins with a talk between patient and physician. As soon as the patient begins to describe a concrete situation in which he finds himself face to face with his fellow-men, the physician leads him on to the stage. Here, the free association is transformed into free action. With neither practice nor preparation, the patient now plays the part of himself in the particular situation.

The patient's fellow-men—father, mother, wife, friend, or foe—are not present in the flesh, but are played by so-called *auxiliary 'egos'*, i.e. members of the audience; in this way, they acquire a type of semi-reality which proves effective but is less awe-inspiring than the 'real thing'. At the crisis of the action, the physician, who is closely following the course of the psychodrama, orders the actors *to reverse roles*: the persecuted plays the role of the persecutor, the weakling the role of the strong man, the son the role of the father, etc., etc.

The individual thus gains direct experience of the behaviour of his 'opponent' or 'adversary'. As a result, he often gains a genuine insight into his fellow-men which is something far more than a mere process of intellectual compulsion. The psychodrama method also helps the others to understand the often confused personality of the protagonist. When using the so-called *double method*, an auxiliary *ego* sits or stands behind the protagonist and imitates his bearing and each of his movements. As soon as the patient, in the course of the action of the psychodrama, falls into an inner conflict, the auxiliary *ego* speaks the thoughts, feelings, and impulses which are not really apprehended by him, thus encouraging him, exposing him, warning him. In this way, psychodrama brings about a type of *catharsis* of experience. On an earlier occasion I once expressed this idea in the following terms: "The audience is the entire community. All are invited and assemble in front of the house. Yet this mad passion, this unfolding of life in make-believe, does not become a path of suffering, but only confirms the fact that each true second occasion means liberation from the first. 'Liberation' is a flattering description, for complete repetition renders the object of repetition ridiculous. One acquires the view of the creator in relation to one's own life, the feeling of true freedom, the freedom of one's nature. Through the second occasion, the first occasion makes us laugh. On the second occasion, too, everything is repeated (in appearance) on the stage—speaking, eating, drinking, begetting, sleeping, waking, writing, quarrelling, fighting, winning, losing, dying. But the self-same pain is no longer sensed as pain by audience and actors, the same desire is no longer desire, the same thought is no longer thought—all are painless, unconscious, thoughtless, deathless. Each figure from reality is extinguished through itself in make-believe, and reality and make-believe dissolve in laughter."

As soon as the drama is over, the make-believe world of the stage is extinguished for the patient. Sobered down, and with a feeling of having been robbed, he now faces the group, whom he scarcely noticed during the action of the play. The forces at work must now change for the third time—;

Plate 4.
*Psychodrama in action—
 a matrimonial problem.*
 (The author can be seen
 in the left foreground.)



while he strove to portray his problems, he spurred his audience on to identify themselves with him. He now enters into direct contact with the spectators, the members of the group, while the latter come into direct contact with one another. It is here that the group therapy begins. One after the other, the members of the group now express their feelings, adding to these by revealing personal experiences of a similar kind. In this way, the patients now undergo a new type of *catharsis*—a “group *catharsis*”. One of their group made them a gift of love, and now they return his love. The members of the group share their problems with him, just as he shared his with them. Each bears the other’s burden, and gradually the *catharsis* purges all those present. However, this process of resolution is not devoid of conflict. Sharp criticism, even hostility—especially towards the physician—is by no means rare. The entire group is in a state of ferment, and the physician needs all his skill and resource to find a solution to the conflicts involved.

In the treatment of psychotic subjects in particular, psychodrama has achieved astounding results with this type of “love *catharsis*”—a *catharsis* born of encounter with fellow-sufferers. The method is based on the principle that the physician and his assistants place themselves on the same level of spontaneity as the patient and so, as it were, move in his world. Whether or not

one chooses to describe the spontaneity of the patient as his “unconscious” is of no importance whatever for the treatment prescribed. What is important, by contrast, is that the patient shall in fact embrace the spheres and objects of those persons who fill his psychotic world, no matter how confused or fragmentary his experience of them may be. It is not enough for the psychodrama leader, like the psychoanalyst, merely to observe the patient and translate his symbolic behaviour into scientifically comprehensible terms. Instead, together with his auxiliary *egos*, he enters the psychotic world of his patient, partly as co-actor, partly as observer. He speaks with his patient in the psychotic language of signs and gestures, words and actions, just as the patient produces them. Such psychiatric practice naturally harbours certain dangers.

The following case history provides a good idea of the treatment of a schizoid patient by the psychodrama method:

Johnny, a pale, 15-year-old youth, came to us in the summer of 1952 from the juvenile section of the Bellevue Nerve Clinic in New York. He looked older than his age and had strikingly intelligent features, putting one somewhat in mind of Napoleon. His mutism was apparent from the start—when one greeted him, the most one could hope for was a scornful glance. What little we knew of his childhood we learned from his father and—from the newspaper headlines: “Teenager Sees Himself as Adviser to President of

the United States"—"Fifteen-Year-Old Youth Marches Fully Armed into White House"—"Police Arrest Young 'Freedom Hero'"—"Boyish Prank or Dementia?" These banners referred to one of Johnny's trips to Washington (the second), which he undertook dressed in military uniform and fully armed. His plan was to give the American President advice on how to solve the East-West conflict. The police arrested him, had him psychiatrically examined, and brought him back by plane to New York, where he was placed in the Bellevue Clinic. Once there, he refused to have anything to do with either doctors or nursing staff.

Notwithstanding his negative attitude, we took him up on the stage of our theatre one evening. To begin with, the auxiliary *egos* and I had to battle with his obstinacy and generally uncooperative behaviour. Before long, however, Johnny responded in spite of himself to the "warming-up process" and began giving us an *impromptu* description of his first trip to Washington. No awkward questions were asked of him, nor were any of his actions condemned out of hand. Johnny now went through the motions of buying his ticket, taking the bus to Washington, chatting with other passengers on the way, and finally approaching the White House. At this point we intervened, preventing him from entering the White House and forcing him, instead of firing the imagination of the President with his grand idea, to spend the night in a home for juvenile delinquents and to return the following day to New York, his task unaccomplished. Once the play was over, Johnny, waking out of the dream-world of his reminiscences, suddenly found himself once more among the creatures he so despised—conceited doctors, stupid nurses, clueless fellow-patients... What can they understand of my historic mission, he may well have thought to himself, and his first reaction was probably one of horror at the idea of his spontaneous communicativeness. At that moment, however, a warm wave of sympathy from the audience made itself felt: it was clear that 'they' admired his courage, readily understood his disappointment and disillusionment, and were interested in the motives which had prompted his undertaking. Yet nobody, not even Johnny, was as yet aware of the miraculous transformation which had turned a hitherto mutistic patient into a man ready to converse with fellow-men who had so far remained inaccessible for him. In a word, suspicion and mistrust had now given way to feelings of warmth, sympathy, and mutual confidence.

The following week, Johnny no longer occupied the forefront of interest in our group. At the same time, those who took the trouble to keep him unobtrusively under observation could

see that—while he still remained very silent and something of an outsider—he was yet no longer a 'foreign body' within the group. When we took Johnny up on to the stage a second time, he doubtless imagined that we should now go through his second journey to Washington—the one which had put an end to his long-cherished project of bringing freedom to the world. In fact, what interested us on this second occasion was his family background. Sure enough, in the course of this second play, we learned that his father, a modest costermonger from Armenia, supported his family financially but was completely engrossed in his business. In this he was helped now and again by Johnny's stepmother, a very primitive Armenian woman who looked after the home, and whose favourite was obviously not Johnny but his small stepbrother. Johnny was unhappy and ill at ease not only in his home surroundings but also at school, where the other boys were well below his intellectual level. As a result, he grew up into an outsider *par excellence*. His free time he devoted entirely to reading American history, and he was particularly fascinated by contemporary political and military events. Johnny now went up on to the stage, a newspaper under his arm, just as if he were returning home. An auxiliary *ego*, representing his stepmother, at once asked him why he was so late. Johnny's irritable retort immediately revealed the tension existing between him and his stepmother, and the audience must at once have wondered how this psychodrama was going to proceed. At this point, roles were reversed, and the next thing we witnessed was the spectacle of the poor defenceless auxiliary *ego*, who had taken over Johnny's part, being assailed by a torrent of abuse from Johnny, playing his own stepmother. The bone of contention was Johnny's allegedly one-sided interest in politics. His stepmother, who had lived for a time in Russia, sympathised with communism; Johnny by contrast, saw his supreme ideal in the American revolution, and—after the model of the 'minute-men' of the American War of Independence—believed it was his mission to intervene in person in the cause of liberty. During the group discussions which follow the drama, Johnny expressed amazement that, with the reversal of roles, he had had no difficulty in adopting the views of his stepmother and had even been able to argue her case with regard to the East-West conflict. Was it not possible, he queried, that all problems might ultimately find solution through mutual understanding? Thoughts such as these may well have helped to loosen up Johnny's hitherto unbending frame of mind.

A few days later, in a further psychodrama, Johnny had another violent quarrel with his

stepmother. When 'she' (realistically portrayed by the auxiliary *ego*), in response to the "compulsion of spontaneous action", sent him off the stage with a box on the ears, turning him symbolically out of the parental home, everybody burst out laughing, Johnny included. The Gordian knot had been cut. From this moment, Johnny became a cheerful, relaxed member of the group. By contrast, the group members were oppressed by all that they had learned, how Johnny had been turned out of house and home and had spent several nights in a New York cinema showing a non-stop programme until one day he finally slipped into his father's store and stole money from the till, in order to buy his G. I. uniform and the revolver he so badly needed for his trip to Washington "in the cause of freedom".

It was not only Johnny who responded to this psychodrama with a more flexible attitude. We had with us a male opera singer, completely egocentric and a drug addict to boot, who from time to time acted as an auxiliary *ego*. Quite spontaneously, he told me how happy he was at the success so far achieved, and even made suggestions for Johnny's further treatment. In his case, too, the "love *catharsis*" had begun to take effect. With his aid, we now set about staging Johnny's plans for the future. For a youth like Johnny who had set his sights so high and failed so lamentably, it was vitally important to realise that not only his own world of fantasy but real life, too, could be an interesting experience, an exciting challenge. On the stage, Johnny finally came to realise that it was impossible for him to try and improve the world in the way he envisaged without arousing fear and enmity on all sides. Instead, he would do better to try and get himself a suitable and interesting job. Again and again, we put him through the motions of applying at labour exchanges, pilot training schools, and similar offices, to help him learn how to deal with his fellow-men, more particularly his superiors.

Many weeks later, Johnny finally joined a training school for commercial pilots. Behind the everyday routine lay the lure of the wide, wide world, and this appealed to his sense of adventure. The minute-men and their ideal of freedom seemed to have lost their appeal. We kept an eye on Johnny for a good year more. Throughout this time, nothing psychiatrically abnormal was observed. The "action therapy" of psychodrama had thus succeeded in steering the energies of this schizoid youth back along normal lines. Yet the success of this therapy was only made possible by the process of "love *catharsis*" which evolved round the patient within the group of co-sufferers, co-actors, co-patients.

Plate 5.
Another action scene — psychodrama
of motherhood.



It is a popular misconception that psychodrama demands an elaborate, 'theatrical' *mise en scène*. In fact, it is a purely *ad hoc* performance, carried out wherever the patient happens to be. It is, as it were, a healing process based on reality, on human nature. According to the theory of psychodrama, the earliest stage of psychic development is not penetrated by the usual significant symbols of organised, grammatically-formed speech—it is the silent parts of the *psyche* which play such a vital part in the development of neuroses and psychoses. When introducing psychodrama work, then, it is important to establish wherever possible some physical contact with the patient, i.e. some tactile, motor communication, whether through touch, caress, embrace, or through participation in silent motions such as eating, walking, etc. Physical contact, physical therapy, and physical training thus form an essential element of the psychodrama situation. For this reason, I have expended great care on devising a system to enable the physician and the auxiliary egos to find their way into the patient's own world and populate it with figures familiar to him. The great advantage of such figures is that they are neither pure illusion nor pure reality, but half invented, half actual. The auxiliary egos are in fact real persons, but enter the *psyche* of the disintegrated patient rather like some good fairy with a magic spell. Like good or evil spirits, they startle the patient, rouse him, surprise him, console him, as the case may be. He finds himself caught in a world half real, half unreal, as if in a trap. He sees himself act, he hears himself speak, but his thoughts and actions, his feelings and perceptions, derive not from himself but, strange though it may seem, from some other person, from the reflected therapeutic images of his mind.

When we come to deal, not with an individual patient, but with tensions affecting an entire group, e.g. a school class, a team of workers, a military unit, etc., the conflict is approached not by psychodrama but by so-called "sociodrama". The effect of a "group *catharsis*" is often to transform the sociogram of the relevant community into a much more favourable one. Sometimes, sociodrama will reveal that the tension can be solved only by a process of re-

grouping, e.g. by moving pupils to other desks, labourers to other sites, etc. One word here about part-playing: acting gives the frustrated individual the chance of at least playing on the stage the part he has always longed to play, but never succeeded in playing, in real life. As a result, he often discovers new tasks which he can discharge satisfactorily in real life. Many a human life has been enriched by this means, many a choice of job made easier.

Between 1940 and 1950, my psychotherapeutic methods were gradually adopted in psychiatry, sociology, pædagogogy, and other fields in the English-speaking world. The ensuing ten years witnessed their adoption on a world-wide scale—a development largely brought about by the numerous journeys I undertook, always accompanied and assisted by the untiring efforts of my wife Zerka. First we visited Italy, then Paris, where the French section of the New York Academy of Psychodrama and Group Psychotherapy was set up under the name of *Groupe français d'études de sociométrie*. In 1954, my main work, *Who Shall Survive?*, appeared first in a German translation (*Die Grundlagen der Soziometrie*) and soon after in a French version (*Fondements de sociométrie*). The German edition, together with the lectures I held during the Lindau Psychotherapy Week the same year, aroused widespread interest in the German-speaking countries of Europe. In subsequent years I visited Munich, Vienna, and Zurich. In 1957, I undertook an extensive lecture tour which took me through Hamburg, Bremen, Hanover, Göttingen, Marburg, Frankfurt-on-Main, Heidelberg, Stuttgart, Freiburg i.Br., and finally Zurich, where I had the honour of opening the second International Congress of Group Psychotherapy. In 1962, I was elected President of the International Council of Group Psychotherapy and in July 1963 I opened the Third International Congress in Milan, under the auspices of the President of the Italian Republic, Antonio Segni. Several persons taking part in this Congress bore testimony to the world-wide interest shown in this new form of therapy. In the summer of 1957, I accepted an invitation to visit the Scandinavian countries. During all this time, my methods also found

adoption in several countries of South America, in Israel, India, and Japan. In addition to these extensive travels, I continued working in the United States, teaching, conducting group psychotherapy and psychodrama, practising psychiatry, and writing.

In the summer of 1958, I held lectures with demonstrations at the University of Barcelona, after which I conducted a forensic psychodrama in Tel Aviv and a polyglot sociodrama in a government hospital in Haifa. From Israel, I went on to Greece and Turkey. In the same year, I was for the first time invited beyond the Iron Curtain, a series of lectures in Yugoslavia being followed by an invitation to the Czechoslovak Psychiatric Congress in Lazne Jesenik (Graefenberg). There was evident appreciation of the potential importance of the sociometric group method for the psychological well-being of workers in the east European countries, where free choice of a job or the site of a job is virtually unknown.

In the autumn of 1959, I was invited to meet Russian psychiatrists in Leningrad and Moscow. Great was my surprise on finding one of my books there in a Russian translation! In the course of my lectures and demonstrations at the Institute of Psychology in Moscow (Prof. A. A. Smirnov) and at the Bechterev and Pavlov Institute in Leningrad, I gained the impression that sociometry has a part to play in bringing about better understanding between East and West and helping to bridge over ideological conflicts. As a result, the theme I chose for my speech to UNESCO in Paris on October 2nd, 1959, was: *The Scientific Encounter between East and West*.

To date, my works have appeared in twenty different languages, and my sociometric methods have won many friends all over the world. Some ascribe this gratifying development to the fact that these methods are not divorced from everyday life and are, above all, ultimately based on the power of human sympathy and love.