

SCIENTIFIC FOUNDATIONS OF GROUP PSYCHOTHERAPY

J. L. MORENO

Psychodramatic Institute, New York City

The late arrival of group psychiatry and group psychotherapy has a plausible explanation when we consider the development of modern psychiatry out of somatic medicine. The premise of scientific medicine has been since its origin that the *locus of physical ailment is an individual organism*. Therefore treatment is applied to the locus of the ailment as designated by diagnosis. The physical disease with which an individual *A* is afflicted does not require the collateral treatment of *A*'s wife, his children and friends. If *A* suffers from an appendicitis and an appendectomy is indicated, the appendix only of *A* is removed, no one thinks of the removal of the appendix of *A*'s wife and children too. When in budding psychiatry scientific methods began to be used, axioms gained from physical diagnosis and treatment were *automatically* applied to mental disorders as well. Extra-individual influence as animal magnetism and hypnotism was pushed aside as mythical superstition and folklore. In psychoanalysis—at the beginning of this century the most advanced development of psychological psychiatry—the idea of a specific individual organism as the locus of psychic ailment attained its most triumphant confirmation. The “group” was implicitly considered by Freud as an epi-phenomenon of the individual psyche. The implication was that if one hundred individuals of both sexes were psychoanalyzed, each by a different analyst with satisfactory results, and were to be put together into a group, a smooth social organization would result; the sexual, social, economic, political and cultural relations evolving would offer no unsurmountable obstacle to them. The premise prevailed that there is no locus of ailment beyond the individual, that there is, for instance, no group situation which requires special diagnosis and treatment. The alternative, however, is that one hundred cured psychoanalyses *might* produce a societal bedlam together.

Although, during the first quarter of our century, there was occasional disapproval of this exclusive, individualistic point of view, it was more silent than vocal, coming from anthropologists and sociologists particularly. But they had nothing to offer in contrast with the specific and tangible demonstrations of psychoanalysis, except large generalities like culture, class and

societal hierarchy. The decisive turn came with the development of sociometric and psychodramatic methodology.*

The change in locus of therapy which the latter initiated means literally a revolution in what was always considered appropriate medical practice. Husband and wife, mother and child, are treated as a combine, often facing one another and not separate (because separate from one another they may not have any tangible mental ailment). But that facing one another deprives them of that elusive thing which is commonly called "privacy." What remains "private" between husband and wife, mother and daughter, is the abode where some of the trouble between them may blossom, secrets, deceit, suspicion and delusion. Therefore the loss of personal privacy means loss of face and that is why people, intimately bound up in a situation fear to see one another in the light of face to face analysis. (They prefer individual treatment.) It is obvious that once privacy is lifted (as a postulate of individual psyche) for one person involved in the situation, it is a matter of degree for how many persons the curtain should go up. In a psychodramatic session therefore, Mr. A, the husband, may permit that besides his wife, his partner in the sickness, the other man (her lover) is present, later his daughter and son, and some day perhaps, they would not object (in fact they would invite it), that other husbands and wives who have a similar problem, sit in the audience and look on as their predicaments are enacted and learn from the latter how to treat or prevent their own. It is clear that the Hippocratic oath will have to be reformulated to protect a group of subjects involved in the same therapeutic situation. The stigma coming from unpleasant ailment and treatment is far harder to control if a group of persons are treated than if it were only one person.

But the change of locus of therapy has other unpleasant consequences. It revolutionizes also *the agent of therapy*. The agent of therapy has usually been a single person, a doctor, a healer. Faith in him, rapport (Mesmer), transference (Freud) towards him, is usually considered as indispensable to the patient-physician relation. But sociometric methods have radically changed this situation. In a particular group a subject may be used as an instrument to diagnose and as a therapeutic agent to treat the other subjects. The doctor and healer as the final source of mental therapeusis has fallen.

*Sociatry is applied sociometry. The group psychotherapies are subfields of sociatry, as the latter comprises also the application of sociometric knowledge to groups "at a distance", to inter-group relations and to mankind as a total unit.

Sociometric methods have demonstrated that therapeutic values (tele) are scattered throughout the membership of the group, one patient can treat the other. The role of the healer has changed from the owner and actor of therapy to its assigner and trustee.

But as long as the agent of psychotherapy was a particular, special individual, a doctor or a priest, besides being considered the source or the catalyzer of healing power—because of his personal magnetism, his skill as a hypnotist or as a psychoanalyst—the consequence was that he himself was also the *medium* of therapy, the stimulus from which all psychotherapeutic effect emanated, or at least, by which they were stimulated. It was always his actions, the elegance of his logic, the brilliancy of his lecture, the depth of his emotions, the power of his hypnosis, the lucidity of his analytic interpretation, in other words, he, the psychiatrist was always the medium to which the subject responded and who in the last analysis, determined the mental status which the patient had attained. It was, therefore, quite a revolutionary change, after disrobing the therapist of his uniqueness, showing for instance that in a group of 100 individuals every individual participant *can* be made a therapeutic agent of one or the other in the group and even to the therapist himself, to go one step further and to disrobe all the group therapeutic agents themselves of being the media through which the therapeutic effects are attained. My means of a production on the stage a *third* element is introduced *besides* the healer and the patient-members of the group; it becomes the medium through which therapeutic measures are channelized. (This is the point where I went with psychodramatic methods beyond the methods I had used previously in group psychotherapy, even in its most systematic form—the group psychotherapies based on sociometric procedures and sociometric analysis.) In psychodramatic methods the medium is to a degree separated from the agent. The medium may be as simple and amorphous as a still or moving light, a single sound repeated, or more complex, a puppet or a doll, a still or a motion picture, a dance or music production, finally reaching out to the most elaborated forms of psychodrama by means of a staff consisting of a director and auxiliary egos, calling to their command all the arts and all the means of production. The staff of egos on the stage are usually not patients themselves, but only the medium through which the treatment is directed. The psychiatrist as well as the audience of patients are often left outside of the medium. When the locus of therapy changed from the individual

to the group, the group became the new subject (first step). When the group was broken up into its individual little therapists and they became the agents of therapy, the chief therapist became a part of the group (second step) and finally, the medium of therapy was separated from the healer as well as the group therapeutic agents (third step). Due to the transition from individual psychotherapy to group psychotherapy, group psychotherapy includes individual psychotherapy; due to the transition from group psychotherapy to psychodrama, psychodrama includes and envelops group psychotherapy as well as individual psychotherapy.

The three principles, subject, agent and medium of therapy can be used as points of reference for constructing a table of polar categories of group psychotherapies. I have differentiated here eight pairs of categories: amorphous vs. structured, loco nascendi vs. secondary situations, causal vs. symptomatic, therapist vs. group centered, spontaneous vs. rehearsed, lectural vs. dramatic, conserved vs. creative, and face to face vs. from a distance. With these eight sets of pairs, a classification of every type of group psychotherapy can be made.

Table I
BASIC CATEGORIES OF GROUP PSYCHOTHERAPY
SUBJECT
Of Therapy

1. As to the *Constitution* of the Group

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

2. As to *Locus* of Treatment

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

3. As to *Aim* of Treatment

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

AGENT

Of Therapy

1. As to *Source* or *Transfer* of Influence

Therapist Centered vs. Group Centered Methods

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

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

2. As to *Form* of Influence

Spontaneous and Free vs. Rehearsed and Prepared Form

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

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

MEDIUM

Of Therapy

1. As to *Mode* of Influence

Lecture or Verbal vs. Dramatic or Action Methods

Lectures, interviews, discussion, reading, reciting.

Dance, music, drama, motion pictures.

2. As to *Type* of Medium

Conserved, Mechanical or Unspontaneous vs. Creative Media

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

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

3. As to *Origin* of Medium

Face to Face vs. From-a-Distance Presentations

Any drama, lecture, discussion, etc.

Radio and television.

VALIDITY OF GROUP METHODS

All group methods have in common the need for a frame of reference which would declare their findings and applications either valid or invalid. One of my first efforts was therefore, to construct instruments by means of which the structural constitution of groups could be determined. An instrument of this type was the sociometric test and it was so constructed that it could easily become a model and a guide for the development of similar instruments. My idea was also that if an instrument is good, its findings and discoveries would be corroborated by any other instrument which has the same aim, that is, to study the structure resulting from the interaction of individuals in groups. After social groups of all types had been studied, formal and informal groups, home groups and work groups, and so forth, the question of the validity of group structure was tested by using first deviations from chance as a reference base, second by control studies of grouping and regrouping of individuals.

Deviation from chance experiments. A population of 26 was taken as a convenient unit to use in comparison with a chance distribution of a group of 26 fictitious individuals, and three choices were made by each member. For our analysis any size of population, large or small, would have been satisfactory, but use of 26 persons happened to permit an unselected sampling of groups already tested. Without including the same group more than once, seven groups of 26 individuals were selected from among those which happened to have this size population. The test choices had been taken on the criterion of table-partners, and none of the choices could go outside the group, thus making comparison possible. Study of the findings of group configurations (resulting from the interacting individuals) in order to be compared with one another, were in need of some common reference base from which to measure the deviations. It appeared that the most logical ground for establishing such reference could be secured by ascertaining the characteristics of typical configurations produced by chance balloting for a similar size population with a like number of choices. It became possible to chart the respective sociograms (graphs of interactional relations) of each experiment, so that each fictitious person was seen in respect to all other fictitious persons in the same group; it was also possible to show the range in types of structures within each chance configuration of a group. The first questions to be answered read: What is the probable number of individuals who by mere chance selection would be picked out by

their fellows, not at all, once, twice, three times, and so on. How many pairs are likely to occur, a pair being two individuals who choose one another. How many unreciprocated choices can be expected on a mere chance basis? The experimental chance findings followed closely the theoretical chance probabilities. The average number of pairs in the chance experiment was 4.3, in the theoretical analysis 4.68 (under the same condition of 3 choices within a population of 26 persons). The number of unreciprocated choices was in the chance experiments 69.4, the theoretical results showed 68.64 under the same conditions.

Among the many important findings the most instructive to the group psychotherapists were: a) a comparison of the chance sociograms to the actual sociograms shows that the probability of mutual structures is 213 per cent greater in the actual configurations than in chance, and the number of unreciprocated structures is 35.8 per cent rarer actually than by chance; the more complex structures such as triangles, squares and other closed patterns of which there were seven in the actual sociograms were lacking in the chance sociograms; b) a greater concentration of many choices upon few individuals, and a weak concentration of few choices upon the majority of individuals, skewed the distribution of the sampling of actual individuals still further than took place in the chance experiments, and in a direction it need not necessarily take by chance. This feature of the distribution is called the *sociodynamic effect*. The actual frequency distribution compared with the chance distribution showed the quantity of isolates to be 250 per cent greater in the former. The quantity of overchosen individuals was 39 per cent greater while the volume of their choices was 73 per cent greater. Such statistical findings suggest that if the size of the population increases and the number of choice relations remain constant, the gap between the chance frequency distribution and the actual distribution would increase progressively. The sociodynamic effect has general validity. It is found in all social groupings whatever their kind, whether the criterion is search for mates, search for employment or in socio-cultural relations. The frequency distribution of choices shown by sociometric data is comparable to the frequency distribution of wealth in a capitalistic society. In this case also the extremes of distribution are accentuated. The exceedingly wealthy are few, the exceedingly poor are many. Economic and sociometric curves are both expressions of the same law, a law of sociodynamics.

Control studies. Two groups of individuals were compared. In the one, Group A, the placement to the cottage was made hit or miss, in the

second, Group B, the placements were made on the basis of the feelings which the incoming individuals had for the cottage parent and for the other inhabitants of the cottage, and *vice versa*. Sociometric tests were then applied at intervals of 8 weeks so that we could compare the structure of the control group A with the tested group B. Among other things it was found that the tested individuals undergo a quicker social evolution and integration into the group than the individuals who have been placed in a cottage hit or miss. At the end of a thirty-two weeks period the control group showed four times as many isolated individuals as the tested group. The tested group B showed twice as many individuals forming pairs than the control group.

Indications and contra-indications of group psychotherapy. The indication of group psychotherapy or of one particular method in preference to another must be based on the sociodynamic changes of structure which can be determined by means of group tests of which two illustrations have been given above. Group psychotherapy has come of age and promises a vigorous development largely because group theory and group diagnosis have paved the way and have kept pace with the rapidly expanding needs for application.

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