A study of the differentials in method and practice of group psychotherapy as reflected in periodical literature from 1942 to 1952

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A STUDY OF THE
DIFFERENTIALS IN METHOD AND PRACTICE OF GROUP PSYCHOThERAPY
AS REFLECTED IN PERIODICAL LITERATURE FROM 1942 TO 1952

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CHAPTER I

INTRODUCTION

Significance of the Study

The field of psychotherapy is new and vague, yet the group method has been utilized enough for there to be tremendous benefits derived in cases of personality malformations. World War II has given impetus to the use of psychotherapy and it is now becoming recognized as an important medium in the treatment of social and mental ills. It is the writer's opinion that through extensive uses of group therapy, greater numbers of emotional deficiencies in individuals can be corrected and these individuals can return to normal living.

The professional skills required for the study and treatment of the individual presenting behavior problems lie in the social and biological sciences and in the disciplines of psychiatry, medicine, education and social work. These skills were first fully focused upon the problems of individuals with problems through the combined services of the psychiatrist, psychiatric social worker and psychologist working as a professional team. As methods for the study and treatment of children and adults have become more clearly defined, they are being incorporated into the professional content of social case and group work. As a result, the social worker is assuming increasing responsibility for the treatment of maladjusted individuals, calling on the psychiatrist and psychologist and members of other professions for their special help as needed.

The social group worker has long been aware of the importance of the
group in aiding personality development. Social workers with skill in the group process are becoming welcome additions on the staffs of many hospitals and case-work agencies.

The writer for a long period of time has been interested in psychotherapy. During periods of employment as a Psychiatric Aide at the U. S. Veterans Hospital, Northport, New York, he was able to gain some insight into the nature of mental illness and the processes of psychotherapy. There were veterans of World War I and World War II at this institution. One of the duties of the writer was to assist the professional team in the administration of psychotherapy to these emotionally disturbed men.

This study is significant because social workers need to be aware of the development and values as well as the place and contributions of group psychotherapy.

Purpose of the Study

The purposes of this thesis were to show the differentials in method and practice in the development of group psychotherapy as they are reflected in literature from 1942 through 1948; to examine the more recent practices and settings of group psychotherapy from 1949 through 1952; and to cite some of the leaders in the field at the time of this study.

Method of Procedure

A bibliography of group psychotherapy was compiled, from which was chosen a selection of books, papers, bulletins and reports directly related to the development and practice of group psychotherapy. This material was collected and analyzed as the important features of the therapeutic process.

Process records, from publications, of situations illustrative of parti-
cular forms of group psychotherapy were included to further clarify the analysis. The historical development of psychotherapy as a remedial treatment of mental diseases was outlined and in this discussion is shown the relationship of the group method.

Scope and Limitations

Data for this thesis were collected from publications written from 1942 to 1952 by psychologists, psychiatrists and social workers. All situations described occurred in the United States, however therein is reflected the thinking and practice of international authorities.

This thesis is limited, first by the length of time that group psychotherapy as such has been in existence; second by the limited amount of available material written on the subject.
CHAPTER II

THE DEVELOPMENT OF GROUP PSYCHOTHERAPY

Historical Background

As with so many of the healing arts, it may be said of group psychotherapy that it has been practiced since the advent of mankind, but as a self conscious discipline with an attempted appraisal of causes and effects, group psychotherapy is of decidedly recent origin.¹

The concepts, theories, and practices of psychotherapy are yet in an initial and fluid state but a number of urgent stresses in world affairs have served to accelerate and intensify the need for it. In the past decade, by reason of the large numbers of military psychiatric services in general, group psychotherapy has, it seems, suddenly been called upon to fill a role of unprecedented proportions. Another factor to be considered is that mental disorders were until recent times invested with an atmosphere of suspicious horror. History records few instances of the therapeutic use of group psychotherapy. It may be said then, group psychotherapy is of very recent origin. It dates back scarcely fifty years.²

Early Settings and Practices

The Class Method.— In 1905, J. H. Pratt introduced the "class method" with a group of patients suffering from pulmonary tuberculosis in what came

to be known as thought control clinics. Dr. Pratt was impressed, as were many others before him, with the effect of mental attitudes of patients on the rate and thoroughness of recovery from somatic illnesses. While this relation had been noted before, his use of a group for stimulating recovery from a physical illness was as new as it was unique. Later the "class method" was adopted for other physical maladies by a number of physicians in general practice.

Dr. Pratt's "classes" attempted to correct attitudes that impeded recovery from physical illness. To do this he gave inspirational talks that lifted the patients out of their inertia, introspection and self-pity. He called upon them to describe their own efforts — very much on the style of testimonies at revival meetings. Patients who had made acceptable progress were moved up to the front benches and finally were advanced to sit on the platform with the doctors. These were "star patients." All this had the effect of encouraging other patients to improve, both because of the examples set and the striving for similar recognition in the group by the doctor. Before and after the regular sessions, patients were encouraged to mingle freely, talk to one another, exchange experiences and reactions, share views and help each other.

World War I to 1942

S. B. Hadden reported effectiveness with his work in "group instruction" for tubercular, diabetic, neurosyphilic patients as well as patients with

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2 Ibid., p. 17.
organic diseases. As early as 1920, Greene found free group activities in addition to group discussions effective in the treatment of stutterers.¹

The class, or group method of instruction has been accepted in the treatment of psychosis and to a lesser extent also of psychoneurotic patients. However, because the nature of neuroses, education and instruction cannot be effective in treatment - consequently the psychic structure of the patient must be the focus of therapeutic effort even though social and inter-personal factors must always be considered.²

Psychotherapy with its practical applications has undergone a tremendous change in the last twenty-five years. The average person a quarter of a century ago was not especially interested in gleaning from the archives of the psychiatrist some idea or principle which could be employed as an aid in solving a personal problem or to eliminate a disturbing mental condition.

One of the forces giving momentum to the development of psychotherapy during the late 1920's was the depression, a national emergency, accompanied by anxieties, fears, frustrations and their resulting effects on individuals. The need for treatment of larger groups with emotional problems was recognized and psychotherapy, though still in its infancy, began to be utilized by practitioners to eliminate some of the troublesome fears of individuals through use of the group sessions. This was not too widely practiced, as physicians charged rather high fees for such services and money was generally inaccessible, however, this did serve to lay groundwork for future psychotherapy.

The writer has seen no record in the literature of any change in the class instruction plan until the publication of a paper in 1936 by Wender, and by Schilder in the same year of a technique more suited to the therapeutic needs of psychoneurotics. Wender, who worked with mental patients in a private hospital, saw the use of group therapy as valid for the total setting of the hospital.

Wender employed the class method for larger groups of patients first, but later he added the small intimate groups on an interview basis. Wender's general leaning was toward a combination of education and the psychotherapeutic interview. He believed that "the human individual is a group animal, seeking a satisfying niche in the social setting; that he is a social product whose inhibitions and repressions are motivated by the mores of the group; that difficulties in adjustment and failure to express his emotional troubles are the result of his inability to face the group and find his place in it."1

In the early 1940's, Benjamin I. Weininger of Washington, D. C., conducted therapy groups in his private practice, but no report of this work has been published. Weininger's method differed from the other practices in the fact that he did not conduct group discussions, but rather confined the entire treatment with his private patients much on the lines of Wender.2

The current literature reveals multitudinous devices and artifices employed by therapists. Many of these were evolved during World War II and

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have served for acute and temporary disturbances.

Definition of Terms

It is the writer's intention to try to describe, in simple words, some of the practices and settings of group psychotherapy. In speaking of psychiatric treatment, a wide range of technical terms were often used; however, in this paper, they shall be kept to a minimum. Some of the technical words which appear are here defined:

Catharsis.— Psychiatric symptoms or symbols are looked upon as disguised representations of forgotten and repressed ideas or experiences. When the latter are brought back into the sphere of consciousness and lived out fully, the process is called a catharsis.

Psychometric Test.— A test designed to measure the duration and force of mental processes.

Auxiliary Ego.— The auxiliary ego is an individual who identified himself consciously with all the subject's expressions and purposes as far as organic limitations permit, thus strengthening the ego of the subject. The auxiliary ego, acting in the subject's behalf, is a genuine prolongation or extension of the subject's ego.

An auxiliary ego operating upon the instinctive level is a function known as an 'alter-ego.' Illustrations of an alter-ego are the mother to her child, the lover, or the friend. This function received a new distinction when it became a conscious tool in therapeutic situations. In the case of interpersonal difficulty, the consulting psychiatrist becomes an auxiliary ego of two or more persons involved. His function is to accept uncritically the subjective attitude of the patients and to stimulate their subjectivity and thus become ready to act in their behalf.

In the psychodrama the function of the auxiliary ego is to enact such roles which the patient may require for presenting his situation adequately. Such roles may be upon the private level or the auxiliary ego may have to assist in embodying concrete persons in the patient's milieu, such as a specific father, wife or child. Or, the roles may be upon a symbolic level, such as God, Judge, or Satan. Finally, the auxiliary ego may embody delusional roles or peculiar symbolic combinations characteristic of the patient's world.¹

CHAPTER III

SETTINGS AND PRACTICES OF GROUP PSYCHOTHERAPY FROM 1942 THROUGH 1947

Differentiation Between Group Work Method; Psychotherapy and Group Therapy

Social Group Work is recognized as a type of educational process carried on in voluntary groups during leisure time with the assistance of a group leader.¹ Group work as method is to be distinguished from classroom method and case work method. Group work method affirms that the nature of the group is as important as the nature of the activity, program or curriculum. It emphasizes the role of the group as education, as well as in education. It reaffirms what social scientists have been saying these many years that "a person is influenced most by the group in which he vitally lives."²

Psychotherapy is basically a special application of the principles of individual treatment to two or more persons simultaneously, which brings also in the situation the phenomena and problems of interpersonal relationships.³

Group Therapy has the underlying aims of introducing therapeutic activity designed to direct the individual's efforts towards useful undertakings and to clarifying the psychological conflicts that may be transformed into a normal way of living. Sufficient knowledge of the problem to allow a judicious application of the right therapy at the right time is the ideal toward

²Ibid., p. 143.
which all therapists strive throughout their professional lives.\textsuperscript{1}

Settings and Practices of Group Psychotherapy

While there are many techniques and practices of group psychotherapy, it should be stressed that no one technique can be used in a particular setting or particular group. The use of a specific kind of setting should be determined after a careful review of the individual's case record and the group itself. The importance of placing individuals in the right kind of settings for their growth and the group's goal cannot be stressed too much.

The following described settings point out some of the variety in practices developed during the period from 1912 through 1918.

The Psychodramatic Method

\textbf{Psychodrama in a Child Guidance Clinic.}—It is the purpose in psychodrama to discover conflicts in children who are preoccupied in any one form of activity or thinking, and through such discovery, to give them all possible help in enabling them to free themselves of any conflicts, thus helping them to advance more wholesome interests. It is not the purpose to increase the child's neurotic behavior by encouraging those play activities that tend to aggregate the original disturbance, but rather to direct his activity to a more normal and outward channel. Dramatic play that is motivated by neurotic thinking can be directed so that it will lead to a solution of the emotional problem through encouraging wholesome play activities, which, at the same time, are socially acceptable to the group in which the child has to live.

\textsuperscript{1} W. Menninger and M. Leaf, \textit{You and Psychiatry} (New York, 1949), p. 126.
A very important thing to remember is that children need help and protection against over-stimulation and that they should not be encouraged in their preoccupations. A practice of psychodramatics can do this.

Whether or not a child is to be treated by psychodramatics is based largely upon the psychiatrist's interview. Results of psychological tests and the individual child's needs play an important part in determining whether this method should be utilized. If psychodrama is the method of choice, the child is started in a group which is suitable to his needs, or is left to the dramatist alone, depending upon the nature of his conflict and problems. The child is afterwards put through a series of situations suited to bring out the core of his problems. These standard situations cover the entire gamut of his interpersonal relationships to his family, to his friends, and to society in general.

Psychodrama in a Military Evacuation Hospital

Psychodrama, as a form of psychotherapy, was used for the first time in an army evacuation hospital, a 400 bed installation in Trier, Germany. The building had been previously a military hospital, but because of its good facilities, it was made a center for neuropsychiatric cases, and the surrounding hospitals evacuated their cases to it. There was a daily average of thirty psychiatric patients, none of whom was allowed to remain more than five days.

The technique of J. L. Moreno was used, but the work was performed under the improvised conditions found in a theater of operations. No stage or theater was available. The work was done in the office, a large room, about 20 feet square, furnished with a desk, a table, one couch, a closet and several chairs. The floor was covered with a carpet, which made it easier
to reenact scenes that had originally taken place on the ground.  

A history was taken of every patient, and the Kent EGI Intelligence Test was given routinely. Because there was not time enough to reenact systematically the entire history of each patient, therapists limited themselves to reenacting the highlights of each case.

Before each scene, according to his level of intelligence, the patient was given a short talk explaining what was to be done, telling him not to be afraid of the audience who would keep all that transpired confidential. The subject was asked to describe in detail the locality and to identify the position of each landmark with some object in the office. In this way the corner of the closet would become a street corner behind which he would see dead people, the desk would become the commanding officer's desk, and so forth. It was surprising to see how much importance the patients themselves attached to the proper arrangement and re-arrangement of the furniture to fit the original situation, and how much it disturbed them to see anything out of place.

Doctors, nurses and wardmen acted in supporting roles helping to re-create the characters involved in the original situation. (auxiliary egos). In a few instances the original partners were available to act as auxiliary egos.

Many patients had a tendency to be narrators rather than actors. They were induced to act as much as possible. No script was used and all acting was impromptu. After each session, there was a short discussion and analysis

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with the patient, in order to tell him what had been learned and how it helped to understand his case.\footnote{Ibid., p. 18.}

No strict and uniform technique was used. The procedure was varied to suit each individual situation.

The following case studies illustrate the use of psychodrama at this hospital.

Case A

BRANCH OF SERVICE: Infantry.

PLACE OF BIRTH: Cleveland, Ohio.

AGE: 25.

FAMILY HISTORY: Both parents highstrung. A brother was rejected from the army for neuro psychiatric reasons.

OCCUPATION OF FATHER: Salesman.

HOME LIFE: Parents quarrelled frequently, usually because the father was interested in other women.

EDUCATION: High school graduate, was a timid child, blushing easily, afraid to recite in class; often became ill before examinations, sometimes developing "convulsions."

CIVILIAN OCCUPATION: Clerk.

DATE OF INDUCTION: February 22, 1943.

ARMY LIFE: Corporal in the infantry. In the E.T.O. 7 months. Had a "nervous breakdown" after four days of combat in France.

COURT MARTIAL: None.

MARITAL HISTORY: Single. Denies ever having had intercourse.

SOCIAL DISEASES: Denied.

ALCOHOLISM: Denied.

CIVILIAN ARRESTS: Denied.
DRUG ADDICTION: Denied.

INTELLIGENCE: No formal psychometric test was done. He seemed above average in intelligence.

PRESENT ILLNESS: Patient developed a "nervous breakdown" after four days of combat in France. He had "shaking spells" lasting about a half hour, three or four times daily for about two weeks. During these attacks he did not lose consciousness and he did not bite his tongue or injure himself in any way. He regained control of sphincters. The patient was nervous and tense and had a gross tremor of the hands which were cold and moist. He had nightmares of battle-experiences. He said his trouble began when a shell exploded close to him. He was blown out of his foxhole and was unconscious for about a half hour.

PSYCHODRAMA: We acted out scenes from his early life. Up to his fourteenth year he had shaking spells. He slept in the same room with his mother so that she could watch over him. When she left the room he developed "convulsions." We also had him relive some scenes in which he became ill before examinations in school. Finally the scene in which he was blown out of his foxhole was reenacted. After he had regained consciousness he walked for about forty minutes to rejoin his outfit. When he reached his company he developed a series of attacks.

All these scenes followed each other in rapid sequence which accentuated the similarity in their pattern. The subconscious mechanism of his seizures was explained to the patient.

DIAGNOSIS: Psychoneurosis, hysteria.

PROGRESS: No seizures while in the hospital.

DISPOSITION: Evacuated to a general hospital.

Case B

ORGANIZATION: Quartermaster service company.

PLACE OF BIRTH: Small town in South Carolina.

AGE: 23.

RACE: Negro.

OCCUPATION OF FATHER: Farmer.

FAMILY HISTORY: Negative.

HOME LIFE: Normal.

EDUCATION: Repeated the third grade, finished the fifth grade, quit
school at 15 to work on the farm.

CIVILIAN OCCUPATION: Foundry worker, farm hand, bricklayer.

DATE OF INDUCTION: March 11, 1943.

ARMY LIFE: Private, worked as a bricklayer. In the E.T.O. eight months but never in combat.

COURT MARTIAL: Denied.

MARITAL HISTORY: Single. Denies intercourse or homosexuality.

SOCIAL DISEASES: Denied.

ALCOHOLISM: Denied.

DRUG ADDICTION: Denied.

CIVILIAN ARRESTS: Denied.

KENT EBY TEST: IQ 56. MA 8. Moron level.

PRESENT ILLNESS: Patient was sent to the hospital because he refused all social contacts and preferred solitude; stole little articles of no real value; refused to keep himself or his equipment clean and presentable; and he hoarded such worthless items as empty bottles in his barracks bag.

In the preliminary interview it was learned that he had visual and auditory hallucinations of a religious nature.

PSYCHODRAMA: The patient was placed on a couch, and he was told to imagine he was in bed, having one of his usual visions before falling asleep; it was not difficult to induce him to act.

He sat up, rubbed his eyes, looked with a rapt expression and said, "I see a white figure beside me, there is a star above his head; he wears a white robe; his arms are outstretched. There is blood on his hands." We asked him to demonstrate what the vision looked like. He got upon a chair stretched out his arms and said, "There is blood on my hands. It is from the nails."

In another scene an effort was made to reproduce some of the voices which he used to hear. They were of a religious nature, and one would say, "Pray before it is too late." An auxiliary ego repeated the phrase to the patient first in a normal conversational voice. The patient corrected us, saying that the voice was really a whisper. The auxiliary ego reduced the volume of his voice, but the patient was still dissatisfied. On listening to him again, we discovered that his voice had a southern accent. When the auxiliary ego reproduced
this accent, the patient was satisfied.

This case was particularly interesting because of the ease with which we were able to conduct a psychodramatic session with the patient, even though he was a far advanced schizophrenic and his mental age was only eight.

DIAGNOSIS: Dementia praecox, unclassified.

PROGRESS: Unimproved.

DISPOSITION: Evacuated to a general hospital.  

The preceding cases describe the uses of psychotherapy at an Evacuation Hospital. In this setting by reason of the large numbers of neuropsychiatric cases, it was necessary to make expeditious diagnoses and dispositions. However this was not done at the danger of giving less attention to the individual case or history.

In Evacuation Hospitals, psychotherapy has been found to be valuable as a method of treatment and as a criteria for determining future courses of treatment.

Psychodrama in Mental Institutions

Everyday observation in mental institutions teaches that people function better in one group, worse in another. We can safely say that one group in certain situations has beneficial effect upon one individual's well being and functioning, whereas another group does not. Psychodrama is one of the more advanced forms of group psychotherapy utilized in mental institutions. It is the only form of treatment known to date in which the maladjustments of a group of people can be treated at one time. Therapeutic mechanisms of psychodrama are Materialization, Catharsis,
Insight, Training and Adaptation. Ackerman describes these mechanisms as follows:

**Materialization.**—Psychodrama gives the mental patient an opportunity to give materialization to his imaginary world. The outcast, whose ideas are laughed at and rejected, gains a new feeling of acceptance and self-assurance. The theatre will give reality to pleasant phantasies, providing the patient with a wish fulfillment. It also will give a crystallization vague fears and anxieties. These now gain substance and reality, so that the patient can face them, struggle with them and overcome them.

**Catharsis.**—Aristotle has formulated the concept of catharsis as a process which takes place in the mind of the spectator of a drama. Moreno has elaborated on it and distinguished two forms of catharsis: The first form of catharsis is the actor who interpolated his own experiences into the role which the author created. The second form is the spectator who experiences a catharsis in the Aristotelian sense.

In the psychodrama the patient is the recipient of three forms of catharsis at one time. He is the creator, actor, the audience in one person combined, thereby deriving a maximum benefit.

**Insight.**—The psychodrama, by dramatizing the highlights of each case, provides a synopsis and panoramic view to the patient of his own difficulty. This with the discussion following each scene, gives him an insight into the mechanism of his illness.

**Training and Adaptation.**—The security of the stage provides an opportunity for training. The patient knows that he is safe in the imaginary world in which no harm or ridicule can come to him. The confidence acquired on the stage can then be carried over to real life.

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Drama Therapy

Drama Therapy is being used at the time of the study, for the most part, with patients having both psychotic and psychoneurotic diagnoses. Various techniques are employed depending upon the nature of the case and purpose

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1 Nathan B. Ackerman, "Dynamic Patterns of Group Psychotherapy," *Psychiatry*, November, 1944, p. 179.
desired.

One type of approach makes use of ventilation of fixed emotionalized attitudes that are sources of tension and conflict, followed by an attempt at reconstruction and re-orientation.¹

Another approach utilization is made of "opposites." Here an aggressive patient is given a submissive role or vice versa; or an enlisted man with considerable hostility towards officers is given an officer's role. In the former situation, the patient acquires experience in inhibiting or extroverting, as the case may be; in the latter, he gains insight and understanding and experiences an amelioration of his hostility. This technique is also followed by a psychotherapeutic interview with the psychiatrist when indicated.

CHAPTER IV

NEWER VIEWPOINTS IN THE APPLICATION AND RESEARCH OF GROUP PSYCHOTHERAPY

Contemporary Leadership in the Field

How to improve training procedures for therapists and group leaders is one of the responsibilities resting on practitioners in the area of psychotherapy today. On the basis of research that this writer has examined, contributions lie mainly in the field of methodology. Some of the more recent methods for uses of psychotherapy will be examined in this chapter.

Contemporary leadership in the field is cited here as to locale, and type of setting:

**Ackerman, Nathan W., M. D.**—Dr. Ackerman is one of the pioneers in the field. He was one of the first to formulate practice of psychotherapy to children in the form of dramatic play. He has written many articles on aspects of psychotherapy and at the time of this writing, is the Director of the Council Child Development Center, New York, N. Y.

**Redl, Fritz, Ph. D.**—Dr. Redl is director of a Camp for Disturbed Children near Detroit, Michigan. He is an outstanding authority on psychotherapy with children and has contributed to the field in publications on his findings. Among his findings are his theories on how to work with what he calls the "unpredictability of human behavior."

**Maier, Norman, M. D.**—Dr. Maier is on the staff of the University of Michigan at Ann Arbor, Michigan. He has carried on outstanding research in psychotherapy in the psychological laboratories of the University of Michigan. One such experiment tried to determine if one can distinguish between behavior instigated by frustration and behavior instigated by goals (motivated behavior). From such analysis, he shares his findings with other practitioners working to continually pave the way for more effective uses of psychotherapy.

**Meyer, Adolph, M. D.**—Dr. Meyer is on the staff at John Hopkins Hospital in Baltimore, Maryland. Dr. Meyer has contributed to the field in many articles and reports of his work. He is of the concept that it is our own responsibility, the responsibility of the adult, the responsibility of all of us, from the youngest to the
oldest that we have to emphasize our own weaknesses, recognize them, before we are eager to help others.

Slavson, Samuel, M. D.— Dr. Slavson has had much experience in the field of psychotherapy. He frequently writes in periodical journals and has several books in the field. He is noted most for his contributions in Activity Group Therapy which has been recently published in book form by the Columbia University Press. He is a past president of the American Group Therapy Association.

With this partial list of outstanding people in the field, it is apparent that there is a responsibility of sharing with practitioners some of the more recent concepts and methods of psychotherapy.

Recent Methods

Role-Playing as a Method of Training Foremen.— The use of psychodramatic or role-playing methods in the training of leaders is relatively new.¹

Though limited to the area of interpersonal problems the conception of supervisory training is unusually broad, for it attempts to improve performance not only by teaching skill in the handling of interpersonal relations to the supervisors, but also by changing any other factors affecting their performance that is their position in the factory, their relations to higher management, company policies, and so forth.

Compared with other methods of training foremen to handle interpersonal relations, that is, reading, lectures, conferences and discussions, et cetera, the role-playing has a number of distinctive characteristics. It is a dramatic play-like activity on an unreal plane. Paradoxically, it is also very concrete and realistic – and is very close to actual job performance. In a number of ways it is extremely flexible; the trainer can

play a variety of roles to himself; he can assign the trainee any type of role; and he can place the trainee in a wide range of situations. Finally, it stimulates participation, involvement, and identification in such a way as to bring out the deeper emotional aspects of interpersonal relations.

These four broad descriptive characteristics seem to result in a number of more specific possibilities and advantages of the role-playing method:

1. It helps in solving the vexing problem of the transfer of training by providing a concrete and realistic setting wherein the supervisor practices what she must actually do in her real job. Role playing provides an excellent bridge from talking about interpersonal relations to actually handling them.

2. Sensitivity training is an important part of the training process, for supervisors are often insensitive to both the reactions of their workers and their own methods of leadership.

3. One of the most difficult problems of all training in the area of interpersonal relations is the frequent rigidity and resistance to change which stems from ego-defenses and other motivational factors or from ancient habits. Role-playing is an effective method of combating these resistances, for its unreal character means that the supervisor is not playing for keeps and there is less ego threat in trying out new patterns of behavior.1

There are some reasons why role-playing seems particularly adapted to the training of foremen. In the first place a foreman must often play a role - and a very difficult one at that - in his real job. In some respects he is a worker while in others he is a member of management, and he is always the fulcrum of conflict by virtue of his position in the industrial hierarchy. Thus the problems of position and status are unusually acute for him, and role-playing seems particularly adapted to handling such interpersonal

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In the second place, foremen want concrete and specific help with their daily problems; they have little patience with abstractions and generalized advice. But in their interpersonal problems it is usually impossible to give this concrete type of help except through role-playing because the problems are inaccessible to on-the-job training.

Finally, the competitiveness of industry puts a premium on efficiency, and role-playing is efficient because it can accomplish with a whole group at the same time what would otherwise have to be done individually.

The Organism-as-a-Whole and Music Therapy

William White's "organism-as-a-whole" concept is helpful in understanding the therapeutic properties of the fine arts. It conceives a human being as a compact entity, sealed by nature, time and habit - even if composed of many opposing tendencies. "Organism-as-a-whole" does not reject the idea of "mind and body" but relates them as inseparable and having a common purpose. The viewpoint organism-as-a-whole is particularly enlightening in dealing with nervous and mental patients.

Although the arts have never been seriously mobilized for therapeutic attacks as have herbs, chemicals, electricity and numerous other agents, yet they made themselves keenly felt in the field of mental hygiene and as useful social vitamins.

Music, even more than prose or drama, presents an opportunity for stifled emotions to find vent, by means of columninous body rhythm and motion. Listening to Rimsky-Korsakov's "Ivan The Terrible," for instance, is certain to have some effect in relieving sadistic impulses, even if the listener may not be aware of the plot. And one can mourn the death of a dear friend with
less grief listening to "Asa's Death." Mood music has the capacity to objectify personal sorrow; to shift it into "world sorrow" which is, of course, easier to bear. The music of Richard Wagner, who had himself been disappointed in love, provides an example of this. The groping, morbid, unsatisfied phrases building towards tremendous climaxes which never arrive, represent extreme frustration, thus providing an outlet for those in similar situations. Also happiness and gaiety can be accented by mood music.¹

The arts have always served as a medium for bringing people together and uniting them. And of them all, there is no equal to music as a cementing force, a force which at once creates unity and intimacy, even in the most heterogeneous congregate. Racial and lingual barriers, differences in creed or education are easily surmounted by the musical message. One cannot hate the one with whom one is singing, provided the voices are modulated to blend. John Dewey's observation that "Arts break through barriers that divide human beings and which are impermeable to ordinary association" is very applicable to music.

A given composition not only helps to sublimate the instincts of the composer, but serves a like purpose to the performer and to the listener. Music, the greatest outlet for man's emotions, offers ample opportunity for the sexual instincts to exercise comparative freedom of action. The animal instincts, firmly saddled by social, moral and religious imperatives, find their way out into the open, peripherally, through rhythmical movements and emotional display. Music and the primitive form of it, the dance, are nearest to the natural means of sexual gratification.²

²Ibid., 133.
Music, of all the dynamic arts, is capable of counteracting much of the fear and restraint inevitable in mental institutions. It disposes of therapeutic nihilism. Offering patients an opportunity to "abreact" through music is a great step toward emotional emancipation and build-up of the ego. It is amazing to watch mental patients singing and dancing in spite of the fact that their arms and legs are strapped. Obviously, under the influence of musical impact, the patients forget that they are in restraint. Listening to music, and especially singing makes their minds feel free, just as song throughout the dark pages of history has lessened the burden of socially, economically and politically chained people in their daily tasks.¹

Folk music, both singing and playing, has a definite function in the practice of music therapy. It not only reacts on the collective musical consciousness of the race, but through association recalls happier memories. Its value should not be underestimated.

The absence of family ties of institutionalized patients presents a problem which music helps to solve. Music provides a feeling of unity and belonging. The writer has seen case after case of uncooperativeness improve when musical activities were provided. It is precisely music that makes emotion flow mightily. In a mental ward music is not only valuable as a vehicle to group therapy, but as an "appeaser" of the status quo of the hospital atmosphere, as a morale builder, as a source for individual emotional relief and as a medium for self-expression and ego aggrandisement. In group singing such factors as inspiration, self-discipline, solidarity and friendship are cultivated.

¹ Ira M. Altschuler, op. cit., p. 134.
It becomes apparent that music plays an important part in the biological, sociological, and cultural departments of life and that it is linked with propagation, survival, socialization, progress, and aesthetics. Possessing such unusual ingredients, it is astonishing that music's powers have not been sufficiently utilized in a practical way.

Let us hope, therefore, that in the future, the physician, the psychiatrist, the therapist and the music educator will unite in this common cause and bring to mankind all the benefits that reside so plentifully in music.

The Uses of Rhythm and The Dance as Therapy
St. Elizabeth's Hospital

There is a tendency on the part of certain patients in this hospital to remain motionless and mute for long periods of time, or to move about restlessly avoiding contact with other people.1 Rarely, when left to themselves, do they gather for group activities. One method used at St. Elizabeth's Hospital, for the encouragement of group activity is through classes in rhythmic movement.

Many forms of dance are used on both men's and women's wards. They are graded according to the degree of illness or convalescence of the patients rather than on the perfection of technique achieved by the individuals in a class. A patient starts in some class when he first arrives at the hospital, whether he is over-active or confused, catatonic or depressed, and he may continue in successive classes until he leaves the hospital.

At first, only those movements which can be understood, by visual presentation or the sense or touch are asked of him. Later through gradual

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steps, he becomes able to participate in a formal class in which stress is laid upon posture, efficiency of action and a conscious group feeling.¹

On the women's wards and on the wards where catatonic male patients are cared for, rhythmic exercise is used, but on the balance of the men's wards the accent is placed upon social dancing. It has been found that many of the men patients at this hospital feel ill at ease on the ballroom floor, and consequently fail to take an active part in large gatherings of this nature. Through the class for the practice of ballroom steps, and the social hours with men too sick to leave their wards, many patients have gained confidence in meeting new people socially by the time they progress to open wards.

All classes, whatever the degree of illness of the patients in that particular ward, are conducted in a circular formation. Hands can be held around a circle, and a group unity achieved with patients who are too confused to remain attentive without the support of the group. It is possible to hold together as many as twenty-five catatonic patients. In this group they will do rhythmic exercises together - swings of arms and legs, stretching and limbering movements, bending and twisting actions and even jumps and trots. These people will stay together while hands are held around a circle but will scatter into the far corners of the room to resume their static postures as soon as hands are dropped.

By using a method of holding the patients together long enough to achieve a group rhythm, they are able to move about the room or to stretch long-unused muscles and gain a purely physical reaction of loss of tension.

¹Ibid., p. 106.
with a definite improvement in body coordination, no matter how confused and disturbed they may be emotionally. A growing self-confidence and ease of physical action keeps pace with their convalescence from their emotional disturbances.¹

The dance director who expects to stimulate strong simplified and unified movement in confused, restless, mute or motionless patients must be willing to be flexible in her approach, and have acquired a technique to meet their varying moods, in other words, play the role of "auxiliary-ego" at all times in her contact with mental patients. The mute drama of the dance may at any point develop into a psychodrama.²

The writer has noted, while working as a psychiatric aide in a mental hospital, that it is essential where excited action is in progress, that the leader meet this with movements of equal force. In contrast when he enters a ward where the patients are almost totally lacking in the initiative necessary to move about or talk, he must be able to speak and move as quietly as the occupants of the ward. From these wide extremes the muscular action of the patients is carried on by means of infinite varieties of group rhythms, to a mean degree of activity, and a quiet ward is left with movement that is pleasant but not too rapid, while an over-active group will have been led to a few minutes of quiet.³

In doing this, sensitivity to action initiated by members of the class is an essential and in this way the form of the sessions does not grow into

¹ Ibid., p. 107.
² Ibid., p. 108.
³ Reference is made to employment at U. S. Veterans Hospital, Northport, Long Island, New York, 1949-1950; 1951-1952.
a rigid pattern, but can support and aid the patients in the group.

On the wards where catatonic patients are in the majority, men who have shown no inclination to talk, will sing as they walk in rhythm together to such songs as "I've Been Working on the Railroad," and "Tavern in the Town" and afterwards gather around the piano and to sway together and sing songs of Stephen Foster. On the post-shock wards, men who are just coming out of the coma will sit up in bed with a smile as the songs of our folk culture are played and sung. Movement about the room, physical action in harmony with a group, and relaxation of tension are the aims of rhythm in movement as used at Saint Elizabeth's Hospital, rather than technical achievement as at a dance school. ¹

In other therapeutic programs, modern or creative dance also makes a valuable contribution. One adolescent girl with a diagnosis of schizophrenic tendencies had a favorite exercise; starting from a curled position on the floor, with a strong, quick extension she raised her body to a straight line, supported only by one arm and one foot. She was able to express her feeling about this movement in words: "I feel as though I am lifting my whole self up out of something." Her interest in this type of movement is noteworthy because of the tendency of schizophrenics to reflect their disturbances in whirling or spiral forms in both physical movement and art work.² This girl was eventually able to join a dance group, contributing ideas and participating in a public performance.

¹ Marian Chance, op. cit., p. 108.
Bender and Boas give the following values from their work with emotionally maladjusted individuals:

1. It calls for utilization of primitive motility reflex patterns, auditory reactions, optical patterns and spacial relationship; and permits of many types of movements, especially repetition;

2. It stimulates and finds expression for primitive and deeply buried fantasies, allows the individual to give expression to personal aims and capacities and also to personal conflicts;

3. It reveals the individual's social problems and allows of new social experiences;

4. It gives the individual the satisfaction of expressing deep instinctual drives, of achieving new inter-human contacts and original esthetic experiences.¹

Modern dance has not been included in the groups to the extent that its potentialities justify, and social group workers, as well as therapists, should explore this medium in greater detail.²

Therapeutic Films and Group Psychotherapy

There is an old Chinese proverb: "Hundreds heard not like one see," which in essence states the raison d'être of training films.³ Their implications for psychiatric educational purposes are manifold. The imaginative use of the camera can dynamically recreate the background, setting and formulation of typical individual and group problems. In this way the generic bases of motivation, attitude formation, and behavior can be presented strikingly to many groups of persons. Moreover, this presentation

can be succinct and validated for standardized usefulness on a larger series of patients than can any comparably controlled clinical psychiatric procedure. The drama and dynamics of intro and inter-personal relationships lend themselves to cinematic portrayal with a realistic flexibility which has very few limitations. Time, place and person can be treated graphically to illustrate and simplify the complexity of psychodynamics. The use of words, music and sound, and even color, can revoke and guide trains of associations to the end that individual patients and groups are emotionally accessible.

The therapeutic film has to be conceived and produced in a manner quite different from the usual recreational and entertainment film. This is necessary to obtain the desired emotional response. The patient-audience has to be conditioned, so to speak, to the point where the group discussion which follows will be psychiatrically profitable. Further, the film must have an intrinsic teaching value; its facts have to be presented in such a manner that the audience's personal experience as a background, the psychotherapy which precedes and follows, makes them acceptable as self-evident truths.²

It is essential at the outset to recognize that at best, the therapeutic film is only an adjustment and a supplement to psychotherapy. The therapeutic film has to have the capacity to provoke an emotional reliving of personal experience. In order to accomplish this successfully, the theme

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1 J. L. Moreno, "Psychodrama and Therapeutic Motion Pictures," Sociometry, VIII (1944), 103.
has to be presented synoptically.¹

As Mitchell has pointed out, the use of audio-visual aids has many objectives. They help the patient:

1. To consider many factors in accounting for his own and other people's behavior.
2. To be more objective about this behavior.
3. To distinguish the real reasons prompting this behavior instead of the superficial rationalizations which he uses to explain and justify his attitudes and motives.
4. To be more tolerant of other's attitudes and acts which are contrary to his own.
5. To undertake constructive action in such a way that more opportunities are presented for better human relations.²

The war has shown that survival in our culture depends upon the ability of the individual to adjust himself to social change, drastic changes in the constellation of inter-personal relationships. Man possesses the potentiality for this adjustment. Therapeutic films can condense the chronology of social and psychic events in such a manner that a lifelike emotional participation on a trial scale is possible. Functional behavior patterns can be purposely developed and the task of psychiatric education and rehabilitation can be greatly facilitated.³

The Client in Psychotherapy

The criteria for selection of suitable patients for group psychotherapy

¹ Ibid., p. 71.
³ J. L. Moreno, "Psychodrama and Therapeutic Motion Pictures," op. cit., p. 134.
are still inadequately defined and much of the choice is based on the judgment and bias of modern practitioners.¹

The criteria employed in the selection or rejection of patients for individual treatment are with some exceptions applicable also for groups. These criteria may be divided into three categories: (1) negative, (2) positive-negative, and (3) positive. Slavson describes these categories as:

Negative indications are states or attitudes of patients that clearly make them unfit for group treatment.

In the positive-negative group fall those patients for whom individual treatment is desirable, but because of their inability or unwillingness to accept it, group treatment is employed either as preparation or concomitant with individual treatment.

In the positive category are included patients for whom group psychotherapy exclusively is indicated.²

While there is great diversity of opinion in the literature on the understanding and treatment of character neuroses, there is unanimity on the fact that they make difficult patients in any type of psychotherapy because of their inflexibility and, especially, because of the difficulty they have in seeing their problem. In the treatment situation, such patients are unreasonable, stubborn and defensive - not because they are afraid to reveal themselves, but because they cannot recognize themselves as problems. In groups they are over-assertive, loquacious, self-centered, argumentative, and power-driven. They have the same effect on a group as do psychopaths, dominating the discussions and blocking the catharsis of the other patients. It is therefore, inadvisable to include them in groups.

¹ S. R. Slavson, Introduction to Group Psychotherapy, op. cit., p. 44.
One of the important considerations in selecting patients is the intelligence level. Interview group psychotherapy can be beneficial only for persons of at least minimal intelligence. Patients must be able to formulate and verbalize their problems and have some understanding of interpretation. Experiences seem to indicate that the intelligence level need not be very high, especially where the emotional difficulties are the same. Dull patients may participate in the discussions of the group only occasionally, but seem to derive considerable benefits from the group discussions.

That they can act out their feelings in the group is of definite advantage for dull patients. Whereas they may not be able to express themselves verbally, discharge of emotions through anger, rage, disgust, and quarrelling serves the adolescents and adults in the same way that activity catharsis serves the child, and reactions from others in the group is as real to them as they are to children.

The Therapist in Psychotherapy

By and large the role of the therapist in group psychotherapy is in many respects the same as in individual psychotherapy. It is based upon transference, catharsis, and insight even though these are modified through the multiple relations in the group.

First the therapist must have full information of the psychodynamics and psychopathology of each patient in the group and must know the nuclear problem of each. This is necessary so that the therapist may direct the interviews, when indicated, and may better understand each patient's production.

Secondly, the therapist should always be aware that he is dealing with
transference relations and emotional attitudes toward himself even if these are not apparent. It is important to be aware of the fact that members of a group come with a variety of feelings, but, by and large, all have basic attitudes which are the latent and covert strivings associated with parents. The therapist, therefore, becomes the recipient of love and hate, and at once the libidinal object and frustrating agent. If the therapist is of the opposite sex, the neurotic patient, especially, wishes to make him the sexual object and, possibly have a child by him. If of the same sex, the therapist is perceived as the impediment to fulfilling the libidinal strivings toward the parent of the opposite sex, and, therefore, hostility is likely to appear.

The group therapist has to have a working knowledge of the dynamics of group behavior. It is here that his special competence of group work comes into play. In a therapeutic setting of a hospital or clinic the trained group worker makes conscious use of group experience in order to help individual group members create sounder social relationships. The worker's focus is determined according to the social needs of individual group members.

The group therapist has to deal with hostilities as they arise. He must help patients interpret and understand their latent and manifest negative feelings toward him; that is, he must interpret the transference. But the entire therapeutic process may bog down when the patients do not feel free.

2 S. R. Slavson, Introduction to Group Psychotherapy, op. cit., p. 73.
3 Ibid., p. 74.
to display negative feelings. But the entire therapeutic process may bog down when the patients do not feel free to display negative feelings. He needs to be constantly aware of the latent content and direction of group interviews. His knowledge of each patient's psychodynamics and of the principles of psychopathology and psychotherapy need at all times be poised for action. A well-placed and well-timed question opens the sluices of the unconscious and of free association, which is further aided by the catalytic effect upon the other group members. The therapist must be aware of the periods when fear, anxiety, and resistance appear. At these points he needs to help the patients overcome their differences and fear through the appropriate use of the transference and by giving support. He may, according to the indications, analyze the resistance of the group, facilitate expression of hostility to himself, or reassure the members of his acceptance of them. The direction to be taken is indicated by the nature of the blocking, the manifest and latent content of the discussion, and the anticipated anxiety sources inherent in the situation.

The therapist also plays an important part in making the group interviews fruitful. He can remain comparatively inactive after the initial period of warm-up. The patients carry on the interviews on their own, interpret each other's statements, and in other ways manage the therapeutic situation. But, as already indicated, this process is made possible because the therapist is present, and is made more valuable when at important and critical points he gives the interviews direction and meaning. As far as

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it is possible to classify the therapist's functions in group interviews, it can be said that they are fourfold: directional, stimulative, extensional, and interpretive.
CHAPTER V

SUMMARY AND CONCLUSIONS

Literature for the period of this study was examined for the important features of the therapeutic process of psychotherapy. The following conclusions are drawn forth:

Psychotherapy for practical purposes is approximately fifty years young. The earliest forms were first introduced by Dr. J. H. Pratt with the "class method" in the early 1900's for patients suffering with pulmonary tuberculosis. Here the relation between the mental attitude of the patient toward his recovery from illness was noted, and the class method was used to stimulate recovery. This method was used chiefly for somatic illnesses from 1903 up through World War I when the class method was combined with a method of group instruction. This method encouraged patients to mingle freely, talk to one another, exchange experiences and reactions, share views and help each other. At first, this method was used for tubercular, diabetic, neurosyphilitic patients and patients with organic diseases.

It was noted that the national depression of the 1920's and early 1930's bringing with it, anxieties and fears to many individuals helped to lay groundwork for practices of psychotherapy in that treatment for large groups was seen as an immediate need.

Settings of group psychotherapy include practices in various institutions. The following conclusions were noted in settings as indicated:

1. In child guidance clinics, psychotherapy and psychodrama propose to discover conflicts in children who are pre-occupied in any form of activity or thinking, and through such discovery, to give them all possible help in enabling them to free themselves of any conflicts, thus helping them to
advances more wholesome interests.

2. In military evacuation hospitals, psychotherapy is used chiefly for neuropsychiatric cases. The psychotherapy is administered to patients in order to determine the nature, depth, and scope of illness, and to aid in determining future course of treatment.

3. In mental institutions, the uses of group psychotherapy are many and varied. It was seen that the group may serve as a primary family group, or may be utilized for treating maladjustments of a number of individuals at one time. Drama therapy is utilized a great deal in giving the patient insight and understanding of his own case.

Practitioners in the field of psychotherapy have a responsibility of sharing with group leaders and therapists their findings in order to improve processes and procedures. In the field of psychotherapy, some of the outstanding leaders are: Fritz Redl, Jacob Moreno, Adolph Meyer and Norman Maier, to mention but a few.

Psychodramatic methods are finding their way into industry and other settings aside from the direct therapeutic settings of clinics and hospitals. Newer settings in the area of group psychotherapy evolving from 1947 through 1952 include: Role-playing as a method of training foremen. Though limited to the area of interpersonal problems, the conception of supervisory training is unusually broad. It was found that it attempts to improve performance, not only by teaching skills in the handling of interpersonal relations, but also by changing the factors affecting the job performance, such as their position in the factor, relations to higher management, company policies, and so forth.

It was further noted by the writer that in the newer settings, music and the fine arts hold a prominent place in mental hygiene. It was seen that:

1. Music, prose and drama presents an opportunity for stifled
emotions to find vent.

2. Happiness and gaiety can be accented by mood music.

3. The arts help to serve as a medium for bringing people together and uniting them.

It was seen that the use of rhythm and the dance in mental hospitals have progressively increased during this period. Dances are generally graded according to the degree of illness or convalescence of patients rather than on the perfection of technique achieved by individuals.

Films have become recognized as an important medium in psychotherapy. The imaginative use of the camera can dynamically recreate the background, setting and formulation of typical individual and group problems. It was seen that the use of audio-visual aids has many objectives; they help the patient to consider many factors in accounting for his own and other people’s behavior; to distinguish the real reasons prompting this behavior instead of the superficial rationalizations which he uses to explain and justify his attitudes and motives.

Though there are many settings and various practices of psychotherapy in use during the present time, many were evolved during World War II and are serving for temporary and acute disturbances. In practically any setting, patients are assembled in groups, given psychological interpretations, permitted to relate their difficulties freely, and gain some intellectual insight and a degree of emotional release.

The present-day research indicates that psychotherapy will not only continue to serve in the treatment of illness, but has value in training personnel in industry as well.
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