

## OPEN LETTER TO GROUP PSYCHOTHERAPISTS

What is group psychotherapy? This is a question which thousands of therapists working with groups are asking today. Is lecturing to a group of individuals on a topic which has some reference to their own problems and discussing their reactions to it afterwards, is that group psychotherapy? Is showing a puppet play or a motion picture to an audience and watching their reactions, is this group psychotherapy? Is presenting a psychodrama of a problem and getting the audience responses to it afterwards, is that group psychotherapy? Is watching a group of people in various activities, eating or working together, and analyzing their behavior with them afterwards, is that group psychotherapy? Is witnessing a ball game in the midst of thousands, or going into a social revolution or a popular war with many comrades in arms, is that group psychotherapy? Taking one individual or another in front of a group, letting him present one of his crucial personal problems and permitting the participants to reflect upon experiences of their own, is that group psychotherapy?

No, they are not, at least not by themselves. If I assume the authority to declare this outright, it is for two reasons; it happened that I introduced the terms group therapy and group psychotherapy in literature, connected with a specific concept of them, and I am usually made responsible for the development of sociometry. Although I believe that I had made myself clear from the beginning, we are all often misquoted as well as misread. Therefore, I will try to recapitulate briefly my original theory on the subject.

The real issue was and is the difference between individual and group psychotherapy. In individual psychotherapy the patient is a single individual. In group psychotherapy the patient is a group of individuals. The premise to the therapy of an individual is a fair knowledge of the structure of the individual psyche, or, as it is often said, of its psychodynamics; on the basis of this knowledge individual diagnosis and individual therapy can be devised. The premise to the therapy of a group would be consequently knowledge of the structure of groups, of the "sociodynamics" operating in them resulting from the relations between the individual members. At the time when I entered the field, a science of the group was practically non-existent. I made it my business therefore, to investigate the possibilities by means of carefully organized experiments, and to help establish such a science. I was fully aware that without a knowledge of the organization of groups, group therapy is either impossible, or an accident.

At the time when I started with my query there was no science of the

group, but there was a psychological science of the individual<sup>1</sup> in the making. Although there were several schools it revolved more or less around the psychoanalysis of Freud. Freud assumed that the psychological factors operating in an individual also operate in groups, in nations and in human civilization at large. This was at the height of the psychoanalytic movement perfectly human and understandable, as nobody knew much about the group. The group seemed to be a figment of the individual mind without a reality of its own. Freud might have cautioned himself that certain psychodynamics operating within an individual could become, in the course of inter-individual and inter-group relations so grossly modified that effects and laws would result, inconceivable and unpredictable from the horizon of individual psychoanalysis alone. However, he did not caution himself, at least not sufficiently, his pupils still less, and thus we have experienced and are still experiencing interpretations of group phenomena as if they would be crude projections of an individual neurosis. A group, a nation, mankind, was at times examined like an individual patient. The consequence was that psychiatrists, psychiatric social workers, social workers, group workers, psychologists, social psychologists, anthropologists, sociologists, criminologists, trained or influenced by psychoanalytic doctrines applied uncritically to the group the terminology and the mechanisms they had learned from psychoanalysis. The result was confusion and chaotic views on the subject when with the beginning of the second world war group psychotherapy (or what went under this label) began the rise to its present popularity. Many of the non-psychoanalytic workers using their common sense fared better. Unfortunately, only few had studied and had been trained in the science of the group, which as sociometry and related disciplines had developed in the last twenty years. A considerable body of knowledge was able to give group psychotherapy the beginnings of a scientific foundation.

Among the ideological and political barriers to the development of scientific group psychotherapy may I mention here besides psychoanalysis a popular variety, Alcoholics Anonymous. Alcoholics Anonymous is in itself an offspring of group psychotherapy and has taken over some of its principles; although it is an excellent illustration of the therapeutic effect of mirroring technique within homogeneous group membership, no one would ever learn

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<sup>1</sup>Since 1930 also the science of the individual has made new progress. Besides the "Psychoanalytic model" of personality at least two more have been developed, the "Gestalt model" (based on the theory of gestalt qualities) and the "Psychodramatic model" (based on spontaneity theory).

anything about the factors producing it and thus advance scientific knowledge. Psychoanalysis is more difficult to penetrate because of the desire of many psychoanalysts to dominate *every form* of psychological treatment, whether individual, group or mankind. If they cannot claim that the psychoanalytic interview as such is universally applicable, they will try persistently to show that psychoanalytic concepts and theories are and if the latter is not possible, they will at least stretch the meaning of their terms so that they can apply to every human situation. Although this is understandable as a grandiose psychoanalytic day dream, it is in disregard of facts and a block to the progress of a science of social pathology and social psychiatry. It is also in utter disregard of Freud's own doctrines. I, an outsider and opponent of psychoanalytic philosophy, am placed here in the odd position of having to defend the integrity of Freud's work against the abuses it receives from his own students. The only monument which a man of Freud's stature can receive from posterity is that the invention or the instrument which he has developed continues to be useful and is identified by the name he gave to it. What Freud meant by psychoanalysis and psychoanalytic therapy everyone knows who knew him personally and who read his books. He never was shaken from his belief that psychoanalysis is *analysis*, that it is not synthesis, not active therapy, not a projective method, not sociometry, not psychodrama, not group psychotherapy or whatever. I believe he would not have been shaken by these new inventions if he were alive today. Indeed, the little he knew about them during his lifetime did not shake his faith that the instrument he had discovered is superior to all others. You know well how he attacked Alfred Adler when the latter began to use the term "free psychoanalysis", whereupon Adler changed it to "individual psychology". Jung changed the name of his method to "analytic psychology" and you remember how displeased Freud was towards Ferenczi and Rank when they tried to permit the patient to be occasionally more active during the treatment session and Ferenczi<sup>2</sup> withdrew with apologies. Students of psychoanalysis should have deeper respect for the founder of the psychoanalytic movement, not only

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<sup>2</sup>See "Theory and Technique of Psycho-analysis", by Sandor Ferenczi, Boni and Liveright, New York, 1927, p. 217. Previous to and during that period (1919-1925) my first studies on psychodrama appeared and the Viennese Stegreiftheater (Theatre of Spontaneity), that synthesis of action and analysis and the most drastic opposition to "mere" analysis was in full swing, visited or known to many psychoanalytic writers (among them Alfred Adler, Arthur Schnitzler, Theodore Reik, Siegfried Bernfeld and August Aichhorn).

by lipservice but in their actions, and they should not forget that the psychoanalytic method of analysis which was so resourceful in the hands of Freud may have a permanent value in the *form* he has given it. If progressive therapeutic workers coming from the psychoanalytic movement like Franz Alexander, Thomas French and others like to use methods which have been developed in the last twenty years by *non*-psychoanalytic therapists, by sociometrists, group psychotherapists, psychodramatists, interpersonal therapists, and clinical psychologists, this is commendable as well as courageous. But they should honestly admit what it entails. They should not call it psychoanalysis. Let's call a spade a spade. They would not have called what they are doing psychoanalysis if Freud would have been alive. They may think of his reaction to Alfred Adler, Carl Jung and others in a similar situation. In this respect it was interesting to read in a recent issue of the Bulletin of the Menninger Clinic a statement by K.A.M. (which I suppose stands for the initials of Dr. Karl A. Menninger) in which he comments on the digressions of the Chicago Psychoanalytic Institute<sup>3</sup> as follows: "The authors . . . here present the results of their work over the past few years in attempting to apply psychoanalytic principles to what has previously been regarded as non-psychoanalytic psychotherapy. Their insistence that there is 'no difference' between this and psychoanalysis is not convincing, nor is it substantiated."<sup>4</sup>

I cannot formulate better today the limits of psychoanalytic theory and the dangers which result from thoughtless transgression than I did in 1934:<sup>5</sup> "Individual psychology may aim at an interpretation of mass situations through projecting to a mass the findings which relate to a single individual, for instance, hysteria, neurosis, etc. But the salient point is to investigate a mass of, for instance, five hundred individuals from the point of view of each individual contribution and of the emotional product which results in the form of mass reactions. Then it becomes evident that—projections of hysteria, neurosis, Oedipus complex, etc., from an individual to a mass are undue generalization and symbolizations, that the actual processes are of a different nature. The investigations of the organization of this mass, the position each individual has within it, the psychological currents which pervade it, and the forces of attraction or repulsion which it

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<sup>3</sup>See "Psychoanalytic Therapy: Principles and Application", by Franz Alexander, Thomas M. French and Staff Members of the Institute for Psychoanalysis, Chicago, 1946.

<sup>4</sup>"Bulletin of the Menninger Clinic", p. 210, Vol. X, No. 6, 1946.

<sup>5</sup>Who Shall Survive? p. 159-162.

exerts upon other masses, compel us to formulate new concepts and a special terminology better adapted to the new findings. Up to date all findings appeared to indicate that the essential elements of existence are locked within the individual organisms and are recognizable only in respect to the individual. The social impulses also did not seem to present an exception to this rule, however great an influence in shaping them we attributed to the environment; the shape they had attained in the course of their evolution was bound within the individual organism only, nothing which mattered fundamentally existed outside of the individual organism. But there is in the field outside of the organism a special area, the area *between* organisms. Characteristic patterns of interrelation have been found to exist between individuals, definite rules control the development from stage to stage and from place to place; they are of such a regularity of form and have such a continuous effect upon groups near and distant that it appears as if social impulses have been shaped not only in respect to the individual organism but also *between individuals* and that a remainder of this process is always discoverable whenever social groups are analyzed.—Concepts as reflex, conditioning reflex, instinct, mental syndrome, etc., which have grown out of the approach of the individual organism, are not explanatory of these findings and have no meaning in this area. Fifty individuals who singly are classified as suffering from hysteria may as a group reveal a pattern totally different from a mass hysteria, for instance, an extroverted group organization with a high number of incompatible pairs. Or, again, the sexual character of individual members may be male or female, heterosexual or homosexual. And from an individual point of view this is a definable condition but from the intersexual choices, attractions and repulsions among such members a social organization may result which has as a totality a different meaning from that of the sexual character of its individual members alone.”

It is immaterial to the group theorist which method of interpreting individual behavior one prefers, among others, the psychoanalytic, the behavioristic or the psychodramatic. The point is that when individuals enter a group with a given organization of their total persons, at this moment they are on a *new* plane and a different set of phenomena begins to emerge from their relations. Therefore, once a group structure per se is begun to be studied there should be *no* quarrel between the adherents of the different individual psychological schools—they can share in the development of new instruments and in the methods of analyzing the findings. In other words they should enter the

field of the group<sup>6</sup> with an open mind unbiased by previous mental fixations and try to learn about the dynamic factors operating within groups and about how a scientific form of group psychotherapy can be founded. Let us take a specific case as illustration. In the course of a group session the following problem arose—it does not matter here whether it arose in the course of an interview with a particular member of the group or in the discussion after a lecture, after the showing of a motion picture or in the course of enactment on the psychodrama stage: a man, in a sudden abreaction, hits a policeman who hands him a ticket for speeding. A psychoanalyst interpreted the reaction as follows: "This is due to suppressed hostility. Let us go back to the original trauma, the hostility of this subject towards his father. It is a displaced manifestation of the Oedipus complex." A psychodramatist said: "The subject enacted the scene on the stage. Many things which the analyst has to infer from the word symbols I could 'see' directly following his actions and responses. He mentioned afterwards that his older brother had been hit by a policeman in a recent strike and enacted that scene. He immediately took the part of the brother in that scene. The hitting of the policeman in the speeding situation appears like a 'role reversal' of this one. He mentioned also that his brother used to hit him when they were small. This too, was immediately enacted. But now, in contradiction with his remembering, he hit the brother back and knocked him down. This too is a sort of a role reversal, overlaid by many other parallel reversals since then. As to the genesis of this act: since the subject was about 1½ years old he was placed in a milieu typical for our culture, one filled with dolls and automatic semblances of humans and animals. He was encouraged to apply his 'excess of spontaneity' to them. Extreme affection or extreme hostility towards them became a part of his daily enjoyment. His hostility towards dolls he could repeat later with animals and finally with children in the neighborhood. He learned thus in early infancy how to liberate himself from an excess of spontaneity without expecting punishment or reward." Either of these views may be correct and the debate of which view is more appropriate may continue on the plane of the individual. But it does not matter essentially on the plane of the group which of the views will ultimately be accepted.

The confusion which psychoanalytic theory has channelized in the minds of a large number of psychiatrists cannot be better illustrated than

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<sup>6</sup>Ibid.

by quoting at random from a representative, current book.<sup>7</sup> "The unconscious factors are the repressed aggressive tendencies, the emotional and adjustment difficulties of the units of the nation. War cannot be prevented until the unconscious elements are properly dealt with. Every psychiatrist knows the futility of prescribing a holiday for the psychotic unless his mental conflicts have been solved. . . . It is the same with war, because fundamentally it is a mass psychosis." The symbolistic way in which a psychotic individual is taken as a model for war, mass and mankind is unfortunate. Most sociodynamic phenomena disclosed by sociometry and sociatry "are" *unconscious*. But not unconscious in the sense of psychoanalysis, as repressed aggressive tendencies for instance, but unconscious almost in the sense in which the arrangements of the astronomic world were unconscious to man before he was able to study the stellar movements by means of scientific instruments. There are millions of atomic items buried in the group structures of human society which no human genius could divine and which no psychoanalysis of an individual mind lasting a thousand years could disclose.

The science of the group is still in its infancy although safe foundations have been laid. It seems to develop faster than the science of the individual, perhaps because an individual is more ready to expose his bonds to the group than the bonds to himself. It developed late for two reasons; psychiatrists neglected the group because of their professional preoccupation with the single organism; sociologists, although professional students of the group, because of their preoccupation with social masses and generalities, rarely gave us more than an abstract, symbolistic and ideological picture of it. But groups have a realistic and specific organization of their own; they may vary with every sample and the constant and variable structures characteristic for them can be ascertained by means of a few simple tests. These tests can be applied to groups of any size and any type, a village of a thousand people, a workshop of five hundred, a hospital of two hundred patients, an audience of a hundred spectators or a family of three individuals. The actual beginnings of group psychotherapy as a scientific discipline took place between 1930 and 1933 under the leadership of sociometry. Efforts made before 1930 cannot be called group psychotherapy; it was not until then that full realization grew in the minds of a few that all methods which attempted a therapy of the group without a science of

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<sup>7</sup>R. G. Ellery, "Psychiatric Aspects of Modern Warfare", Reed & Harris, New York, 1945.

it were inadequate. The new therapeutic thinking culminated in the dictum: one patient can be a therapeutic agent to the other, let us invent devices by which they can help each other,<sup>8</sup> in contrast to the older idea that all the therapeutic power rests with the physician. The new vision did not come from those who have been successful in the development of individual psychology as medical psychologists and psychoanalysts; these were rather holding back the progress towards an experimental investigation of the group. Its first sponsors were a few physicians, social psychologists and sociologists unbiased by commitment to the rigid individual-centered approach and equally unbiased by sociological mass symbolism.

The organization of groups has been identified by various instruments, acquaintance test, sociometric test, spontaneity test, role test, action test. They have revealed to the therapist exploring<sup>9</sup> the group before he decides upon the treatment required: its membership as to a) age, b) sex, c) acquaintance or non-acquaintance, d) ethnic composition, e) the position of each individual, isolates, pairs, triangles, chains, key individuals, networks and so forth, f) the collective role-range of the group and the roles in which each individual partakes, etc. He is able, on the basis of these findings, to make a diagnosis of the social syndrome from which a group ails. It is not necessary to determine in advance every possible aspect of group organization before treatment begins. It is possible to make a diagnosis on the basis of two or three important items of information, like a physician of the human body who may come to a diagnosis, appendicitis or tuberculosis, on the basis of a few tests only, without having to make a comprehensive study of every possible aspect of the patient's body.

Some of the factors found to determine group organization are: a) *Tele*. Previous to the discovery of tele sociologists used to talk vaguely about human relations, but nobody knew how to define the relationships.

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<sup>8</sup>Although the first discoveries of the fundamental sociodynamic factors controlling group organization have been made by sociometric and similar tests, that does not preclude that they can be made by other tests as well. Just as it was in the development of physics, a discovery, being first made by a primitive instrument and later confirmed by more complex instruments, it is obvious that sociodynamic phenomena exist regardless and independent of the instrument by which they are identified for the first time. All significant discoveries made by sociometrists can be confirmed by social scientists using instruments other than sociometric ones, even interview, observation and questionnaire methods should be able to elicit rough *approximations* of the original findings.

<sup>9</sup>See "Group Method and Group Psychotherapy", J. L. Moreno, p. 60 and 94. Beacon House, New York, 1931.



The attraction between two physical masses, M1 and M2, and the attraction between two human beings was called a relationship, but nobody knew in what manner the relationship differed in each case. Psychoanalysis used to call the relationship between a patient and his analyst a transference, uncritical of what a relationship actually entails. This confusion came to an end, at least for sociometrically oriented scientists, when it was demonstrated that there is a factor which acts in and shapes human relationships which is not unreal but real, not projective but cooperative. This factor is called *tele*. It is the socio-gravitational factor responsible for the degree of reality of a social configuration *above* chance. It was demonstrated by experiment and statistics that it operates between individuals, drawing them to form *more* positive or negative pair-relations, triangles, quadrangles, polygons, etc., than by chance. The factor responsible for the degree of ir-reality of social configurations *near or below* chance, can be called transference.<sup>10</sup> Tele and transference (the pathological distortion of tele) became thus amenable to a sociometric type of quantification.<sup>11</sup> (See sociograms, p. 29-30.)

Sociometrists differentiate therefore three types of relationships. Reality produced relations (often described as coexistential, cooperational, two way or objectified relations), delusional relations and esthetic relations. The reality produced relations are tele phenomena; it is upon them that the solidity and permanency of social relations depend. The delusional relations are transference phenomena and play a role in psychopathology. The esthetic relations are empathy phenomena, empathy being the one-way "Einfuehlung" into objects. It is harmful to stretch the meaning of transference to cover all human relationships beyond the definition given to it by its coiner. It is particularly meaningless because if we make transference an over-all term we would have to differentiate three types of transference, reality bound transference, delusional transference and esthetic transference. This gives lip service to the "word" transference but it does not change the facts. It is preferable therefore, to have for every operation a specific term expressing it. In this manner the three phenomena, tele, transference, empathy, which were dormant and inherent in Mesmer's animal fluid, have been identified by sociometrists as independent functions and again brought together and shown in combined operation. Studies of the warming up

<sup>10</sup>Using the Freudian idea of transference freely on the group level, but I believe in the sense in which he thought of it.

<sup>11</sup>Statistics of Social Configurations, *Sociometry*, Volume 1, part 2, 1938. See also Sociometry Monograph No. 3.

process of individuals towards each other have revealed that the importance which psychoanalysis has given to transference is exaggerated. The tele phenomenon is operating already in the first meeting of two individuals. The longer a relationship lasts the more it becomes dominated by tele and not by transference. Even if the transference portion was large to begin with, it vanishes often as the relationship goes on. This is found to be true of all inter-individual relations, even of the relation between physician and patient. As the relationship endures the projective aspects recede and the real attributes of the physician are perceived. In other words, true transference,<sup>12</sup> in the psychoanalytic sense, diminishes in quantity and intensity as individuals mature and as groups gain in cohesion and integration. *The effect of social catharsis is to increase tele production and to decrease transference production* between members of groups. Tele, therefore, can be defined as the group *binder*, transference as the group *disintegrator*.

(b) *The social atom hypothesis and "sociostasis"*. The hypothesis states that as the individual projects his emotions into the groups around him and as the members of these groups in turn project their emotions towards him, a pattern of attractions and repulsions, as projected from both sides, can be discerned on the threshold between individual and group. This pattern is called his "social atom". "Every individual's social atom retains a significant *consistency* in its ratio of positive reciprocation and its inter-choice ratio between two time points. The incidence of patterns at one time and at a later time in the same community is a relatively constant factor in the structure of attractions and in the structure of rejections which characterize it. There are found, in a given community, special choice and rejection patterns and they show an orderly distribution within it. Yet, while the incidence of certain patterns may be relatively constant, the findings further show that the individuals occupying particular patterns at one time may or may not be the same individuals who occupy them at the later time."<sup>13</sup> The tendency within social atoms to maintain a healthy and functioning balance between the constantly present contrary emotions and the

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<sup>12</sup>It operates particularly, however, among people whom psychoanalysts thought transference was non-operative, among psychotics. They are frequently projecting into other people, physician or nurse, their delusionary ideas, but unfortunately for psychoanalytic therapy it is a form of transference which is not productive. It is unsteady, it changes frequently its direction, intensity, and form. Often it is found that even transference relation of psychotics is not a *true* transference to a specific individual but a composition of disconnected tele units. See J. L. Moreno, "Interpersonal Therapy," *Sociometry*, Vol. I.

<sup>13</sup>See Helen H. Jennings, "Leadership and Isolation," 1943.

equilibrating effect within the total of human society can be called *sociostasis*.<sup>14</sup>

(c) *The Sociodynamic Effect*. It is divided into a first and a second part. The first part<sup>15</sup> states that the income of emotional choices per capita is unevenly divided among the members of the group regardless of its size or kind; comparatively few get a lion's share of the total output of emotional choices, out of proportion with their needs and their ability to consummate them; the largest number form an average income of choice group within their means to consummate them and a considerable number remain unchosen or neglected. The second part states that if the opportunities of being chosen are increased by increasing the size of the group and the number of choices per capita, the volume of choices continue to go to those at the top end of the range (the "stars") in direct proportion to the size of the group and to the number of choices permitted per capita, furthering the gap between the small star group, the average group and the neglected group. (Besides tele, social atom and sociodynamic effect, there are other factors not included here.)

Besides adequate diagnosis of the group and considering the concrete form taken by the sociodynamic laws operating in it as a preliminary step to therapy there is another significant aspect, the *adequacy* of the *medium* or stimulus used; as the group stands for the individual patient the medium stands for the drug in somatic medicine. Can, for instance, the most thoroughly organized lecture compare in its effectiveness with a similarly well organized psychodramatic production in which representatives of the group play the key roles? Can the most thoroughly constructed puppet play compare in effectiveness with a sociodrama of the collective relations existing within the group, people in the flesh, experienced in spontaneous interaction? On the basis of a number of control studies it is clear that some media have a far more powerful effect than others and that the *choice* of medium is dependent upon the psychosocial organization of the group-patient and the social syndrome from which it ails. Therapists using a particular medium who have tried to produce an effect upon the group have been able to do so because of certain factors operating in groups. If a favorable effect was produced upon the group, favorable at least from the point of view of therapeutic value systems the particular therapist had in mind, it was because intuitively he hit and stimulated these factors. If an adverse effect was

<sup>14</sup>See "Who Shall Survive?" p. 191-3, Balance and Imbalance Within the Social Atom.

<sup>15</sup>Ibid p. 74.

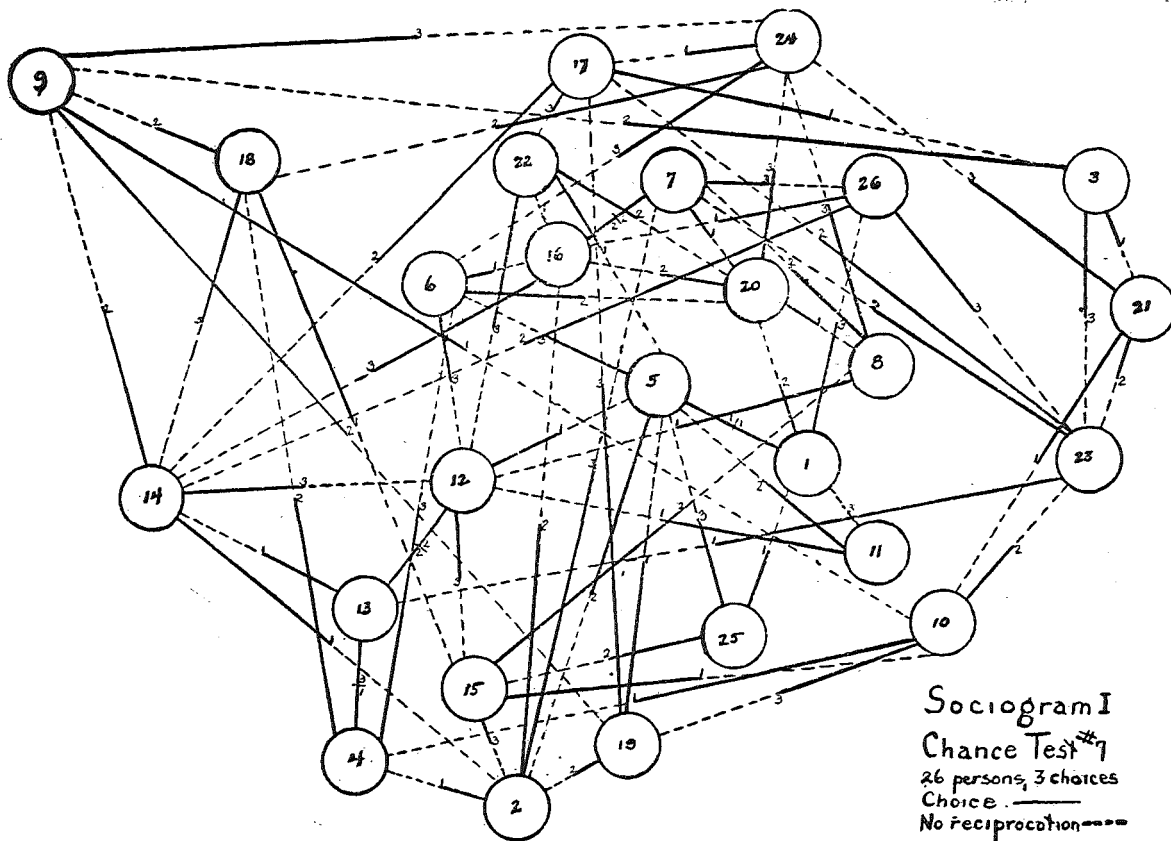
produced it is because he misconceived them. This is true about all catharsis which is experienced by groups, whether it is the result of a religious ceremony, a musical symphony, a drama, a motion picture or a baseball game. Every group has a certain psychosocial organization and every medium has a certain structure, however ill defined and little known they may be to the therapist in question, they are there just the same. The difference between scientific group psychotherapy and group therapy as it has been practiced throughout the ages intuitively and unconsciously, often as a sort of magic, is that the first works with a conscious and systematic knowledge of the organization of the groups which it is trying to influence via certain media, the other without it.

The treatment of groups requires therefore therapists who are trained to use these social instruments. The scientifically trained group psychotherapist will approach every group he is considering for treatment in the same spirit, applying the tested procedures. A great deal of what now goes on under the name of group psychotherapy is not group therapy in the strict sense of the word. It is group psychotherapy "as if". A psychodramatic session for instance, is far from being always group psychotherapy. It is often but treatment of certain individuals *in* the group. In fact, some of the best known forms of psychodrama<sup>16</sup> are carried out without any group being present. It is obvious that most forms of group discussion, group lecturing and group case work affect the group in a non-specific way. The audience or class is approached like a symbolic, magnified individual or at times it is approached only as a byplay, attention being given to two or three people among them. At times the intention is to reach as many as possible but as the relationship existing between the individuals present is uninvestigated and therefore unknown, it is intuition or empathy which leads the therapist but not concrete knowledge. It is not necessary however, to limit the terms group psychotherapy or group therapy only to the rigorously carried out procedures. We may continue to use them for all procedures where the scientific principles are known to the therapist but where perhaps practical situations limit their full application. The least we can

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<sup>16</sup>Psychodrama and group psychotherapy are historically two independent developments; group psychotherapy is linked with sociometry, psychodrama is linked with action and community catharsis. Psychodrama is as a scientific and therapeutic method older than group psychotherapy. It is *not* a form of group psychotherapy. It is rather the other way around. Psychodramatic procedure consists of two portions: the stage (action therapy) and the audience (group psychotherapy).

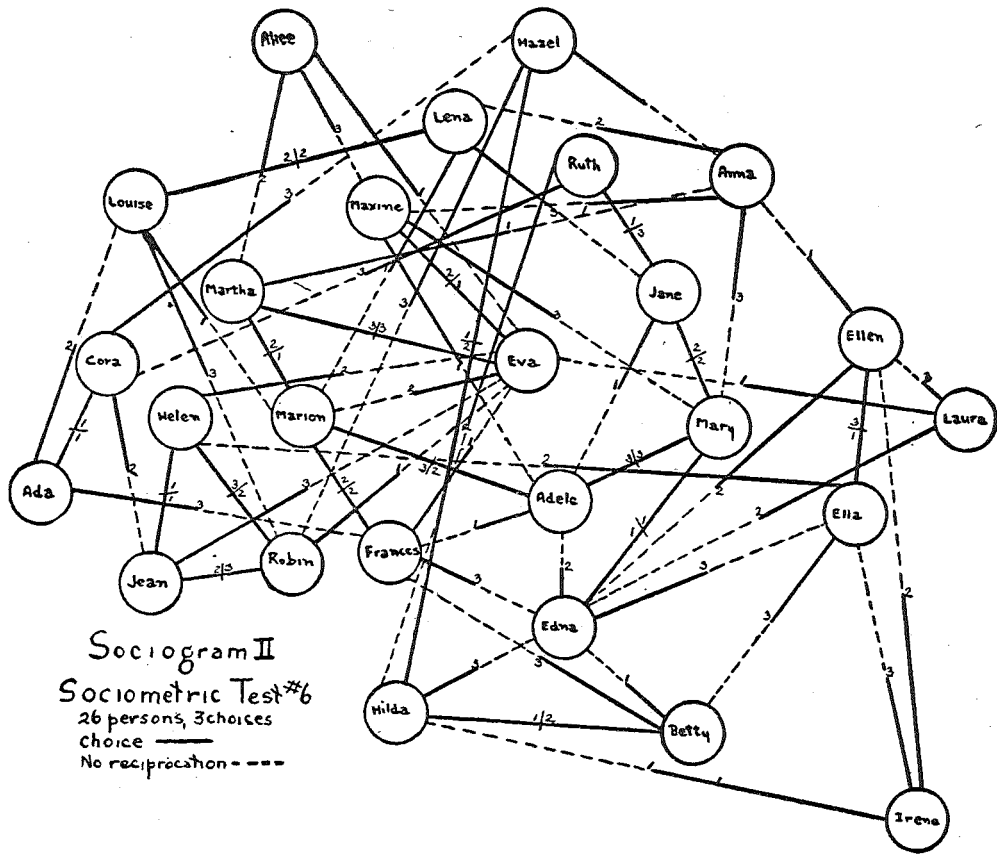
CHANCE-LEVEL and TRANSFERENCE-LEVEL



Sociogram I  
 Chance Test #7  
 26 persons, 3 choices  
 Choice ———  
 No reciprocation ----

mutuals, unreciprocated, chains  
 3                      70                      0

On the chance level of structure we see a highly disintegrated group with practically no mutualities. On a transference level, the degree of cohesion is even less than in this sociogram.



Sociogram II  
 Sociometric Test #6  
 26 persons, 3 choices  
 choice ———  
 No reciprocation - - - -

mutuals, unreciprocated, chains  
 17                      44                      2

On the tele level, there is usually found, as in this sociogram, a high degree of mutuality, chains, triangles, and leader-structures.

expect from "group conscious" therapists is that they are aware, a) of the fundamental difference between personality organization and group organization and therefore between individual and group psychotherapy, however many transitory stages there may be in practice between them; b) of all the media and group skills of treatment and not to rely upon individual methods and skills only. Being a good individual psychotherapist does not make one automatically a good group psychotherapist and vice versa.

May I end this letter with an appeal to all who practice group psychotherapy that it entails great responsibilities, perhaps even greater than the responsibilities of the psychotherapist of the individual. Experience in individual psychological procedures is not sufficient; good will is not sufficient, although both are fundamental. Thorough education in sociometric analysis and in theory and practice of group psychotherapy itself is indispensable.

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*Editor*