MAXWELL JONES: DRAMATHERAPY AND PSYCHODRAMA, 1942-9

In 1942 Maxwell Jones, Psychiatrist and pioneer of the therapeutic community (at the Henderson Hospital, Clarkson & Pokorny, 1994, 315), started to employ group methods at Mill Hill Emergency Hospital and soon began to experiment with plays for therapeutic purposes. At that time he had no knowledge of Moreno. At first nurses acted out “little skits in front of the patients involving the lives of a fictitious family comprising the parents (the normal father and hysterical mother) and three daughters whose personalities tended to be schizoid, psychopathic and hysterical respectively. This dramatic approach proved to be tremendously interesting to the patients and provoked a high degree of participation in the subsequent discussion. By January 1944 the patients themselves had begun to participate...” (Shorter, 1997, 233) In subsequent years, as Jones became aware of psychodrama, he borrowed from Moreno’s methods and eventually psychodrama became an important method of treatment at the Belmont and Henderson Hospitals, London. Neil Hamer, psychodramatist at the Henderson Hospital, reports that S.H. Foulkes, founder of Group Analytic Psychotherapy, experimented with psychodramatic and sociodramatic methods “on the lines of J.L. Moreno” during and after the War. They even had “a kind of Moreno stage which had been made in the (Northfield) Hospital and placed in the lecture theatre. It consisted of a round platform in three tiers...” (Hamer, 1989, 24) (Foulkes, 1948) Moreno “had made his first contacts with British therapists in the early 1940s through J. Sutherland and George Fitzpatrick who were at the time employed by the British army. Moreno established links with the Tavistock Clinic and was to cooperate closely on the international scene with S. H. Foulkes who had visited him at the New York Institute in the 1940s.” (Marineau, 1989, 147) Hamer reports also that there are some old photographs in the Henderson library of people enacting scenes. (Hamer, 1989, 25)

Already Peter Slade, the founder of dramatherapy in Britain, had been working in London: from 1935 Slade had been using drama to build confidence in adults. From 1937 - 9 Slade was using drama to facilitate therapy, working in collaboration with Dr. Kraemer (a Jungian psychotherapist). Slade was in touch with Moreno by letter before the war (Slade, 1999). Three years before Jones started his experiments in drama, in 1939, Peter Slade spoke at the B.M.A. on dramatherapy. The Guild of Pastoral Psychology in London published his lecture on “The Value of Drama in Religion, Education and Therapy” in 1940. (Slade, 1940) Dr.
Kitchin, founder of the Guild, mentioned Maxwell Jones to Slade but the latter does not recall meeting him. (Slade, 1999) In 1959 Slade published his influential “Dramatherapy as an aid to becoming a person”. (Slade, 1959)

The value of drama in therapy was also being discovered in America. Moreno had arrived in the U.S.A. in 1926 and had since then been developing psychodrama, culminating in the opening of the first psychodrama theatre at Beacon in 1936: he had published his seminal work “Who Shall Survive” in 1933. In 1939 Reider, Olinger and Lyle published “Amateur Dramatics as a Therapeutic Agent in the Psychiatric Hospital”, (Jones, 1995) the same year J. Curran published “The Drama as a Therapeutic Measure in Adolescents”. and in 1943 a Community Theatre opened at Psychiatric Centre, Stockbridge, U.S.A. In 1945 Lewis Barbato’s article Drama Therapy (the first published use of the term as two words, the normal American usage) was published by Moreno. In 1946 Florsheim published “Drama Therapy”: she utilised enactment of plays as therapy. (Casson 1997) Moreno himself visited Britain in 1951 and “gave demonstrations at the Royal Medical Society, the Maudsley Hospital, and Bedford College for women.” (Marineau, 1989, 147)

He also met Peter Slade during this visit. (Slade, 1999)

These developments were also reflected in Europe: in the late 1940s - 50s “Spieltherapie” involving dramatic play and games in therapeutic contexts developed in Germany. During this same period play and drama as therapy were developing in the Netherlands. (Casson 1997) The latter were influenced by Slade as some Dutch leaders trained with him in Britain and this resulted in his “Introduction to Child Drama” (Slade, 1958) being translated into Dutch.

We do not know if Maxwell Jones had heard of Peter Slade’s work. We do know that Jones was unaware of Moreno when he first used plays as an aid to therapy. In February 1947 Jones read a paper at the Psychiatric Section of the Royal Society of Medicine which was subsequently published in 1948 as “Emotional Catharsis and Re-Education in the Neuroses with the help of Group Methods” in the British Journal of Medical Psychology. He does not mention Moreno is this paper. (Jones 1948) In 1949 he published “Acting as an Aid to Therapy in a Neurosis Centre”, in the British Medical Journal, by which time he was aware of and integrating Moreno’s ideas: he quotes Moreno’s 1946 volume on Psychodrama. So it seems that for about four years he was developing therapeutic theatre without knowledge of other methods. What was he doing?
Jones describes three types of drama:

1 - Rehearsed plays by patients.
2 - Reproduced out-patient interviews replayed by a doctor and a nurse in the patient role.
3 - Spontaneous dramatisations of patients’ difficulties in small analytic therapy groups.

*1 The first Jones describes as follows:
“A patient usually volunteers to present his own problem, but he may, if he chooses, remain anonymous, or even write a play which presents some problem other than his own. The patient having volunteered, is free to choose his own cast, producer etc.; in otherwords, all the resources of the unit are put at his disposal so that he may be given every help to re-enact his problem as realistically as possible. No stage, curtains, or elaborate props are used, and the room is just large enough to hold the players and the audience. This is done to obtain an “intimate” atmosphere and avoid any suggestion of amateur theatricals; we want actors and audience to merge, and as many patients as possible to act or discuss or “act out” during the discussion. All the patients in my ward attend, and with the nurses and visitors about 100 people are usually present. Various production devises may be used - e.g., a whispered voice over the microphone to portray thoughts while the player mimes his anguish, etc., or a divided stage where two separate scenes are acted simultaneously, dialogue and mime being used alternatively by each group of players.

Following the play, which represents a social or personal problem but never offers a solution, the group is asked by the psychiatrist to help the players to resolve the problem. The psychiatrist plays a largely passive part, content to allow discussion to flow freely, intervening only if the discussion is becoming irrelevant or is being monopolised by one or two patients, etc. During the discussion it often helps the contributor to demonstrate his point of view by working it out with the actual players. Thus a girl with a partial hemiplegia, the result of a birth injury, wrote a play around her basic problem of social insecurity. She preferred not to act her own part, but during the discussion after the play found it impossible to remain anonymous. She was glad to re-enact several situations with the players, taking over her own role from the patient who had played it previously;
such “acting out” allows the audience to “test out” a point of view much more realistically than by mere verbal discussion.” (Jones, 1949, 756)

How like Boal’s Forum Theatre where the spectator can come onto the stage and try his hand at solving the problem of the enactment! Jones in 1944 described this as “group projection technique”. (Jones 1944)

*2 The re-enactment of selected out-patient interviews (from old case records known to the doctor) by the psychiatrist and a nurse in role were also used to stimulate discussion. “At the end of the interview the patients are asked what they would do if they were faced with this particular problem in the role of the psychiatrist. ...there is opportunity for the patient taking part in the discussion actually to play the role of the doctor or patient and develop the interview along some particular line to demonstrate points...” (Jones 1949, 757) This idea seems to me unique: a real invention: Oh for a psychiatrist with such a dramatic imagination! In my own practice a psychotic client really enjoyed playing the consultant psychiatrist. He knew this role from years of observation and enjoyed the feeling of power and competence whilst in the role. He referred to this enactment as empowering him, giving him confidence months later. Jones also reported that this enactment clarified the role of the Psychiatric Social Worker: at the end of the interview “the P.S.W. is called in and asked to make her visit. The P.S.W. then describes to the patients what her findings actually were and how in collaboration with the psychiatrist the situation was dealt with. The whole problem is then discussed by the group.” (Jones, 1948, 110)

3* In the small analytic group Jones says it was “comparatively easy to get people to start “acting out” their problems”: he gives an example of a man who enacted a family scene and then various approaches were acted out enabling the man to struggle with his hostile feelings: “it was much more difficult than just an intellectual understanding, and feelings seemed to crowd out his thoughts. But he made definite progress, which he began to apply when in the real setting of his home. At a follow-up six months after he left hospital he claimed proudly that he had “worked through” his domestic difficulties and said that the family had had a most enjoyable outing at Kew Gardens.” (The subject of the scene enacted in the group) (Jones, 1949, 757)

This is much more like psychodrama.

Jones in 1948 stated there were two main aims in this drama work:
Re-Education and Catharsis.

“Re-Education: To re-create social situations which have caused minor emotional difficulties to patients, and act them out; then to discuss subjective and objective reactions by the members of the group, and attempt to modify the patient’s attitude, or at least indicate a more desirable pattern of behaviour, when faced by the social situation in question. The same difficulty is then acted out again, discussed further, and so on until the situation can be faced more adequately by the individual.” (Jones, 1948, 104)

This was already being done by Peter Slade and Moreno who called it role/spontaneity training: such behavioural rehearsal and modelling can then be seen to be a fundamental aspect of drama in therapy, discovered independently by different workers in various places. Jones also writes:

“Catharsis: To re-enact a strong emotional experience by placing the patient in a situation which resembles the original one, and asking him to re-live the experience if possible. This cathartic technique is obviously more difficult to apply than the previous one; again the group discusses the scene enacted, and by explanation and emotional support, aims at strengthening the patient’s ego, so that the situation can no longer overwhelm him.” (Jones, 1948, 104)

Again Slade and Moreno had independently developed such ways of working; Barbato’s 1945 article describes such a method and as early as 1891 Janet, French pioneer of Psychological Analysis, used hypnosis and drama to re-enact traumatic scenes, to achieve catharsis and modify the patient’s fixed ideas. Aristotle had, 2000 years, before noted the cathartic effect of theatre on the audience.

Of one man Jones reports:

“The writing of the play, its production, in which he played his own role, and above all the discussion afterwards, helped him to gain insight into his problem, and he became more conscious of his hostility towards his family. This resulted in a subjective feeling of relief and a positive plan, where previously he had simply felt helpless and frustrated. In the group he gained confidence rapidly...” (Jones, 1948, 108)

“Certainly acting loosens up the group, and is quite a good way of opening up the treatment hour. Catharsis in the group is, I think, valuable therapeutically...Also, the presence of other members of the group representing reality or public opinion may have therapeutic advantages.” (Jones, 1948,109)
This last point sounds very much like the role of the Chorus in Classical Greek tragedy!
The 1948 paper includes some fascinating clinical vignettes of men recovering, through these dramatisations, from traumatic experiences suffered during the 2nd World War. These experiences however overlay earlier experiences in childhood deprivation and abuse. The group provides a corrective educational experience and some of the the dramas return to the home environments that were the original source of the men’s difficulties. In his discussion and conclusion concerning this therapeutic drama Jones makes no grand claims but observes the value of the plays as motivating and bringing people together. Many of the patients had anti-social traits and the theatre facilitated “some degree of resocialisation...the fact is that the patients are a remarkably good audience, and there is a large degree of participation in the discussion.” He also notes the plays encouraged people to take responsibility, restored social confidence, enabled people to gain a more objective idea of the problem. “In this way it has been found possible to achieve mastery of a situation which in real life had overwhelmed the individual patient.” (Jones, 1949, 757) “Where emotional “catharsis” actually occurs there is usually a sense of relief similar to the everyday experience of getting something off one’s chest.” (Jones, 1949, 758)
Maxwell Jones ends his article with a hope for the future: that these methods may make a serious contribution to the successful treatment of neurotic patients in a reasonably short time. That hope is fulfilled in our work. To my knowledge his article is the first to describe dramatherapy/psychodrama in an in-patient psychiatric unit in Britain.

References:


Dolan B., 1996, Perspectives on Henderson Hospital, Sutton, Surrey, Henderson Hospital.

Florsheim M., 1946, Drama Therapy, paper given at the American Occupational Therapy Association Convention (Jones 1995, 44 and 298)


Jones M., 1948, Emotional Catharsis and Re-Education in the Neuroses with the Help of Group Methods, the British Journal of Medical Psychology, 104-110.

Jones M., 1949, Acting as an Aid to Therapy in a Neurosis Centre, British Medical Journal April 30th, 756-758.


Moreno J.L., 1993, Who Shall Survive, McLean, VA, ASPGG

Moreno J.L., 1985, Psychodrama Volume 1, Ambler PA., Beacon House Inc.

Reider N., Olinger D., & Lyle J., 1939, Amateur Dramatics as a therapeutic Agent in a Psychiatric Hospital, Bulletin of the Menninger Clinic, 5, 223-226, U.S.A.


Slade P., 1958, An Introduction to Child Drama, London, Unibooks, Hodder and Stoughton


Slade P., 1999, personal communication on receipt of the first draft of this article.

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