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The Place of Catharsis in Psychodrama

Peter Felix Kellermann

A brief historical survey of catharsis is given, and then the concept and curative value are discussed within the framework of psychodrama and of current thinking in psychotherapy. Catharsis is defined as an experience of release that occurs when a longstanding state of inner mobilization finds its outlet in action. Emotional, cognitive, and actional manifestations, as well as common experiences of catharsis, are described as they appear within psychodrama. It is concluded that catharsis in itself is not curative. It can only effect a change in combination with other factors, for example, sharing with a sympathetic group. Considering that catharsis is not the single or even the most curative factor in psychodrama, it seems to be overvalued by many psychodramatists. With regard to emotions, the overall aim of psychodrama should be not only catharsis but integration and ordering.

One of the more controversial issues in the literature on psychotherapy concerns the comparative advantages and disadvantages of catharsis. Unfortunately, the arguments for and against are often more impassioned than impressive, and we are provided with little systematic treatment of this subject from either a theoretical or an empirical perspective. The object of this paper is to review the concept and the curative value of catharsis and to reassess its status within the framework of psychodrama and of current thinking in psychotherapy.

Historical Development

Catharsis has played an important role in psychotherapy for almost one hundred years. However, a long time before it was used in psychotherapy, Aristotle, in his *Poetics*, used the term to describe the release of feelings in spectators who watched a tragedy. He believed that tragedy functioned “through the arousal of pity and terror to achieve a proper *catharsis*, or purification, of these same emotions” (Aristotle, 1941, p. 1460). This view of catharsis was interpreted in different ways. The accepted modern opinion is that catharsis is a medical term signifying an emotional purge in a patient. But Aristotle said very little about catharsis, and it is probable that this medical interpretation assumes a cleansing *from* emotions, as if they were noxious things to be gotten rid of. For centuries after Aristotle, patients were cleansed of evil spirits, demons, and other detrimental powers by priests, exorcists, mesmerists, and hypnotists, all of whom believed that something evil or unclean was influencing the person from within and that this had to be driven out.

The medical interpretation was powerfully reinforced in the late nineteenth century by Freud. Having studied hypnotism with Charcot, Freud (1894) provoked an emotional crisis in his hysterical patients and then guided the discharge of what he first re-conceptualized as repressed memories, and later, as “blocked libido.”

In the early twentieth century, Moreno adapted the cathartic principles of Aristotle and the religious rituals of the Near East to the drama theories of Diderot, Lessing, and Goethe, to create the method of spontaneous drama—psychodrama—in which protagonists were given opportunities to liberate themselves from “conserved” roles and written manuscripts.

As time passed, many cathartic psychotherapies developed. For example, Character Analysis or Orgone Therapy (Reich, 1929); Narcoanalysis (Horsley, 1943); Gestalt Therapy (Perls, 1969); Primal Therapy (Janov, 1970); Bioenergetic Analysis (Lowen, 1975). The techniques differed, but the principles remained the same: to induce patients to purge themselves mentally from whatever morbid content was stored inside them. Common to these psychotherapies was the assumption that if not expressed emotions “build up” in a reservoir, like steam in a pressure cooker. This buildup causes internal pressure, or tension, which results in psychological malfunctioning. To regain a state of well-being, the patient must drain off the emotional residue by expressing (“catharting”) it. This theory is sometimes called the “hydraulic” model.

A review of the literature makes it clear that there are a confusing and overlapping mass of related terms to describe catharsis, such as

“abreaction,” “primal scream,” or the Reichian type of complete orgasm, total climax. Each therapeutic approach uses its own terminology, together with various rituals, to allow its patients “to get things off their chest,” “to cry themselves out,” or “to blow off steam.” Further, some of the different but somehow related phenomena—like acting out, peak experience, act completion, closure, happiness, ecstasy, AHA experience, confession, salvation, regression, need satisfaction—which are sometimes designated as catharsis should not be designated as such. For catharsis refers, specifically and exclusively, to release of stored up content through affective expression (observable surface changes in face, body, voice, and/or behavior). Consequently, catharsis is the particular experience of release that occurs when a longstanding state of inner mobilization (warming up) finds its outlet in action. What are the characteristics of this release?

Manifestations

To examine the characteristics of catharsis, let us begin with a common example: Imagine that you are the protagonist of a psychodrama and that you re-enact a scene in which you are unjustly accused of having done something bad. In spite of your protests and explanations, your antagonist begins to insult and denigrate you. We may assume that it will take only a few seconds before a wave of anger overcomes you—your heart begins to pound, your face flushes, your breathing gets heavy, your muscles tense, and your fists clench. Your memory will immediately offer up a complete list of all the former occasions when you were treated similarly. One of these memories will then evoke an emotional storm in you. Suddenly you re-experience a specific scene from your childhood. You feel like shouting: “I didn’t do it! I didn’t do it!” But instead you struggle to “keep cool,” not to lose control. Nevertheless, despite your efforts to prevent an affectional outburst, you will find yourself in the midst of a furious scream. You will suddenly feel that old, dammed-up rage bubbling forth, and start to yell and hit and cry. It is as if something was “breaking through” within your body, something which you feel has been there for a long time. Something warm and soothing oozes out from your body. You will then know that you have discovered a secret. It was so simple, and yet, until now, you were unable to put your discovery into words, or even into thoughts; but your body always knew it. You feel a warm, tingling feeling of relief and begin to cry like a baby, a cheerful baby.

If this represents a typical catharsis, what may we learn from it?

First, catharsis is an *emotional release* encompassing a wide range of changes in physiological systems (cardiovascular, respiratory, muscu-

loskeletal, gastrointestinal, etc.), as well as in psychological systems (memory, imagination, perception, communication, judgment, etc.). "Emotion" is here taken literally—from the Latin *e-movere* meaning outward motion—conveying the idea of an outward expression of something inside. As with all affective expression, catharsis happens without voluntary control, spontaneously, "on the spur of the moment," as an automatic response to a specific inner or outer stimulus. But catharsis differs from other affective expressions in its intensity, rawness, and primitivity, as well as in its time-place distortion (of subjective reality), where here-and-now is mistaken for there-and-then. For example, bursting into tears after a long period of withholding may be regarded as catharsis, while weeping as a reaction to a recent loss is a normal grief reaction. Noncathartic expressions of emotions (for example, sadness) also include the resistive sobbing of somebody who covers up anger, the manipulative weeping of somebody who wants to arouse attention, and the symptomatic crying of somebody who is chronically depressed.

Second, catharsis is the *cognitive release* of an idea from the unconscious. As such, the affective expression is preceded, accompanied, or followed by a cognitive illumination where "a spotlight is switched on, psychic content of the patient, thus far hidden in the dark appears in the limelight of his consciousness" (Buxbaum, 1972, p. 161). For example, a sudden expression of grief may be connected to the memory of an earlier separation. Catharsis experienced in full consciousness will facilitate the experiential remembering that may lead to emotional insight. "Whenever something clicks, falls into place, each time a gestalt closes, there is the 'Aha!' click, the shock of recognition" (Perls, 1969, p. 236).

Third, catharsis is an *actional release* in which earlier events and their emotional residues are repeated in action via a direct motor expression of intrapsychic processes, where inner tensions are transformed into overt behavior. Such repetition provides a possibility of gaining action-insight. A complete catharsis, according to Breuer and Freud (1893) "depends on whether there has been an energetic reaction to the event that provokes an affect. By 'reaction' we here understand the whole class of voluntary and involuntary reflexes—from tears to acts of revenge—in which, as experience shows, the affects are discharged" (p. 8).

Whether focusing on the emotional expression, the cognitive awareness, or the actional re-living, it is assumed that something closed in, with a natural tendency to get out, is then let out. All three aspects together are necessary components of a complete cathartic process.

While this description gives an idea of the manifestations of catharsis, it does not help us understand the subjective experience of catharsis.

The Experience of Catharsis

From interviews with a number of psychodramatists, and from my own acquaintance with the phenomenon, I have learned the following about the experience of catharsis.

Catharsis differs from individual to individual in both quality and quantity. The intensity of liberation is highly relative and must be appreciated, not from an objective perspective, but from the perspective of each person's own experiential world. "A seemingly mute expression of emotion may, for a highly constricted individual, represent an event of considerable intensity, while an emotional storm for an impulsive individual may be a day-to-day regularity" (Yalom, 1975, p. 84).

Catharsis may be a sudden tidal wave of illumination, an explosion of energies finding an outlet since the purpose for which they have been mobilized no longer exists, or an inward unfolding of a kind of "oceanic feeling" where small ripples of release are experienced over a long period of time. In the words of Koestler (1969):

One is the triumphant explosion of tension which has suddenly become redundant since the problem is solved—so you jump out of your bath and run through the streets laughing and shouting Eureka! In the second place there is the slowly fading after-glow, the gradual catharsis of the self-transcending emotions—a quiet, contemplative delight in the truth which the discovery revealed, closely related to the artist's experience of beauty. (p. 88)

Three authoritative psychodramatists perceived the experience of catharsis as "A relief after an extreme state of tension, or an emotional culmination where resistances are gone" (Schützenberger, 1966); "An upheaval, a breaking up of constricted emotions and stiff structures" (Leutz, 1974); and "The feeling that we are as we would like to be in our imagination" (Z. T. Moreno, 1971).

While many psychodramatists stress the experience of being "overwhelmed" by feelings, others find the cognitive experience—insight through perceptual restructuring—more evident. For example, one participant has said: "I reached catharsis when I had a new concept, when something changed in my mind. Like in one of my psychodramas when I suddenly saw my mother in a real, complete new light. I felt this was catharsis. I didn't scream or throw chairs or 'blow up' in any way. I just saw everything differently."

Catharsis may also be enjoyed as a pleasurable experience, one of relief after having released pent-up emotions, or of sexual excitement which may occur as the by-product of emotional excitation. One woman exclaimed: "It is like an orgasm! If you had it, it is blessed, it is

a miracle!" This experience is similar, also, to the comforting relief one may feel after a verbal confession: "Now everything will be all right. It has all come out in the open and there is no need to cover up any more."

Some participants experience catharsis as a progressive realization of the self, e.g.: "I am myself. Catharsis makes me strong, gives me energy and courage. It is a moment of growth, a moment of opening up to experience." Others experience it as a regressive de-realization of the self: "I loose myself, let go of consciousness, of control, of memory. I become a little child."

It seems that the experience of catharsis is something different for every person, and that it is very difficult to determine who has had "it" and who has not. It is further noteworthy that most of us think of it as something positive, a precious moment, an "ideal state of being." Thus, in the world of common sense, catharsis, or release in general, has a positive connotation. However, this in itself does not make it something curative.

The Curative Value of Catharsis

The curative value of catharsis remains a controversial issue. Advocates believe that catharsis, as such, can cure in a kind of automatic way; critics either dispute its benefits or deny it completely. Proponents argue that the immediate sense of well-being experienced after a powerful emotional release is enough proof of its validity; that is, holding in one's emotions leads to feeling "bottled up," while letting out leads to relief. Opponents argue that the relief is only temporary; that tension tends to reappear after a period of time; and that general emotional expression does not automatically reduce that emotion. (For example, crying does not always reduce sadness.) They also question whether emotional expression can, by itself, provide therapeutic change; for example, whether the expression of anger solves any problems.

Before continuing this discussion, we must define what we mean by "cure" and "mental health" and also try to differentiate among the various personality types who may benefit from catharsis.

The simplistic view of mental health as "purity of the soul" and mental illness as "pollution of the soul," with catharsis as the intermediate agent of cleansing, is, of course, outdated. But current conceptions are not that different. A catharsis cure is still understood in terms of "getting something out," as the liberation of something imprisoned. In psychodrama, for example, a healthy individual is seen as one who is able to give free and spontaneous expression to emotions, thoughts, and actions. However, this conception implies a constant process of change and further transformations.

Catharsis has traditionally been believed to be curative in cases of post-traumatic stress disorders, "in which what has happened is only that the reaction to traumatic stimuli has failed to occur" (Freud, 1894, p. 47). It is also considered valuable in the treatment of schizoid, avoidant, obsessive-compulsive, or passive-aggressive personality disorders in which affect is inhibited, and in the treatment of some somatoform disorders in which affect is repressed and somatized. But most patients, whether neurotic or psychotic, ego-strong or ego-weak, inhibited or impulse-ridden, are believed to have stored up "content" and are therefore believed to benefit from catharsis in some stage of their treatment.

Empirical research on the value of catharsis has focused, mainly, on the frustration-aggression hypothesis, as exposed by Dollard et al. (1939) who suggest that aggressive behavior reduces the instigation to aggression (is cathartic in effect). Early research, for example by Berkowitz et al. (1962), Feshbach (1956), Hokanson (1970), Kahn (1966), and Mallick and McCandless (1966), found little support for this theory, as have the more recent studies by Bohart (1980), Tavis (1982), and Warren and Kurlychek (1981). All these researchers found that the expression of anger, whether verbal or physical, does not automatically reduce anger. They did, however, conclude that interpersonal, behavioral, and/or cognitive factors were crucially related to whether catharsis was anger-reducing or not.

Theoretical studies within the framework of psychoanalytic thinking are also critical of the original catharsis hypothesis. For example, Kris (1952) said: "We are no longer satisfied with the notion that repressed emotions lose their hold over our mental life when an outlet for them has been found" (p. 45). And Binstock (1973) maintained that "the role of catharsis in human affairs is a most restricted and humble one" (p. 504). From a technical point of view, Bibring (1954), Dewald (1964), and Greenson (1967) view catharsis as an adjunct to therapy. They emphasize its rather insignificant curative role in psychoanalysis but do say that it can give the patient a feeling of conviction regarding the reality of unconscious processes.

Within the field of group psychotherapy, Yalom (1975), in his comparative study of curative factors, concludes that "the open expression of affect is without question vital to the group therapeutic process; in its absence a group would degenerate into a sterile academic exercise. Yet, it is only a partial process and must be complemented by other factors" (p. 84). His data are supported by the studies of Berzon et al. (1963) and Lieberman et al. (1972), who found that pure ventilation, without the acquisition of skills for the future, was of no curative value.

Slavson (1951) pointed out that "the value of catharsis lies in the fact that it induces regression to stages in emotional development where arrest or fixation occurred" (p. 39).

Advocates of catharsis as the single curative factor argue that what the critics repudiate is not "real" catharsis but "pseudo-catharsis." They maintain that patients who experience "real" catharsis, for example, a "primal scream," can be cured. Rose (1976) says that critics fail to get curative results with catharsis "because what they have identified as feeling is simply not sufficiently intense" (p. 80). Similarly, Scheff (1979) holds that it is the critics' failure to follow a procedure of repeated emotional discharge during a properly distanced re-experiencing of a traumatic scene that accounts for most of the difficulties they encountered, and not a lack of validity of cathartic therapy. Empirical evidence is given by Janov (1970), Karle et al. (1973), Nichols (1974), Nichols and Zax (1977), and Scheff (1979). Within the framework of human potential encounter, Heider (1974) believes that "catharsis is the most frequent and valued tool for entry into transcendental realms of experience" (p. 30).

If we want to know more about how patients change as a result of catharsis we must look for effective variables and curative factors in the patient, in the therapist, and in the treatment. Without a specification of the when, where, why, by whom and to whom, facets of catharsis, the more general question seems to be impossible to answer.

In their review of catharsis in religious and magic healing rites, psychoanalysis, clinical hypnotherapy, group therapy, behavior therapy, the social psychology of aggression and in the treatment of war neuroses, Nichols and Zax (1977) found that catharsis, alone, was never enough to promote a psychotherapeutic cure.

A common sense approach to the value of catharsis would seem to take into account Gendlin's (1964) observation that "major personality change involves some sort of intense feeling process occurring in the individual" (p. 105), the notion that tension reduction may lead to relief, and the idea that the benefits derived from catharsis depend on the response persons receive when they release pent-up content. When the expression of anger is met with retaliation, the experience may result in a new frustration rather than in relief. Thus giving expression to what one has heretofore kept in, *in the right environment*, can make a person more ready to listen to others and to reconstruct the perception of a total situation. Psychodrama provides the right environment.

One of the firmly noted assumptions in psychodrama is that the development of catharsis on the part of the protagonists is a major curative factor in the therapeutic endeavor, worth promoting for itself.

It is considered a greatly prized moment, a "magic" phenomenon, and a necessity for a successful session. As one participant said: "I feel I need it, both as a director and as a protagonist."

The Role of Catharsis in Psychodrama

The catharsis may occur in the beginning of the session, during the warm-up phase; in the middle of the session, during the action phase; at the end of the session, during the closure phase; or after the session, during the sharing phase. But, regardless of when it happens, it is always regarded as the "peak" or culmination of the session. It is sometimes even viewed as the single most significant event in a person's development. According to Ginn (1973), "the entire arsenal of dramatic weaponry is marshalled for the achievement and maximization of the cathartic moment" (p. 16). Polansky and Harkins (1969) were so impressed by the positive use of psychodrama for affect discharge that they "began to think of psychodrama as perhaps *the* specific for treating affect inhibition" (p. 79).

However, when the difficulty in determining the role of catharsis in personality change is taken into account, it seems monstrously overvalued in psychodrama. While catharsis may have a substantial value in certain contexts it should not, then, become so cherished and romanticized that it achieves functional autonomy, thereby becoming an end in itself rather than a means to an end. While emotional, cognitive, and actional release are central to the psychotherapeutic process, they are curative only in combination with other factors. As such, catharsis may set the stage for the change process by loosening up fixated positions; but sooner or later, the conflicts underlying these fixations must be dealt with, either with the outer world or in terms of one's own feelings.

Directors who provoke release for its own sake, without paying enough attention to resistance analysis, working through, and integration, may be compared to the early "id-analysts" in psychoanalysis who put all their efforts into uncovering the unconscious. Just so later ego-psychologists took ego-functions such as reality testing, adaptation, object relations, defenses, and integration into consideration. Directors who strive for both release (id) and integration (ego), will be more effective than those who emphasize release alone. This view is congruent with that of Weiner (1974) who changed Freud's dictum: "Where id is, there shall ego be," into "Where mind is, there shall body-mind be" (p. 48).

It was Moreno (1923, 1940, 1946, 1953, 1971) who enlarged the original etymological meaning of catharsis to include not only release

and relief of emotions, but also integration and ordering; not only intense reliving of the past, but also intense living in the here-and-now; not only a passive, verbal reflection, but also an active, nonverbal enactment; not only a private ritual, but also a communal, shared rite of healing; not only an intrapsychic tension reduction, but also an interpersonal conflict resolution; not only a medical purification, but also a religious and aesthetic experience. While this definition of catharsis reflects a considerable extension of that presented above, it conveys a profound understanding of the needs for ego-integration. Further, as this broad and inclusive definition of catharsis covers almost all essential aspects of psychodrama (which makes it difficult to study), it presents, implicitly, a two-phase process of psychodrama: (1) release and relief (catharsis), and (2) integration and ordering (working through). In the words of Z. T. Moreno (1965), "Restraint has to come after expression." The two phases of psychodrama will be further described below.

The first phase of psychodrama includes both resistance analysis (Kellermann, 1983) and catharsis. Protagonists are not manipulated into expression, but helped to overcome those resistances which block their spontaneity. Catharsis is neither induced nor inhibited, but allowed to emerge in its own time. Only when communication is open and feelings flow are protagonists encouraged to maximize their expression, in order to "let it *all* out!" The specific function of catharsis in psychodrama is to facilitate self-expression and enhance spontaneity. Self-expression is more than mere affective liberation; it includes communication of perceived inner and outer reality, of self- and object-representations, of values, defenses, body images, etc. Protagonists are encouraged to express themselves as broadly as possible, from their unique subjective perspective, in an atmosphere free of disapproval or retaliation. But, as Cornyetz (1947) pointed out, "the psychodramatist does not satisfy himself that the release took place, for here is the starting point of the task of psychotherapy and not the finishing-point" (p. 62).

The second phase of psychodrama includes integration and ordering of feelings. Whatever has been released must be integrated in order to prevent it from "going up in smoke." This integration involves restoring order in the internal emotional chaos, new learning of coping strategies, working through of interpersonal relations, identification and differentiation of feelings, reconciliation between opposing feelings, transformation of "partial" feelings to "complete" feelings, and assisting the protagonist's ego to find the best way of controlling unadaptive affects and regulating the enactment of the many and diverse affects that strive to take over behavior, perception, and communication.

Conclusion

The overall aim of psychodrama with regard to emotions is not only catharsis, but also the consequent integration and ordering. By reviving the original traumatic experiences, the constricted emotions and their corresponding ideas can proceed in their interrupted course of development to reach optimal degrees of spontaneity. In the words of Noy (1982):

The cathartic effect of therapy can never be regarded as the goal, but only as the necessary means, for ordering the affect. Because only the person who is fully experiencing his affects—identifying, verbalizing, acknowledging, and responding to them appropriately—can succeed in ordering them and finding the best way for their enactment without anxiety, guilt, or remorse. (p. 82)

REFERENCES

- Aristotle. (1941). *The basic works of Aristotle*. New York: Random House.
- Berkowitz, L., Green, J. A., & Macanlay, J. R. (1962). Hostility catharsis as the reduction of emotional tension. *Psychiatry*, 25, 23-31.
- Berzon, B., Pious, C., & Parson, R. (1963). The therapeutic event in group psychotherapy: A study of subjective reports by group members. *Journal of Individual Psychology*, 19, 204-212.
- Bibring, E. (1954). Psychoanalysis and the dynamic psychotherapies. *Journal of the American Psychoanalytic Association*, 2, 745-770.
- Binstock, W. A. (1973). Purgation through pity and terror. *International Journal of Psychoanalysis*, 54, 499-504.
- Bohart, A. C. (1980). Toward a cognitive theory of catharsis. *Psychotherapy: Theory, Research, and Practice*, 17, 192-201.
- Breuer, J., & Freud, S. (1893). *Studies on hysteria*. London: Hogarth Press.
- Buxbaum, H. (1972). The psychodramatic phenomenon of "Illumination." *Group Psychotherapy and Psychodrama*, 25, 160-162.
- Cornyetz, P. (1947). Action catharsis and intensive psychotherapy. *Sociatry*, 1, 59-63.
- Dewald, P. A. (1964). *Psychotherapy: A dynamic approach*. New York: Basic Books.
- Dollard, J., Doeb, L. W., Miller, N. E., Mowrer, O. H., & Sears, R. R. (1939). *Frustration and aggression*. New Haven: Yale University Press.
- Feshbach, S. (1956). The catharsis hypothesis and some consequences of interaction with aggressive and neutral play objects. *Journal of Personality*, 24, 449-462.
- Freud, S. (1894). *The neuro-psychoses of defence*. London: Hogarth Press.
- Gendlin, E. T. (1964). A theory of personality change. In P. Worchel & D. Byrne (Eds.), *Personality change*. New York: John Wiley & Sons.

- Ginn, I. L. B. (1973). Catharsis: Its occurrence in Aristotle, psychodrama, and psychoanalysis. *Group Psychotherapy and Psychodrama*, 26, 7-22.
- Greenson, R. R. (1967). *The technique and practice of psycho-analysis*. New York: International Universities Press.
- Heider, J. (1974). Catharsis in human potential encounter. *Journal of Humanistic Psychology*, 14, 27-47.
- Hokanson, J. E. (1970). Psychophysiological evaluation of the catharsis hypothesis. In E. I. Megargee & J. E. Hokanson (Eds.), *The dynamics of aggression*. New York: Harper & Row.
- Horsley, J. S. (1943). *Narco-analysis*. London: Oxford University Press.
- Janov, A. (1970). *The primal scream*. New York: Putnam's Sons.
- Kahn, M. (1966). The physiology of catharsis. *Journal of Personality and Social Psychology*, 3, 278-286.
- Karle, W., Corriere, R., & Hart, J. (1973). Psychophysiological changes in abreactive therapy: Study 1, primal therapy. *Psychotherapy: Theory, Research, and Practice*, 10 (2), 117-122.
- Kellermann, P. F. (1983). Resistance in psychodrama. *Journal of Group Psychotherapy, Psychodrama and Sociometry*, 36, 30-43.
- Koestler, A. (1969). *The act of creation*. London: Hutchinson & Co.
- Kris, E. (1952). *Psychoanalytic explorations in art*. New York: International Universities Press.
- Leutz, G. (1974). *Psychodrama, Theorie und Praxis*. Berlin: Springer.
- Lieberman, M. A., Yalom, I. D., & Miles, M. B. (1972). *Encounter groups: First facts*. New York: Basic Books.
- Lowen, A. (1975). *Bioenergetics*. New York: Coward, McCann & Geoghegan.
- Mallick, S. K., & McCandless, B. R. (1966). A study of catharsis of aggression. *Journal of Personality and Social Psychology*, 4, 591-596.
- Moreno, J. L. (1923). *Das Stegreiftheater*. Berlin: Gustav Kiepenheuer.
- Moreno, J. L. (1940). Mental catharsis and the psychodrama. *Sociometry*, 3, 209-244.
- Moreno, J. L. (1946). *Psychodrama* (Vol. 1). Beacon, N.Y.: Beacon House.
- Moreno, J. L. (1953). *Who shall survive?* Beacon, N.Y.: Beacon House.
- Moreno, J. L. (1971). *The words of the father*. Beacon, N.Y.: Beacon House.
- Moreno, Z. T. (1965). Psychodramatic rules, techniques, and adjunctive methods. *Group Psychotherapy*, 18, 78-86.
- Moreno, Z. T. (1971). Beyond Aristotle, Breuer and Freud: Moreno's contribution to the concept of catharsis. *Group Psychotherapy and Psychodrama*, 24, 34-43.
- Nichols, M. P. (1974). Outcome of brief cathartic psychotherapy. *Journal of Consulting and Clinical Psychology*, 42, 403-410.
- Nichols, M. P., & Zax, M. (1977). *Catharsis in psychotherapy*. New York: Gardner Press.
- Noy, P. (1982). A revision of the psychoanalytic theory of affect. *The Annual of Psychoanalysis*, 10, 139-186.
- Perls, F. S. (1969). *Gestalt theory verbatim*. Moab, Utah: Real People Press.

- Polansky, N. A., & Harkins, E. B. (1969). Psychodrama as an element in hospital treatment. *Psychiatry*, 32, 74-87.
- Reich, W. (1929). *Character analysis* (1950 ed.) London: Vision Press.
- Rose, S. (1976). Intense feeling therapy. In P. Olsen (Ed.), *Emotional flooding*. New York: Human Sciences Press.
- Scheff, T. J. (1979). *Catharsis in healing, ritual, and drama*. Los Angeles: University of California Press.
- Schützenberger, A. A. (1966). *Précis de psychodrame*. Paris: Editions Universitaires.
- Slavson, S. R. (1951). Catharsis in group psychotherapy. *Psychoanalytic Review*, 38, 39-52.
- Tavris, C. (1982). Anger defused. *Psychology Today*, 16, 25-35.
- Warren, R., & Kurlychek, R. T. (1981). Treatment of maladaptive anger. *Journal of Behavior Technology, Methods & Therapy*, 27, 135-139.
- Weiner, H. (1974). Toward a body therapy. *Psychoanalytic Review*, 61, 45-52.
- Yalom, I. D. (1975). *The theory and practice of group psychotherapy* (2nd ed.). New York: Basic Books.

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