

# CONTEMPORARY PSYCHOTHERAPY AS RITUAL PROCESS: AN INITIAL RECONNAISSANCE

by Robert L. Moore

*Abstract.* Instead of attempting to reduce rituals of healing to so-called primitive psychotherapy this essay raises the question of whether contemporary psychotherapies might not fruitfully be viewed as ritual processes through which a small segment of modern society receives ritual leadership in times of crisis. Selected phenomena in contemporary psychotherapeutic practice are analyzed in an attempt to discern the ritual processes which are manifest in them. It is concluded that most modalities of contemporary psychotherapy manifest elements of ritualized submission, containment, and enactment.

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The purpose of the following discussion is simply to focus attention on the way in which contemporary psychotherapeutic practice may be understood as an important expression of ritual process in our culture. Before proceeding with these reflections on comparative psychotherapy, however, I will sketch some of the more important aspects of the journey of research inquiry which led me to an interest in and an awareness of the importance of this topic for students of religion and the human sciences.

As a psychologist of religion and practicing psychotherapist with a continuing interest in the phenomenology of religion, I initially understood myself to be continuing in the classic tradition of studies in the psychology of religion as exemplified by William James, Sigmund Freud, and Carl Jung. While I realized the importance of contemporary emphasis on ego psychology for understanding both religion and

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[*Zygon*, vol. 18, no. 3 (September 1983).]

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psychotherapy, I was concerned about the tendency to deemphasize studies of what at that time I referred to as primary process phenomena or archaic deep structures of the human psyche. The psychology of important phenomenological structures such as sacrifice, blessing, purgation, pilgrimage, initiation, and rituals of healing were not receiving the attention which I believed was merited within the discipline of the psychology of religion. Since these structures were all deeply grounded in a ritual context, I began to extend my investigation of the history and phenomenology of ritual. Keith Thomas's *Religion and the Decline of Magic* stimulated me to reflect upon the relative dearth of inquiries by psychologists into the psychology of modernization, secularization, and the dynamics of what appeared to be an eclipse of ritual process in modern Western culture.<sup>1</sup> I began an inquiry into the psychology of secularization which led me back into the psychology of the invoking mind, into the premodern technologies of the sacred and their implications for understanding the psychology of creativity and personal transformation. After examining historical and ethnological treatments of rites of passage I became particularly interested in the psychological significance of initiatory process.

At about the same period in my work I was seeing in therapy several young adults who had been involved in various forms of contemporary occultism. I was impressed by the extent to which their characteristic ideation and behavior reflected the same ritual structure of initiation which I was studying in historical and ethnological materials. It soon occurred to me that contemporary occultism might prove to offer a rich source of research data on the phenomenological structure of initiation. When I began to interview devotees of different occult systems, I found that both the symbolic systems and the devotees themselves merited a more comprehensive investigation. At that time I began to expand my inquiry from the library and the consulting room to extensive field investigation. I became convinced that a careful perusal of the cognitive and behavioral styles of occultists could give me clues to the way in which individual psychology underlies the appeal of symbolic forms in popular culture which reflect the structure of initiation. I was searching for common elements linking the experience of these individuals with those of others whose encounter with the structure of initiation occurred either during the acute phase of a psychotic episode or the experience of religious conversion. My field investigation ranged widely and included inquiry into a wide variety of forms of contemporary occultism.

It was at this point in my research that the work of cultural anthropologist Victor Turner began to occupy a central place in my theoretical reflections. At first I had conceived my task as that of

making a contribution to understanding the psychological dynamics underlying what Turner called "liminal states," psychosocial conditions which exist when a person is being ritually moved from one state to another. Extending Turner's processual symbolic analysis on the psychological side is certainly an important ongoing challenge for psychologists of religion. However, the more I reflected on the psychology of liminality, the more aware I became that Turner's system offered a new way to think about psychopathology and psychotherapy *from an anthropological perspective*. Instead of viewing rituals of healing and systems of personal transformation in religious traditions as primitive psychotherapy, *one could just as easily view contemporary psychotherapeutic practices as expressions of ritual process which offer a small segment of our population a source of ritual leadership in times of crisis*.

Clearly, a comprehensive analysis of psychotherapy as ritual process is beyond the scope of this essay. The following discussion is offered as a preliminary reconnaissance in the hope that others may be enticed into joining me in investigations into the ritual processes underlying contemporary psychotherapeutic theory and practice. These reflections focus on selected phenomena which I believe can easily be seen to have ritual dimensions. Hopefully, more in-depth analyses will be forthcoming. Throughout I will assume that the reader has a basic familiarity with Turner's work.

#### FOLK THERAPY IN THE CULT EXPERIENCE

Clearly, for many persons in our culture the only forms of psychotherapy which are culturally and economically available are those which are manifest in ritual forms in religious traditions. When Jung argued that traditional religious systems provided a form of psychotherapy for the masses, he had in mind the manner in which the dominant European religious forms, particularly Roman Catholicism, had served the needs of the people. My own research has led me to examine, instead of our dominant traditions, alternative or minority traditions, the so-called cults. When I began my study of the occult, and later a broader range of minority religions, I did so with the assumption that I would find a fertile ground for the observation of severe psychopathology. While I did find some psychopathology, what surprised me was the variety and richness of the folk therapy—rituals of healing—which I encountered. I am sure that if I had been trained as an anthropologist I would not have been so surprised at the discovery of large numbers of indigenous healers operating here in urban America in social groups largely untouched by the establishment mental health delivery system. This discovery—almost simultaneous with my encounter with Turner's work—led me to begin to reconsider my pre-

judices with regard to the significance of the minority religions. The more I studied them, the more I began to disagree with the dominant view that minority religions and their ritual practices were necessarily dangerous to the mental health of their devotees.

First I became aware that much reasonably competent counseling was being carried out, for example, by persons who designated themselves as witches (many of whom are social workers by profession). It took me longer to realize that the claims of these persons to be providing, not psychotherapy, but ritual leadership might well have some merit. Limitations of space prevent me from elaborating at length, but it should suffice to say that for many participants in the cult experience a stint in a minority religious group offers an initiatory experience into life outside the life-world of the primary family matrix, complete with experiences of *communitas* and the liminal under the leadership of various kinds of ritual elders.<sup>2</sup>

#### GROUP THERAPIES: FROM ENCOUNTER GROUPS TO FAMILY THERAPY

In the cult experience, of course, it does not take much imagination for the observer to move from viewing the phenomena as amateur psychotherapy to seeing it as an attempt to provide serious ritual leadership in the tasks of initiation and healing. In the human potential movement we move one step away from forthright acknowledgement of the so-called facilitator as one who is claiming the traditional role of ritual elder. Religious scholars have for some time noted the quasi-religious nature of, for example, the encounter group phenomenon. Most such treatments, however, have not been informed by a serious interest in ritual process and have ended up focusing upon characteristics such as anti-intellectualism, emotionality, and hypersuggestibility. It is usually concluded that such practices reflect the presence in our culture of a secularized new pietism.

Certainly there are parallels to eighteenth- and nineteenth-century pietism, but what is missed in most cases is an awareness of the infrastructures of ritual process which underlie both. I would argue that many of the abuses which have been the target of common criticisms of the encounter group movement can be traced to a lack of awareness on the part of both facilitators and participants with regard to the dangers attendant with the invocation of what we call liminal states. In a manner reminiscent of the sorcerer's apprentice, it is easier to bring a psychosocial state of liminality into being than it is to contain it adequately and then to terminate it effectively. Group facilitators who lead individuals into such experiences often have left them in states of what I have called elsewhere *chronic liminality*.<sup>3</sup> Here again, there are undoubtedly

many practitioners of the New Age genres of therapy who function quite effectively without any awareness on a conscious or theoretical level of the importance of keeping the boundaries of ritual space clearly designated and yet who manage to do so adequately in practice.

Encounter groups share with the more traditional group therapies some common characteristics which make it possible for us to view them as a contemporary attempt to provide rituals for transformative performance. Most obvious are the attempts usually made to formulate a contract for group functioning which regularizes the time, space, and boundaries for acceptable conduct in the life-world of the group. Such a concern for establishing a therapeutic frame or container which secures the special space-time of therapeutic interaction can be found in most genres of therapy and is certainly one of the most important aspects of psychotherapy which parallels common ritual practices.<sup>4</sup> The group contract is an attempt to promote a clear understanding that certain behaviors will be acceptable in the special space-time of the group experience which would be totally unacceptable in other ordinary social experience, that is, in *structure*.<sup>5</sup> Within the varieties of group practice there is, of course, a great range of what is deemed acceptable behavior. In the more traditional approaches to group therapy the emphasis was on the sharing of feelings and other self-revelations in an atmosphere of acceptance and mutual support.

The functioning of the group leader as a powerful ritual elder in these situations can be easily seen in spite of the protestations of some that they are nondirective. Careful observation, for example, indicates that the group therapist in traditional settings usually carefully observes the performances of the members and intervenes when a particular member engages in behaviors which threaten the group process. These threats may be as simple as a breaking of the contract not to engage in private conversations within the group, or may be an instance of a member beginning to share more primitive materials than the leader believes can be adequately contained and worked through in the group. In the latter case, a failure to intervene might lead to what could be experienced as a defilement or contamination of the life-world of the group so severe that it destroys the experience of the group as *communitas*. Thus while there is certainly a sanction, as Turner puts it, of the "acceptance of pain and suffering," the group therapist in traditional models carefully monitors the degrees and forms of such acceptance with an eye to what expressions enhance the total process in the group experience.<sup>6</sup>

Nevertheless, even here in the more conservative forms of group practice it should be clear that what we are seeing parallels the phenomenon of "stripping" which Turner and others have described

as characteristic of liminal states. Though certainly not as dramatic as in some other genres of group therapy, the ritual structures of the group—including especially the powerful presence of the group leader—provide the boundaries within which the present psychosocial adaptation of the group member can begin to be at least partially deconstructed and reconstituted. Maladaptive behaviors, self-images, and attitudes can be reexamined and, in effect, circumambulated via the perceptions of fellow members. New attitudes and self-presentations may be experimented with in a search for forms which will be more adaptive in the task of facing the changed demands of structure outside the life of the group.

In the human potential movement such systems as psychosynthesis and the body therapies broaden the range of the materials which are deemed to be appropriately invoked in the special space of the group.<sup>7</sup> In psychosynthesis (and other systems which emphasize the use of guided imagery techniques and fantasy materials) music, incense, special lighting, meditation, breathing techniques, and other psychotropic technology are used to emphasize the extraordinary nature of the space-time of the group and to facilitate the generation of imaginal productions. These productions are then shared and examined for insights into what they may reveal with regard to the adaptive task of the individual. Dialogues may be carried on with the ancestors in the form of absent or deceased family members and/or with the particular demons or divinities which the individual has reason to engage in coming to terms with either past or future. A wide range of intensive emotional displays and enactments usually accompanies these encounters and attempts are made to detoxify the affect which ensues.

In the body therapies, parallel attempts are made to allow the body to speak, in effect to function as a medium of revelation for the individual. These encounters with the body are usually experienced as no less numinous than those with fantasy divinities. Indeed, with many individuals such encounters are experienced as more powerful and revelatory. Here again we see another deconstruction taking place—this time of what we might call the body ego or body image. Body taboos characteristic of psychosocial structure are no longer in effect here. Intimacies of touch, which may not have been permitted since infancy, if at all, are accepted from the group leader and members. Often rituals of blessing are enacted, which attempt to assist the individual in accepting the denied or wounded body part or modality into a body image more adaptive for his or her current phase of development. I would argue that the process described here is a contemporary form of using a ritually constructed transitional life-world to, in effect, destroy the perceived body-reality characteristic of the individual's previous ex-

perience in structure and develop a new body image which is more adequate for the demands of the realities of structure in the present.

If space permitted, many of the theoretical constructs and techniques used in other therapies such as psychodrama and family therapy could be fruitfully discussed in this context.<sup>8</sup> Although psychodramatists, for example, have not, as far as I know, reflected upon their process from the perspective of processual symbolic analysis, many of their techniques are obviously attempts to facilitate what Turner would term "transformative performance." Family therapy, on the other hand, has done much to help us regain an emphasis on the social systemic context of human personality. Particularly interesting is the reframing of the meaning of "symptom" in the literature of family systems theory. From this perspective, symptom is no longer viewed as simply reflecting a failure of adaptation on the part of the individual but rather as indicating a dysfunction in the systemic matrix in which the individual personality is attempting to function. This shift of emphasis from the isolated individual to the larger processual context of person and symptom may well make an important contribution to an examination of the ritual significance of psychopathology.

#### RITUAL CONTEXT OF SYMPTOM

Viewing the symptom as more than just an indicator of an adaptive failure of the organism is, of course, nothing new. It is a commonplace in dynamic psychology that the symptom includes within it not only significant clues to what has gone wrong in the developmental process of the individual but also the germ of a creative adaptive response. Freudian and neo-Freudian theorists have long emphasized the interactional context of developmental failures and resulting symptoms. With the contributions of Erik Erikson and D. W. Winnicott the awareness of the importance of processes of ritualization in personality formation has received much more explicit attention. Erikson, of course, was heavily influenced by cultural anthropology in his formulation of personal identity formation as grounded within the larger systemic context of cultural metabolism. He emphasized the importance of childhood ritualization in the individual's attempt to face and master phase-specific developmental tasks. Winnicott's concepts of the creation of "potential space" and the role of what he called "transitional objects" have offered us important new ways of thinking about the psychology of liminality and, more specifically, about the therapeutic relationship in psychoanalytic psychotherapy as an attempt to provide a special kind of transformative space for the individual in therapy.<sup>9</sup>

At this point let us consider what might happen to our thinking about the nature of psychopathology if we assume that the individual's quest for a partner in ritualization does not end in the development of early object relations. Again, thinking in this vein is not new. For example, psychiatrist John W. Perry in his book *Roots of Renewal in Myth and Madness* has shown that many psychotics in acute states generate in their thought and behavior images of ritual centers and related motifs of ritual drama.<sup>10</sup> Rejecting the view that the mythic images which arise in psychotic states are merely delusions, Perry views them as an expression of a myth-forming function of the human psyche which occurs in high arousal states that have been activated by a failure in adaptation in the external world. Perry summarizes the patterns which emerge in such states and argues that they compose imagery of a renewal process:

The individual finds himself at a world center or axis, and is undergoing some form of death or entering the realm of the dead. There is a return to the beginning of one's life (the regression) and at the same time to the creation of the world. Opposites come into play with a clash of world powers or ideologies (with paranoid fears), and also with a threat of reversal of opposites, especially of gender. There is an experience of special election to an apotheosis as ruler, hero, or savior-messiah (the grandiosity), and also to a sacred marriage as partner in a "hieros gamos." One undergoes some form of birth, whether being reborn or giving birth to a divine child. A renewed society with a messianic program is envisioned. Various mandala forms of a fourfold world image are scattered throughout the process, often as its consistent framework.<sup>11</sup>

The discovery of such ideation in itself is not particularly notable. Perry's response to it, however, was very different from that of dominant psychiatric practice. In his residential center called Diabasis, Perry sought to find ways to help individuals enact their ideation in ritual forms with staff members and other residents. From Perry's point of view these enactments, if allowed expression, result in a reorganization of the individual's self-image. "The heretofore damaged self-regard is put through a dissolution and reconstitution, particularly through the processes of death and dismemberment and of the regression back to the start of life."<sup>12</sup>

As interesting as Perry's work is for our analysis, we need not focus on such bizarre phenomena as acute psychotic states for examples. Much more common phenomena in psychopathology may fruitfully be viewed as a search for a knowledgeable ritual elder to whom to submit and who will know what transformative performances are called for. For an example let us focus on the phenomenology of pathological dependency in disturbed personalities. In the terminology of some of the best recent thinking on psychopathology, that of Theodore Millon, an individual's personality disorder may manifest as either "passive dependent" or "active dependent."<sup>13</sup> Passive dependents seek a strong



person to help them, heal them, solve their problems, and so on. Active dependents, sometimes called histrionic personalities, use charm, seductiveness, and pleasing behavior to help them in their search for what they lack: blessing, acceptance, love, object constancy.

Before Millon's work we tended not to see the relationship between these two types of personality: one was simply called an inadequate personality and the other characterized in the earlier manner as an hysteric. Now we are more clear that the fundamental dynamics underlying these personalities are very similar—and that the similarity lies in their having what is often called an "external locus of control."<sup>14</sup> Here, as in human pilgrimage forms, the center is "out there," projected onto the strong person or institution that the individual believes has what is needed in order to attain satisfaction. We need to understand here that saying a dependent individual lacks an internal locus of control does not necessarily mean that he or she is incapable of action or willing. These individuals are very often tremendously manipulative and controlling and quite able to orchestrate events, families, colleagues, and other aspects of their environment to correspond to the geography of their inner space. It is just that they perceive the center, the *axis mundi* if you will, to be "out there," and they are desperate to reach it and receive its gifts.

The phenomenology of dependency in human personality, of course, extends far beyond dependent personality types. We think, for example, of the masochistic position which is continually sought out in the submissive pole of sadomasochistic relationships. More generally, we know that everyone regresses under stress.<sup>15</sup> The stress can come from a myriad of sources which are quite ordinary, but it escalates in severity in cases of individual and social trauma and in the crises of transition. Here we see that it is not simply the chronically dependent personalities who become submissive and project the center into the external world. When regressed we all do it. The center can become displaced onto the primary family or parents; onto another city, company, or job; or onto food, alcohol, or drugs.

When regression like this occurs and the individual has cultural and economic access to a psychotherapist, the process of therapy often begins and the projection of the center will often shift to the special space-time of the consulting room and especially to the person of the psychotherapist.

#### RITUAL SIGNIFICANCE OF THE TRANSFERENCE

Psychoanalysis and other depth psychologies have given much attention to the manner in which this projection of the center manifests itself in the context of analysis or psychotherapy. In psychoanalytic theory

this phenomenon is discussed under the rubric of "transference."<sup>16</sup> Transference usually is defined as a distinctive type of object relationship in which a person in the present is reacted to with feelings appropriate to a person in the past. In other words, it is a repetition, "a new edition of an old object relationship."<sup>17</sup> Unsuitable in the present in the Freudian view, it was once an appropriate reaction to a real situation. In psychoanalytic theory, transference occurs in all psychotherapy and its presence may be discerned outside of the analytic hour. Freudians always have emphasized the central importance of the transference both in understanding unconscious materials and in treatment through analyzing its manifestations in the analytic hour.

In recent years, particularly through the work of Heinz Kohut, there has been an increasing realization of the healing role of the transference.<sup>18</sup> For example, some clients have a deep need to idealize the analyst and to have the analyst, at least for a time, accept the mantle of idealization and not immediately interpret it away. Here the inner world is projected in the therapeutic context, and the central significant internal objects are externalized and related to as if they had in fact reappeared in the consulting room. The analyst therefore temporarily plays the role of ideal object in order that healing may occur in the psyche of the patient. Here again we have an individual who has unfinished business in the process of ritualization with significant others. The individual may have spent a good deal of his or her life searching for the right place and person with whom to enact the needed process of interaction.

From the point of view of Kohut's self-psychology many individuals live out their lives without finding a context in which this healing ritualization may be enacted. I would argue that much of the pathological dependency discussed above could be viewed in a similar vein as a quest for the right person and place to provide a context for the transformative submission to a ritual elder and accompanying ritual process, which at some level of awareness the person knows is needed.

#### KEY RITUAL THEMES IN THERAPY: SUBMISSION, CONTAINMENT, ENACTMENT

I have sought in the above discussion to call attention to a few ways in which contemporary psychotherapies offer some individuals in our culture an opportunity to engage in transformative performances. In summary, it has become evident to me that most if not all modalities of contemporary psychotherapy clearly manifest elements of ritualized submission, containment, and enactment. With regard to submission, intensive psychotherapy, whether individual or group, requires some form of submission not just to the person of the therapist but to a total

process, which has an autonomy of its own and which to some degree provides the individual with a relatively secure place to surrender autonomy. This temporary surrender of autonomy facilitates at least some degree of deconstruction of the individual's personality. Orientation and organization during this painful time for the individual is maintained through the psychosocial container or vessel provided either by the group process or the relationship with the psychotherapist. The special forms of ritually created psychosocial space-time offer a place where the individual can experiment with new images of both self and others and with new behavioral modalities which the world of structure may require. These new thoughts, feelings, and behaviors may be enacted in various ways within the secured boundaries of the therapeutic container and worked through until the individual is prepared to attempt a reassertion of his or her autonomy and a return to ordinary life.

## NOTES

1. Keith Thomas, *Religion and the Decline of Magic* (New York: Charles Scribner's Sons, 1971).
2. See the extended discussion in J. Gordon Melton and Robert L. Moore, *The Cult Experience: Responding to the New Religious Pluralism* (New York: Pilgrim Press, 1982).
3. *Ibid.*, pp. 59-65.
4. Jungian psychoanalysts have traditionally referred to the necessity of the *temenos*, or alchemical vessel of the analytical relationship as providing a special kind of space-time in which transformation can occur. More recently the work of psychoanalyst Robert Langs has drawn much attention to the uniqueness of the space-time created in the therapeutic context. See especially his *The Therapeutic Environment* (New York: Jason Aronson, 1979) and his *Interactions* (New York: Jason Aronson, 1980).
5. I am using the word "structure" here in Turner's technical sense which refers to aspects of human society which are "structured, differentiated, and often hierarchical. . . ." See Victor Turner, *The Ritual Process* (Ithaca, N.Y.: Cornell University Press, 1977), p. 96.
6. *Ibid.*, p. 106. See this chart for a description of the characteristics of structure and liminality.
7. For a helpful introduction to the therapeutic techniques of the human potential movement see Raymond J. Corsini, ed., *Current Psychotherapies* (Itasca, Ill.: F. E. Peacock, 1979), pp. 500-35.
8. Corsini's *Current Psychotherapies* also includes solid introductory surveys of these therapeutic systems.
9. See D. W. Winnicott, *Playing and Reality* (New York: Basic Books, 1971).
10. John Weir Perry, *Roots of Renewal in Myth and Madness* (San Francisco: Jossey-Bass, 1976).
11. John Weir Perry, "Renewal Ritual Motifs in Psychotic Process," pp. 2-3, mimeographed.
12. *Ibid.*, p. 9.
13. See Theodore Millon, *Modern Psychopathology* (Philadelphia: W. B. Saunders, 1969).
14. Ronald Forgas and Bernard H. Shulman, *Personality: A Cognitive View* (Englewood Cliffs, N.J.: Prentice-Hall, 1979), pp. 299-300.
15. See for example the treatment of regression in Ralph R. Greenson, *The Technique and Practice of Psychoanalysis* (New York: International Universities Press, 1967), 1:84-85.

16. Ibid., pp. 151-55.

17. Ibid., p. 152.

18. See for example Heinz Kohut, *The Analysis of the Self* (New York: International Universities Press, 1971) and *The Restoration of the Self* (New York: International Universities Press, 1977).

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