

A SOCIOMETRIC STUDY OF A PSYCHIATRIC IN-PATIENT GROUP: IMPLICATIONS FOR THERAPY

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Sociometry has been established as a significant social measure of interpersonal relations. Lindzey *et al.* (1959 and 1968) summarized the commonly accepted uses of sociometric measurement that are of benefit to the various disciplines in the social sciences. Instruments of sociometry can effectively measure the informal structure of groups, the social status of individuals and the valence and quality of interpersonal relations existing within a group. Sociometry provides a practical method for identifying not only immediate existing social structure but also a means of measuring social change within a group as it occurs over time.

By design, a sociometric device permits the acquisition of data through subject participation. Each individual is represented in his social environment as he and other members perceive that environment. Thus sociometric procedure possesses the potential for providing a high degree of interest and motivation for the subject participants.

THEORETICAL BACKGROUND

There have been studies of sociometry as a component of psychotherapy. Mordock (1969) conducted a study using sociometric choice to compare the effects of group and individual psychotherapy on the interpersonal relationships of adolescents enrolled in a residential treatment center. The theoretical base of this study was that reciprocation of friendships is related to "good emotional adjustment." Two sociometric tests were used to measure number of choices and degree of reciprocity before and after both group and individual psychotherapy.

Sociometric procedure lends itself to effective treatment planning in a highly structured therapeutic setting. Wermers and Wise (1969) identified the "group leader" and "isolates" in a group of thirteen adolescent in-patients and encouraged heightened interaction among group members following test results. These sociometric procedures revealed that allowing high status participants to become aware of the existing sociometric structure could result in significant attitudinal changes conducive to therapeutic improvement.

These authors feel the unstated conviction may exist among clinicians that when a person is given the opportunity to make a choice, which in some way influences his future, therapeutic results are immediate and are a direct outcome of his involvement in the choosing process. The type of subject participation essential to sociometric method provides an opportunity for choice. It permits the participants to observe and *experience* the results of their choices.

The significance of permitting patients to make choices affecting their future, in part, corresponds with the importance of motivation as a vehicle for therapeutic change. Hart (1972) has defined motivation as an orientation to the future. He lists the following as the social aspects of man with which one must deal if one wants to motivate and reorient others.

1. The need to belong;
2. The desire to participate;
3. Hope for the future (expectancy and anticipation);
4. A feeling of continuity;
5. The right to help;
6. A dependency on organization (having a place);
7. A capacity for growth (becoming).

Hart further emphasized hope as being most important and described it as "being an integral part of a total response (thus necessitating the one who hopes to 'get it all together') which requires an anticipation of future response. The hope for the future or of *having a better tomorrow with someone* is a feeling that allows man—for whatever period of time the feeling lasts—to transcend himself and to carry himself into the world and space and actions of the future. Through hope and affiliation a person is able to live his tomorrow *now*." Seeman (1967) has noted that alienation is a matter of the expectations (and hopes) of an agent in a situation.

The authors feel that the opportunity to choose, as provided with instruments of sociometry, can alter an "agent's" expectations, thus reducing alienation and promoting interpersonal interaction.

There is little question that, given the proper conditions, there can indeed be an occurrence of immediate and lasting therapeutic change. As Greenwald (1973) has discovered, therapy can work very quickly when (1) the patient makes a direct decision for growth and (2) the therapist is personally free to allow this to happen and supports the patient when a growth decision is made. The authors have observed distinct behavioral changes immediately following the administration of a sociometric device in an intermediate inpatient psychiatric unit with a primarily schizophrenic population.

APPROACH OF THIS STUDY

The purpose of this study was to measure choice of association and grouping preferences of a psychotic population. The study was conducted on an experimental basis, as it was intended to explore the effectiveness and results of such procedure in an unusual setting rather than to obtain results for some specific follow-up procedure or activity.

THE SETTING

The sociometric instrument was administered in a locked unit of an intermediate psychiatric in-patient facility of a Veterans' Administration hospital. At the time of the study the ward population consisted of twenty-six male patients. The major diagnosis of patients on the ward is schizophrenia with individual patients ranging from outwardly functional to grossly delusional. The ward consists primarily of one large sleeping porch, a day and recreational room, a porch enclosed in steel mesh and a nurses' station with large glass windows.

THE INSTRUMENT

The sociometric device used consisted of one pair of sociotele questions, positive and negative, and one pair of psychetele questions, positive and negative. The activities chosen for these questions were determined by observing the patients on the ward and by interviewing various staff members. Activities were selected which were significant to the patients themselves and which provided opportunity to all ward members for participation. The questions resulting from this procedure were:

Sociotele,

- 1) Of the people on this ward, who would you most like to share housekeeping chores with?
- 2) Of the people on this ward, who would you not like to share housekeeping chores with?

Psychetele,

- 1) Of the people on this ward, who would you most like to visit with on the porch?
- 2) Of the people on this ward, who would you not like to visit with on the porch?

METHOD OF ADMINISTRATION

The sociometric device was administered at a time when patient activity on the ward was minimal and on a day when the weather was clear. It was

felt that weather* was a factor because these patients react to "stormy" or overcast conditions with extreme sensitivity. Such weather conditions tend to foster hyperactivity, heightened delusions and increased aggressive behavior.

This device was administered by the authors with the assistance of one male nurse. All data was gathered in one evening to reduce contamination of results through patient discussion. Subjects were treated in groups of three as this number could be easily managed with a minimum of distraction from other patients. The nurses' station was selected for this procedure because it provided the most convenient facility for comfort as well as privacy and observation by other patients in a non-threatening manner. The nurses' station also contained a large ward roster listing names of all ward members with corresponding bed numbers for use in responding to the sociometric questions.

At the beginning of each session subjects were informed their participation was voluntary and they could excuse themselves at any time. The authors were aware that the patients' perceptions of their institutionalized role as "a patient" may have influenced their decision to participate. As Goffman (1961) has delineated the patients' role . . . "in a psychiatric hospital, failure to be easily managed—failure, for example, to work or to be polite to staff—tends to be taken as evidence that one is not 'ready' for liberty and that one has a need to submit to further treatment." In view of this factor, however, the researchers attempted to allow subjects to make this decision without coercion.

Paper and pencil were provided for each subject. Subjects were briefed on the purpose and method of the sociometric device and permitted to ask questions at any time during the procedure. Questions were given orally with interpretation as needed. Clarification was necessary to avoid misinterpretation of the meaning of questions, particularly considering the alleged latent homosexual condition existing in paranoid schizophrenics.

LIMITATIONS

1. Selection of activities for questions was limited due to the specific ward context. It was essential to select activities in which all patients had opportunity for participation.
2. Because of hospital policy, direct benefit from sociometric results could not be provided to participants.
3. Because data collection was completed in one evening, there was insufficient time to allow each patient to respond at his own pace.

* The effects of weather on this population had been observed and reported by various staff members on the ward.

4. Some patients were too delusional to respond.
5. A possible limitation was created by the fact that the researchers were not able to test the entire group in one session.

FINDINGS

Eighteen (69%) of the twenty-six ward members participated. Only one subject refused to participate when informed that participation was voluntary. Five (28%) of the eighteen who participated were too delusional to make any response. One patient was restricted by staff because of acting out behavior, and six others were restricted for unspecified reasons.

RESULTS OF STUDY

The results of this study corresponded with the irregular patterns of grouping and associations which had been subjectively observed within this population by the authors. Actual sociometric results are of questionable validity because of the limited written responses obtained. Perhaps of greater value were the observed effects of the sociometric procedure on the patients' behaviors. In this situation, in which most individuals appear to be alienated and withdrawn, participation in the procedure resulted in a display of curiosity and interest. Heightened interaction with this researcher* initiated by individual patients implies that sociometric exercise could benefit psychotherapy and serve as a preparatory phase for therapy.

The spontaneity with which some individuals responded to this researcher was the unexpected reward of conducting this study. Upon entering the ward the following day the patients converged around the researcher with their questions and comments. The following case examples demonstrate the behavioral changes that were observed.

Subject A, a male in his early twenties with a diagnosis of undifferentiated schizophrenia, was sociometrically identified as an isolate among the ward members. He received no choices or rejections and responded only to the first sociometric question by listing names indiscriminately.

Pre-study observations: Mr. A's behavior had been grossly withdrawn. He rarely initiated conversation and, when spoken to, would reply only in monosyllables.

Post-study observations: Mr. A called this researcher by name upon seeing her the following morning and asked, "How'd I do on the test?" He was assured that he had done very well and was thanked for his efforts. He responded with a broad smile and replied, "Yes Ma'am!" This outgoing behavior was repeated for several days.

* This researcher (JN), during the course of the study, was employed by the hospital from which this sample population was taken. Ms. Nance was active on the ward as Social Worker and psychotherapist.

Subject B is a twenty-two-year-old white male. He is diagnosed as paranoid schizophrenic and has been hospitalized five months.

Pre-study observations: Mr. B had previously displayed his aggressiveness in a passive manner. His affect was inconsistent with verbal content. Small areas of conflict were difficult to resolve when staff members attempted to assist in their resolution.

Mr. B: Somebody needs to call my wife.

Staff: I attempted to contact her this morning. Come into the office and I'll try again right now.

Mr. B: No, I don't want to waste your time. It looks like I'm here to stay.

Post-study observations: Mr. B's aggressiveness towards staff was displayed more directly and his affect was appropriate for his feelings. This researcher's attempt to assist Mr. B in dealing with his suspiciousness appeared to be successful.

Mr. B: When does the counter-attack begin?

Researcher: I don't understand.

Mr. B: You asked all those questions yesterday. There must have been some reason for it. When should we get ready for the attack?

Researcher: You're talking about the sociometric experiment. That was done for research purposes and we'll keep your answers confidential. There's no counter-attack in process and the results will not directly affect any of the patients.

Mr. B: Oh! That's O.K.

Subject C is a twenty-year-old white male with a diagnosis of undifferentiated schizophrenia with anxiety features. He has been periodically hospitalized during the past two years.

Pre-study observations: Mr. C's behavior upon approaching a staff member had been flighty and tremulous. He would seem to forget his original question and launch into a series of questions without waiting for replies. It has been necessary for staff members to terminate conversations with Mr. C as he would seem unable to do so.

Mr. C: Do you think I can get a pass soon?

Staff: You know that decision will . . .

Mr. C: Can you help me get some of my money out of finance?

Staff: Of course. We will have to . . .

Mr. C: Can you call my mother for me?

Staff: Yes. What about?

Mr. C: I'll have to get my pass first. How do I do it?

Staff: That decision is made by your treatment team. Have you requested an appointment to see the team?

At this point Mr. C commented that he would like to have some extra spending money and it became necessary for the staff member to insist that Mr. C choose one problem to work through.

Post-study observations: A significant behavioral change for Mr. C was that he was able to ask one question, wait for a reply and appear satisfied with the answer.

Mr. C: Who won the election?

Researcher: Won what?

Mr. C: The election. There must be a winner. I guess you probably won't tell us that though.

Researcher: Oh! The sociometric exercise. That wasn't an election as such. It was done as an experiment and the purpose was to find out who would choose who. We appreciated your participation.

Mr. C: Oh! It was fun.

The authors have attempted to illustrate the carry-over effects of actually involving the patients in the administration of a sociometric exercise. Although this researcher had entered the ward many other mornings in much the same manner, this kind of spontaneous behavior had not previously been observed.

IMPLICATIONS

Results of this sociometric study allude to at least three distinct uses of sociometry in a therapeutic setting. Sociometry may be used as a screening device within the larger institutional group population when assigning members to groups for psychotherapy. Sociometric data reveals status positions within a group as well as preferences of associations. Therefore, groups can be constructed for optimum therapeutic results by combining those individuals who both prefer to work together and are also more likely to work effectively together.

Secondly, sociometric exercises serve a facilitative function as a preparatory phase to group psychotherapy. Sociometric exercises stimulate interest and motivation as well as require persons to consider their choices. In this study, the opportunity extended to the patients on the ward to participate in a sociometric exercise was of enough significance to those individuals to initiate creative and spontaneous responses, not only immediately but for several days afterward. This may be, in part, due to the fact that such procedures provide a situation in which individual opinions were considered to be of interest and value and responses were accepted as correct and important. These factors enhance interaction and interpersonal relationships. Thus members enter group therapy at a more comfortable level. If this initial responsiveness could be supported during preliminary phases of psychotherapy much of the initial work in groups may be eliminated.

Thirdly, it has been established that emotional adjustment—the intended result of psychotherapy—can be measured through reciprocity in choice.

Therefore, sociometry—revealing reciprocity in choice—could be an important tool in evaluating results of group therapy.

SUMMARY

Sociometry is a significant measure of interpersonal relationships. In a study of psychiatric in-patients the sociometric exercise was discovered to stimulate interest and motivation, enhance interpersonal interaction and promote immediate and lasting therapeutic changes. Three distinct uses of sociometry for psychotherapy are: 1) sociometry may be used as a screening device for assigning group members; 2) sociometry serves a facilitative function as a preparatory phase to therapy, and 3) sociometry is an important tool for evaluating the results of therapy.

Sociometric measures can be used in such a way as to provide a much higher degree of interest and motivation on the part of participant subjects than is typical of most psychological measuring instruments (Lindzey, 1959).

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