

STUDYING ACTION SOCIOMETRY: AN ELEMENT IN THE PERSONAL GROWTH OF THE THERAPIST

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The field of Sociometry deals with the study of interpersonal relations in a group and the structure of the group at the same time. The purpose of Sociometry is to provide new ways of looking for answers. Action Sociometry addresses itself to the cultivation of the initiative and enthusiasm of individual group members to make choices that may be utilized in helping members design or reconstruct their futures. I believe that the therapist who has experienced and utilizes sociometric techniques in his practice will enhance his client's potential for therapeutic growth.

The preparation of competent group psychotherapists has been a concern of sensitive professionals as early as the late forties. At that time Dr. Samuel Hadden (1963) published a paper entitled, "The Use of a Therapy Group in Teaching Psychotherapy," presenting his views regarding the teaching of medical students. Today educators continue to search for and incorporate methodologies and techniques that enrich the armamentarium of the therapist. One such methodology—Sociometry—can significantly enhance professional performance. An understanding of this choice process and its impact as (1) a prime motivating force and (2) a creative growth facilitator can lead to enrichment of the quality of interactions among group participants and provide a sound base for all future personal growth.

A person grows only when he is committed to a belief in his capacity to grow. Growth is more than enrichment; growth blossoms from within. It is a life-long endeavor encompassing more than theoretical concepts and constructs. In growing, one allows himself to experience spontaneity, thus enabling himself to fully utilize his creative resources. It is this spontaneity that propels the individual toward an adequate response to a new situation or a new response to an old situation (Moreno, 1953:42). It is the catalytic element of the spontaneity-creativity dyad, the governing principle of sociometry, manifested in human beings and their relationships (Moreno, 1953).

Recognizing spontaneity as the precursor of creativity the sociometrically oriented therapist (1) focuses on positives and (2) identifies useful, constructive, self-perpetuating elements in the therapy situations of which he is a part.

He invites others to make contributions and identifies what really "is".

He deals with actuality. Only with this attitude will the therapist be successful in promoting candid, open exchange that encompasses a variety of points of view.

Spontaneous therapists appear more able to utilize themselves maximally and to trust their own innate capabilities. The projection of an attitude of confidence in, respect for, and appreciation of the individual is often reciprocal and helps create an atmosphere of trust, support and well-being, a milieu in which the client's potential for "risk-taking" is maximized. The expressed appreciation of others and their unique contributions is consistent with creative behavior and fosters the development and use of one's capacity for accomplishment and change. Creative group leadership involves (1) aiding clients in developing alternatives, (2) enriching identified possibilities, and (3) managing consequences, goals which may be experienced through action sociometric techniques such as role-playing, role-reversal, surplus reality, etc.

Acknowledging that group psychotherapy is based on the dynamics of interaction and the therapist is of importance because of his influence on the group process and milieu, it appears that the therapist's personal sociometric responsiveness is a vital factor in facilitating group growth. Dr. Grotjahn in his discussion of "Qualities of the Group Therapist" writes: "The contact between therapist and patient is probably the most important vehicle in therapy" (1971:757). There is evidence in current literature that irresponsible leadership can hurt clients. Dr. Allen Bergin of Brigham Young University and his associates have identified about a dozen studies that they considered well enough designed and carefully controlled to permit a fair assessment of the effects of therapy. The studies included various types of therapy and nearly 1,000 subjects—delinquent youth, disturbed teenagers, college students, outpatients with neuroses and hospitalized patients with schizophrenia. The effects of psychotherapy were summarized as follows:

Untreated Groups		Therapy Groups
40%	Improved	65%
55%	Unchanged	25%
5%	Deteriorated	10%

Assessment of these subjects showed that therapy helped an additional 25 percent but harmed another five percent of patients. Dr. Bergin suggests that the key factor in determining the outcome of therapy seems to be the quality of the therapist (1975). He found therapists who are psychologically healthy and have the capacity to form deep, trusting relationships with others appear to achieve more positive therapeutic

results. Therapists whose recorded sessions showed high levels of empathy, warmth and genuine concern had much better results than therapists who lacked these qualities.

Qualities attributable to the "good" therapist, as evidenced in a long term study by David Ricks and associates, include:

1. an interest in the more disturbed client
2. capacity to be affectionate
3. willingness to give time and effort to "sicker" clients
4. less concern about inner personality dynamics when improvement can be achieved by direct action and
5. personal follow-up with spontaneous visits by former clients

In contrast, the more ineffective therapist:

1. looks for "easy cases"
2. is easily depressed when confronted by a particularly unpromising client
3. likes details of case histories, fantasies and deep exploration of the personality and
4. becomes frustrated when clients have difficulty providing detailed descriptions (Bergin, 1975).

Therapists do not necessarily need to be paragons of mental health to be effective. Rather, acquaintance with one's own somatisms, anxieties and fears may provide him the basis for a kind of maturity similar to what the child attributes to his parents. More important, in the therapeutic alliance, the therapist must not fear his fears. Martin Grotjahn (1971) identifies the mature therapist as he who has learned how to deal with the inner and outer reality of himself. He is a student among people (his clients) who want to learn how to live.

The sociometrically oriented therapist is sensitive to the process of affiliation and analyzes the patterns of affiliative choice within his group to determine (1) the interpersonal relations of each group member and (2) the organizational structure of the group itself.

With a knowledge of action sociometry the therapist can introduce methodologies for clients to exercise sociometric choice—accept or reject persons according to objective criteria (which, incidently, is a characteristic of mature individuals). Since relationships are what therapy is all about, the sociometrically oriented therapist is able to guide clients in the use of choice, a prime motivating factor and optional ways of choosing so as to create new social atoms and sociometric networks. The client, through various action techniques, can design a new future and experience how tomorrow will be different. Changes in group structure contribute to the individual being perceived differently, reacted to differently and allow the individual the option of relating to the new group in an altered way.

A study of sociometry teaches the therapist to protect the client and to have inherent trust in the group. The group situation provides greater emotional and verbal freedom for the therapist, and the group is an effective "supervisor". The therapist who has been exposed to action sociometry and experienced himself working in a spontaneous, creative manner in relation to others will have also had the opportunity to experience others accepting and loving him just for what he is. The same group members who actively promote often painful self-disclosure will also protect the protagonist until he integrates and gains meaningful closure (Grotjahn, 1971). Unconditional acceptance will tend to act as a catalyst and lead the protagonist to develop a new perception of himself, promoting a beneficial effect on his life and life space (Moreno, 1972). Such an experience reasonably could enhance the therapist's empathy and sensitivity to the pain and joy, fear or other multitudinous feelings his clients experience in the growth process.

The group, because of its very nature, is more sensitive than an individual to the personality of the therapist (Berger, 1963). The therapist can role-model behavior in his interactions with group members, which they in turn can emulate and become extensions of himself. Dr. Moreno has noted that "the internal, material structure of the group is only in rare instances visible on the surface of social interaction; and if it is so no one knows for certain that the surface structure is the duplicate of the depth structure" (Moreno, 1953). (The depth structure becomes visible through action-filled situations i.e. sociodrama with its cocommittant social atoms and sociometric networks.)

Adequate training in sociometry for the group therapist should acquaint him with social factors affecting mental and emotional illness. He should be knowledgeable of action techniques effective in exploring the development and maintenance of affiliative relationships and understand the dynamics of interpersonal choice and its relationship to personal growth (Stein, 1963). Such training is not a matter of the therapist "picking up" some more skills, but rather the laying of a foundation for influencing his viewpoint of man. By viewing man as a social being, functioning in the context of others, one cannot possibly perceive man as a solitary creature. When the psychotherapist is oriented to view man in this manner he avoids the arbitrariness of stance and behavior suggested by Sadler (1969).

"If one emphasizes as basic states
of mind anxiety and fear while
ignoring trust and gratitude, one
will naturally see man as solitary
rather than in terms of solidarity"

The development of a therapeutic atmosphere in which individuals can experience the freedom to explore and be themselves with confidence in the support and understanding of other group members is a central goal of the therapist. The growth of the client will be promoted when he functions in a climate of acceptance and trust as he encounters the multiple facets of his human counter-parts in his group experience (Bonney: 1974). The sociometrically oriented therapist appreciates the existence of a process which attracts individuals to one another or repels them (tele) and recognizes this two-way, empathetic phenomenon is the basis of group cohesion, solidarity and stability (Moreno, 1953). Interpersonal attraction and interpersonal respect are essential to a cohesive group. The balance between these two elements will determine the maturity of the group.

The therapist who allows himself to respond to his intuitiveness will more readily restructure his personal role as client's needs alter. He may be called upon to be a facilitator, initiator, catalyst or supporter. Through careful manipulation of the environment he may sociometrically utilize space (territory) by means of role-reversal; time through future projection; and nonverbal communication through gestures, postures and eye-contact as vehicles in the promotion of client self-growth. The therapist's awareness, sensitivity and integrity in structuring growth experiences gains significance when he is aware that leadership style can contribute to negative therapeutic results. Group leaders' styles can be a major cause of group casualties (Bergin: 1975). "Sometimes a group succeeds in spite of the therapist," and when one believes in the innate value of the individual this risk factor appears deplorable (Bonney: 1974).

The sociometrically responsive group therapist who recognizes the choice process as a crucial motivating factor in creative growth, who is open, genuine and willing to guide clients in positive choice experiences and who utilizes action sociometry in spontaneous, creative ways is certainly in a position to enhance client's growth. Action sociometry methods allow the therapist and client to experience: ideas become real, issues become action alternatives and participants develop a greater consciousness and capacity to strive toward self-actualization.

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