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Emotional and Cognitive Responses in Role Playing

David A. Kipper
Varda Uspiz

The present study investigated the contention that different role-playing interventions predispose the players to respond in a predominantly cognitive or emotional manner. Twenty-seven subjects were randomly assigned to three role-playing conditions as follows: (a) a spontaneous simulation where the players portray the role freely as themselves; (b) a mimetic-pretend simulation where the players portray the role under an assumed identity; and (c) a mimetic-replication simulation where the players imitate a specific, and a familiar model. All the subjects role played a situation that involved a discussion with a person in distress. Content analyses of the subjects' responses confirmed the prediction. Subjects in the mimetic-pretend simulation produced more cognitive responses than those in the spontaneous simulation. The latter produced more emotional responses than subjects in the other two simulation conditions.

Several psychological justifications have been offered in support of the application of psychodramatic interventions in psychotherapy. Among the frequently mentioned ones is the contention that psychodrama and role playing follow an existential approach; that they model themselves after life and, therefore, represent a natural mode of expression. Other justifications emphasized the facts that these interventions tend to intensify the clients' involvement in their treatments, that concretization promotes insight, and that enactment facilitates catharsis (e.g., Biddle, 1979; Blatner, 1973; Moreno, 1964). Recently, Kipper (1982) added to these the hypothesis that simulation constellations serve as means for activating a variety of psychological processes. Ac-

cording to this, different role-playing interventions and situations are associated with different processes. To test the validity of such a hypothesis, a model for behavior simulation was proposed in which behavior under simulated conditions was classified into three categories (or patterns) labeled spontaneous, mimetic-replication, and mimetic-pretend. The characteristics of these three categories may be briefly summarized as follows:

The *spontaneous* category refers to simulations in which the player behaves under his or her own natural identity. The portrayals are governed by processes that characterize the player's unique personality and follow internal (or internalized) models. The *mimetic-replication* category refers to simulations in which the player attempts to imitate, as accurately as possible, the performance of someone else. The imitated behavior emulates an external model, visible or vividly imagined, with whom the player is thoroughly familiar. It is important to note that in this model the player retains his or her own identity and only the elicited behavior is borrowed and copied. The *mimetic-pretend* category refers to simulations in which the player is required to assume the identity of another person (an external model) with whom he or she is *not personally or thoroughly familiar*. Typically, because the information given to a player under mimetic-pretend conditions is general or scant, he or she feels the need to supplement the missing data with personal input. The player behaves as if he or she is someone else. Sometimes, of course, simulated situations may represent a combination of two or three categories, but usually one is dominant.

Of the three categories the *mimetic-pretend* simulation is rather unusual, if not unique, because it captures the "as if" characteristic of role-playing interventions.

The present study focused on identifying one psychological attribute of the mimetic-pretend pattern. Specifically, the hypothesis was that it tends to encourage a cognitive outlook. The rationale was that, in portraying a role under an assumed identity, the player may find it easier to examine the content of his or her performance from a wider perspective. The process of distancing oneself from personal involvement was expected to prompt the player to respond to the issues at hand in a rational, more than an affective, manner. In comparison, the spontaneous pattern, given its focus on self-involvement, was thought to encourage affective outlook and emotional responses. The mimetic-replication was thought to represent a mixture of these two.

An indication in support of this hypothesis may be seen in an earlier study (Kipper & Har-Even, 1984). That study showed that subjects who role played under a mimetic-pretend condition demonstrated a

tendency to inflict more pain, as measured by the readiness to administer electric shocks, than subjects who role played under a spontaneous condition. When asked to whom they attributed the success of their performance—themselves, the instructions, the method, or chance—the former responded in what was interpreted as a more impartial manner. The indication of a greater impartiality was thought to lend some support to the rationale concerning mimetic-pretend simulations.

Several investigators have addressed the role of cognitive and emotional processes in interpersonal relationships. One area in which it has been recently raised was empathy. There, research began to focus on the question of whether empathy is based, as maintained by conventional thinking, on emotional processes or is governed by cognitive processes. The new approach tended to emphasize the role of cognitive process (Buie, 1981). Accordingly, empathy could occur as the result of cognitive process alone, that is, through perceptual comparisons of the needs of the subject of the empathy and the abstract concepts held by the person who empathizes. It should be pointed out, however, that Buie (1981) and others (Smither, 1977) maintained that empathy could be the result of an interaction between both cognitive and emotional processes. The debate led to the hypothesis that there might be two kinds of empathy: one that is primarily based on cognitive processes and another that draws on cognitive processes. But the circumstances that produce each of these kinds of empathy are not yet sufficiently understood.

Although the present study was not designed as an investigation of empathy, in a generic sense its purpose is similar to that mentioned above. Specifically, it was set up to identify the conditions that lead to the emergence of cognitive and emotional processes in the area of role playing. Thus, it was predicted that mimetic-pretend simulations will stimulate the players to produce cognitive responses more than spontaneous simulations. Spontaneous simulations, on the other hand, will result in more emotional responses, whereas mimetic-replication simulations were expected to elicit an even balance between cognitive and emotional responses.

Method

Subjects

The subjects were male and female first-year psychology students at Bar-Ilan University, Israel. The initial sample included 60 students who were administered the empathy inventory originally designed by Mehrabian and Epstein (1971). The inventory contains 33 statements,

each requiring the respondent's agreement or disagreement on a scale ranging from -4 (strong disagreement) to $+4$ (strong agreement). It was reported to have satisfactory reliability and validity with internal consistency of $r = .84$. It has been also found to be unaffected by social desirability ($r = .06$). Since there was good reason to suspect that the quality of the subjects' performance on the experimental tasks could be affected by levels of empathy, it was deemed necessary to select individuals with similar empathic ability. Thirty subjects who scored within ± 1 standard deviation of the group's average were invited to take part in the study, which was described as "an investigation of some characteristics of role playing."

The subjects were randomly assigned into three simulation groups of 10 participants each. One-way ANOVA showed no significant difference among the three groups on empathy. Of the selected 30 subjects, one failed to show up and two additional subjects had to be dropped because most of their responses to the experimental task were unscorable. The final sample, therefore, included 27 subjects; nine in each simulated condition (group).

The Simulated Conditions and Procedure

The episode that all the participants were asked to role play involved a brief conversation with a female, actually a confederate, who portrayed a person in mild emotional distress. The subjects were asked to listen to the confederate, each one individually, and comment on her attempt to share her complaints and feelings with them.

The conversation, however, was conducted under three different conditions following the model proposed by Kipper (1982). Thus, subjects in each group were assigned to one of the following three role-playing conditions.

1. *The spontaneous condition.* In this condition, subjects were asked to respond naturally, being themselves (under their own identities). The confederate was introduced as a friend who needs to talk with someone. The friend described her predicament and stopped every 30–45 seconds for a period of 30 seconds. During each pause the subjects were asked to make comments and observations on her predicament by speaking to a tape recorder. The subjects were asked to talk with the confederate and help her. But during the pauses they were told to tune into their own thoughts and feelings and say these aloud. This procedure is based on a paradigm for measuring articulated thoughts during simulated situations (Davison, Robins, & Johnson, 1983) that provides virtually "on-line" assessment of cognition during experimenter-controlled interpersonal situations.

2. *The mimetic-pretend condition.* In this condition, subjects were asked to imagine that they were experienced clinical psychologists (role playing under an assumed identity). The role they were expected to portray was that of a senior, well-respected psychologist who worked in a clinic. The confederate was introduced as a client who came for therapy. The conversation itself followed in the same manner as that described in the first condition, including the procedure of eliciting and recording the psychologists' responses.

3. *The mimetic-replication condition.* This condition was presented to the subjects in the same way as the first, spontaneous, condition. The important exception was, however, that before the beginning of the role playing proper the subjects listened to a recording of another brief conversation specifically made for the experiment. It provided a model of a person who made empathetic comments on a conversation involving a different topic. The subjects were asked to pay attention to the comments and do the same in their subsequent role-playing portrayals. Again, the role-played situation was the same as that described in the two other conditions, including the procedure of eliciting and recording the subjects' responses.

Before the beginning of each of the first two episodes (i.e., the spontaneous and the mimetic-pretend), subjects were warmed up briefly. The warm-up period lasted 3–4 minutes and its purpose was to prepare them for their coming performances. Subjects were interviewed in their respective roles and asked to provide details about their role-playing identities. In the third condition, listening to the modeling tape constituted the warm-up period.

The role-playing episode was conducted individually and lasted 10 minutes. The confederate's role was the same in all the conversations. Following the role playing, subjects were asked to respond to four questions. They were asked to rate their involvement in the portrayed role, the degree of their identification with the role, the extent to which the role was real to them, and the difficulty of the task they performed. The answers to these questions were arranged on a 6-point scale ranging from 1 = very little to 6 = very much.

The subjects' recorded comments during their conversations were transcribed and divided into content units. Each unit was analyzed according to its cognitive and emotional content. Units with more cognitive elements were classified as cognitive responses. Units with more emotional elements were classified as emotional responses. Units that could not be scored for either their cognitive or emotional contents, such as, "I don't know what to say," "go on," or "right now I have nothing to say," were discarded.

The guidelines for coding units as reflecting a cognitive approach were statements that reflected an attempt to look at the confederate's difficulties as an impartial observer, to diagnose them without elaborations, or statements that reflected an attempt to identify or interpret the root or roots of the confederate's predicament. The guidelines for coding units as reflecting an emotional approach were statements that indicated an attempt to empathize with, restate, or rephrase the subjective mood and feelings of the confederate or statements that showed an attempt to elaborate on the confederate's feelings.

The following illustrate statements (units) produced by subjects and their coding. The classification of the statements is marked by *c* for the cognitive category, and *e* for the emotional category. It should be remembered that all the given statements were phrased in the third person because the subjects were asked to soliloquize to a tape recorder rather than respond directly to the confederate. The cognitive and emotional characteristics of the subjects' responses, however, become more apparent if one translates the reference from the third person (she or her) to the second person (you and your).

She is lonely and must feel unloved (*e*). It seems to me that her difficulty lies in the ability to communicate with others and not in her personality (*c*). The problem is that she is in the wrong social company (*c*). She must be very disturbed and depressed from being lonely for so long (*e*). She feels people take advantage of her and I can see that she resents this (*e*). She is very frustrated and angry and feels helpless (*e*).

I think that her depression is not related to an actual situation (*c*). Part of the problem is that she is not willing to change the situation by herself and expects someone else to do the job for her (*c*). She should take the initiative, even if it may look somewhat artificial (*c*). She sounds quite dependent, it must hurt (*e*).

Results

The subjects' responses were coded by two independent judges, who were unaware of the respondents' affiliation with any of the three simulation conditions. The Pearson product-moment correlation between the raters was .72. The distribution of the judges' ratings of the two response categories in the three simulated conditions was very similar. Separate chi-square analyses for each judge showed significant results and in the same direction (40.31, $p < .01$ and 41.24, $p < .01$, respectively). Therefore, the ratings of the two judges were combined. Table 1 shows the combined results of the frequency of the cognitive and emotional responses observed in the spontaneous, the mimetic-

pretend, and the mimetic-replication conditions (total) along with their means and standard deviations.

A chi-square analysis for the combined ratings showed a significant result of 72.28, $p < .01$. In order to determine the sources of the differences in the distribution of the responses, a series of t -tests were conducted. The results were as follows: Subjects in the mimetic-pretend simulation produced more *cognitive responses* than subjects in the spontaneous simulation— $t(16) = 4.45$, $p < .01$ —but not more than subjects in the mimetic-replication simulation— $t(16) = 0.08$. Mimetic-replication subjects also produced more cognitive responses than subjects in the spontaneous simulation: $t(16) = 4.69$, $p < .01$. Subjects in the spontaneous simulation produced more *emotional responses* than subjects in each of the two other simulation conditions— $t(16) = 6.52$, $p < .01$ for mimetic-pretend, and $t(16) = 3.64$, $p < .01$ for mimetic-replication. Subjects in the mimetic-replication simulation tended to produce more emotional responses than subjects in the mimetic-pretend simulation: $t(16) = 2.09$, $p = .049$.

Answers to the four questions on involvement were classified into two categories on the basis of earlier findings (Kipper, Har-Even, Rotenberg, & Dagan, 1982). These were general involvement (three questions) and reality of the role (one question). Table 2 presents the means and standard deviations for the subjects' responses on these two issues.

The results of a one-way ANOVA showed that there were no significant differences among the three groups of subjects with regard to both categories of involvement ($F(2, 24) = 0.41$ for general involvement,

TABLE 1—Scores, Means, and Standard Deviations for Cognitive and Emotional Responses of the Subjects in the Three Simulation Conditions (Two Judges Combined)

Responses	Simulation conditions		
	Spontaneous	Mimetic-pretend	Mimetic-replication
Cognitive			
Total	30	83	82
<i>M</i>	3.33	9.22	9.11
<i>SD</i>	2.64	2.94	2.57
Emotional			
Total	68	11	28
<i>M</i>	7.55	1.22	3.11
<i>SD</i>	2.69	1.09	2.47
<i>n</i>	9	9	9

TABLE 2—Means and Standard Deviations for Levels of Involvement in the Three Simulation Conditions

Responses	Simulation conditions		
	Spontaneous	Mimetic-pretend	Mimetic-replication
General involvement			
<i>M</i>	3.88	4.26	4.10
<i>SD</i>	0.84	0.63	1.10
Reality of the role			
<i>M</i>	3.77	4.22	3.55
<i>SD</i>	1.92	1.48	1.13

and $F(2, 24) = 0.43$ for reality of the role). Evidently, the subjects' level of involvement in their role-playing tasks was quite similar in all three simulation conditions.

Discussion

The results confirmed the prediction that mimetic-pretend simulations tend to increase cognitive activities. Those who role played under mimetic-pretend simulations produced more cognitive responses than those who role played under spontaneous simulations. Conversely, the behavior of the latter was marked, again as predicted, by the predominance of the emotional responses.

Psychologically, the adoption of a more pronounced cognitive outlook facilitates an impartial, broad, and logical mode of relatedness. It fosters a task-oriented behavior. The adoption of a more pronounced emotional mode of relatedness, on the other hand, facilitates self-involved orientation. The former is typically associated with problem-solving processes, whereas the latter is traditionally thought of in connection with cathartic processes. In rendering psychological treatments, there are times where therapeutic progress requires that one orientation be emphasized more than the other. One interesting implication of the present findings is that a proper and thoughtful design of the simulation conditions is a relatively simple clinical procedure for activating these processes.

Furthermore, the outcomes seem to lend further credence to the basic premise underlying the behavior simulation model proposed by Kipper (1982). That model divided simulated behavior into three main categories or modes of behavior. The claim was that such a classification was justified under the theory that different simulation constella-

tions activated different psychological processes. The present study showed that, indeed, two of the categories, the spontaneous and the mimetic-pretend simulations, elicited responses of different psychological quality. The results for the subjects in the mimetic-replication simulation differed only from those of the spontaneous group. There is good reason to suspect, however, that mimetic-replication subjects failed to differ from each of the two other groups because their responses were not completely voluntary. They were predicated on the performance of an external model.

Another implication is that the results contribute to the understanding of clinical observations concerning the outcomes of certain psychodramatic interventions. For example, it has been repeatedly observed that when an inhibited protagonist is asked to reverse role with someone else and then asked to talk, in the role of the other person, about himself or herself, the hitherto inhibited self-disclosure tends to disappear. The present findings provide an explanation for this phenomenon. The role-reversal situation, a classic mimetic-pretend simulation, tends to depress the emotional mode of relatedness and instead activates a cognitive attitude. The depressed emotionality reduces the influence of the inhibition. The increased cognitive perspective enhances logical outlook and impartiality, hence the emergence of a greater self-disclosure.

Another illustration refers to the commonly raised claim that reversing role with someone else is an act of guidance, a way of learning to understand the other. What is the psychological process that triggers such learning? The traditional answer is empathy. The present finding would add that role reversal adds a cognitive dimension to the experience of the other and promotes conceptualization, that is, an essential process for learning.

The last of the examples pertains to the recommendation that the action stage portion of psychodramas should begin with the protagonists in the role of themselves. The present findings provide empirically based support to that recommendation. It concurs with the contention that a session must start by offering the protagonists the best opportunity to express themselves. Behaving under their own identity is a simulated condition, a classic spontaneous simulation, most conducive for emotional expression.

The present findings allude to a practical implication. All the basic psychodramatic techniques—the self-presentation, the aside, role reversal, the double, to mention a few—can be classified under one of the spontaneous, the mimetic-pretend, and the mimetic replication categories, although some may represent a combination of two categories.

Identifying the kinds of psychological processes associated with each role-playing intervention increases the likelihood of using the techniques more effectively. It forms a better fit between techniques and the desired therapeutic goal.

Mimetic-replication was found to increase cognitive responsiveness as much as mimetic-pretend. On the other hand, it tended to stimulate emotional responses more than mimetic-pretend. While these results are in the expected direction, a greater balance between cognitive and emotional responses was anticipated. It is not clear whether or not the present findings indicate a general characteristic of mimetic-replication simulations. There is an inherent difficulty in this kind of behavior that makes it different from the two other simulated behaviors. The behavior displayed through mimetic-replication is not entirely voluntary and depends on the particular example offered to the subjects by the external model. Therefore, it is quite possible that the particular model used in the present study actually responded in a cognitive manner. Perhaps other kinds of models would have influenced the subjects to produce a different distribution of cognitive and emotional responses. Conclusions concerning the effects of mimetic-replication simulations must await further research.

With regard to the issue of involvement, the results showed no significant differences among the subjects in the three simulation conditions. But all three groups were quite involved. The data pertaining to the level of their involvement reveals a range of $M = 3.55$ to $M = 4.26$ on a 6-point scale. Such a moderate degree of involvement is not unusual in role-playing studies when only brief episodes are enacted. Demonstrated involvement is a prerequisite for drawing any meaningful conclusions from the data (Geller, 1978).

Application of the procedure developed by Davison et al. (1983), which records the subjects' inner thoughts and feelings during the enactment, opens a new avenue for studying psychological processes as they evolved in the course of role-playing portrayals. It has clear advantages over the traditional method of asking subjects for their responses at the end of their role-playing tasks. This procedure also fits very well in the practice of psychodrama. In fact, one psychodramatic technique, the aside, is based on an identical notion. Therefore, the aside technique may be used in future studies as an experimental procedure for following the development and formation of attitudes or problem-solving strategies.

Finally, the study points to questions that need to be clarified in future research. For instance, would the mimetic-pretend condition cause a predominance of cognitive responses when the subjects' com-

mitment to their role is intense? Or is it a phenomenon that becomes evident only under moderate involvement? In other words, is there a correlation between the subjects' own evaluation (or that of objective observers) of how *well* they perform the role and the level of emotional responsiveness? Another important issue that awaits further investigation concerns the characteristics of the mimetic-replication simulation. For example, is it true that the primary effect of this simulation condition is restricted to the acquisition of skills? Or does mimetic-replication result in the imitation of both the skills and the attitudes of the teaching model? It is hoped that answers to these, as well as other questions, will clarify the underlying dynamics of role playing and simulation interventions.

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Call for Papers

The Association for the Study of Dreams announces its fourth annual conference to be held June 1-7, 1987, in the metropolitan Washington, D.C. area. Copies of the Call for Papers can be obtained from Dr. Kathy Belicki, Psychology, Brock University, St. Catharines, Ontario, Canada, L2S 3A1. Conference registration and membership information is available from ASD, P.O. Box 3121, Falls Church, Virginia 22043.

The Conspiracy of Silence Revisited: Group Therapy with Adult Survivors of Incest

Kate F. Hays

Group therapy is increasingly recognized as a treatment of choice for adult survivors of incest. The client, however, must confront earlier issues when entering the group or deciding to speak, once in the group. Despite wanting to participate, the client may keep silent because of concerns about secrecy, trust, and distrust; family loyalty, compliance, parentification, and family role relationships; denial, dissociation, and identity; the effects of disclosure; intimacy *versus* isolation; control; and survivor guilt. Resolution of these issues strengthens the client's sense of self. Relevant case examples are cited.

"People in distress will sometimes prefer a problem that is familiar to a solution that is not." (Postman, 1976)

Silence is central to the experience and perpetuation of incest. Because the taboo against talking about it is stronger even than the taboo against doing it, we are *all* handicapped by incest (Sauzier, 1986). "This kind of self-protection [silence] is employed by all of us in an attempt to shield ourselves from the reality of incestuous behavior" (Butler, 1978, p. 9). At the same time, as a society we increasingly recognize and acknowledge the pervasiveness and destructiveness of incest (Russell, 1986). The silence, thus, is broken.

Two levels of exposure are occurring: current instances of incest are disclosed; past histories of incest are admitted. Adults—predominantly women, who are both primary victims (Russell) and primary treatment-seekers (Herman, 1981)—are increasingly coming to terms with

their own incestuous histories. This focus on historical trauma can be understood as resulting from a number of factors.

1. The nature of the experience itself: Incest involves massive denial and repression. Often recognition of one's history only emerges long after the fact, as is characteristic of post-traumatic stress disorder (Blake-White & Kline, 1985; Gelinas, 1983; Lindberg & Distad, 1985).

2. Clinician sensitivity: Increasingly, questions concerning a history of abuse have become part of the therapist's initial examination (Bergart, 1986; Herman, 1981; Swanson & Biaggio, 1985). Although clients may not volunteer a history of incest, they tend to respond truthfully if inquiry is made (Blake-White & Kline, 1985; Gelinas, 1983).

3. Client openness: In part because of the increased public attention both to the trauma of incest and its continuing effects on the adult survivor (Forward & Buck, 1978; Lindberg & Distad, 1985; Russell, 1986), more women are coming into therapy acknowledging an abusive past or seeking treatment specifically for the deleterious effects of that past (Blake-White & Kline, 1985; Faria & Belohavek, 1984). Thus, both therapist and client are sensitized to the area as one of legitimate inquiry.

As women seek help for their incest-related problems, group therapy has emerged as a treatment of choice. Within the past few years, descriptions of group treatment have proliferated (Bergart, 1986; Blake-White & Kline, 1985; Deighton & McPeck, 1985; Faria & Belohavek, 1984; Forward & Buck, 1978; Goodman & Nowak-Scibelli, 1985; Herman & Schatzow, 1984; Wooley & Vigilanti, 1984). "It's the good family you never had," commented Susan Forward on her national radio talk-show (1986). The use of homogeneous groups—whether self-help, support, educational, or insight-oriented—is part of the *Zeitgeist* of specialization and consumerism.

Group therapy seems uniquely suited to address some of the major issues with which adult incest survivors struggle. Groups allow for the possibility of decreasing the interpersonal distrust and isolation endemic to the incest experience, obtaining validation of one's own experience and coping skills, thus undoing a history and self-perception of learned helplessness, self-acceptance as a response to increased disclosure of one's history, the development of new skills and supports in relation to others equally victimized, and a more active stance in familial relationships (Bergart, 1986; Courtois & Watts, 1982; Forward & Buck, 1978; Goodman & Nowak-Scibelli, 1985; Lubell & Soong, 1982; Tsai & Wagner, 1978). Groups provide a pathway toward the creation

of new meaning, allowing a way to transcend the trauma. The client "turns from victim to survivor" (Herman, 1986).

With great enthusiasm, curiosity, and belief in the special efficacy of this kind of treatment for this type of client, I organized a group for women who had been incest victims in childhood. Living primarily in a rural setting, the women varied demographically with regard to age, social class, sexual orientation, and current family structure. The therapy group has had one leader, membership has been open, and length of stay open ended. The therapist's orientation has combined psychodynamic and cognitive behavioral principles. The details of the group are mentioned not only for purposes of generalizability but also because it is recognized that some of the features of this group—particularly the single-leader, open-ended, and unstructured group—may have led to an intensification of some of the issues discussed below.

As had been anticipated, the group format allowed extraordinarily healthful resolution of the trauma of incest. At the same time, it has become increasingly clear that the very factors that make group therapy the treatment of choice are often those that make it excruciatingly difficult for incest survivors to enter such a group in the first place. Likewise, these factors exert a powerful negative influence for the survivors once in a group. Breaking the silence, doing the work necessary for the resolution of one's own history, seems fraught with danger. Like an endless continuation of the original trauma, the resistance to the group process reflects the need for continued secrecy: "I cannot say anything." It is as if the conspiracy of silence were being revisited.

The themes, which imbue the incest experience as it is occurring, are revived and played out as a client contemplates joining a therapy group, or, once in it, considers being an active member of the group. One can follow each of these themes, from its manifestation in the original incest experience itself, through the decision to join an incest survivors group, and then into the group process itself. In the discussion that follows, these themes are illustrated through the experiences of women who have been in three such groups during the past two years.

Themes and Recapitulations

Secrecy: Trust-Distrust

The core of the incest experience, distilled to its essence, is triangular: an exclusive relationship* with an untrustworthy father, and a physically and emotionally "charged" secret withheld from a nonpro-

*Father-daughter incest, representing as it does the most frequently occurring incestuous pairing, is used throughout this article when speaking paradigmatically.

tective mother (Gelinas, 1983; Lindberg & Distad, 1985; Wooley & Vigilanti, 1984). Incest is begun and maintained on a foundation of secrecy. It thrives on an entire reversal of trust: he who is most untrustworthy is trusted; she who should be trusted is unavailable. The girl "is afraid of defying her father and feels that her mother cannot or will not do anything to protect her" (Blake-White & Kline, 1985, p. 395). Angry at her mother for not protecting her, the girl may attach that much more closely to her father in order to assuage her sense of loss.

Breaking through these issues in individual therapy is a complex task. Having shared her secret with the individual therapist, the client contemplates group therapy with marked trepidation at the thought of "having to tell it all over again." This time it feels as if the story will be told in public. This time, there will be more than one listener, and the others will be "real." They cannot be discounted, as can the therapist (Bergart, 1986). While disclosure to the therapist is vital to treatment, there remains an element of secrecy in the individual therapist-client relationship (Bergart, 1986; Herman, 1981).

If the client has been in individual therapy with a male therapist and is entering a female-led group, there is strong potential for an affective replication of the earlier incestuous triangle (Goodman & Nowak-Scibelli, 1985; Herman & Schatzow, 1984). Unless confidentiality is waived, "splitting" of the therapists is almost inevitable: the client becomes angry and withholds in group, sees the group therapist as cold and distant, and flees back to the safety and secrecy of her individual therapist. This reenactment was prevented in Carla's* situation only by frequent communication between the therapists and isometric handling of Carla's presentation. On an almost predictable basis, Carla announced that she was leaving the group: she needed a vacation from this emotional work or she had resolved all her problems. Predictably, the group members pointed out to her what work she had done and still needed to do, and by the end of the session Carla would once more have settled down. The same gyrations in individual therapy yielded the same outcome.

Once a client joins a group, the question of trust is central. With a mental template that women (and therefore one's peers, and therefore oneself) cannot be trusted, it seems as if there is no one to trust. An apparent contradiction to this particular conclusion occurred with Maxine. Initially she felt extraordinarily safe in the therapy group. "It's almost comforting to be here," she commented. She was reminded,

*Although all case descriptions and quotations are true, all names and identifying information have been changed to protect clients' privacy.

she said, of being with her sisters. Her sense of security, however, was at the expense of disclosure: while growing up, none of the six sisters had spoken to each other about what was happening between them and their father. The price of safety was to say nothing. In the therapy group, Maxine became the last person to share her history, and in fact pressured her penultimately disclosing "sister" to hold out, in an exclusive we versus they pairing. She could trust only so long as there was silence.

During the incestuous time, the girl often maintained the secret despite desperately wishing that her mother knew what was occurring. She may have felt unable to tell her or have hinted or told her mother in such a way that her mother did not hear or appreciate what was occurring. Sensitive to her mother's moods, for example, Jennifer waited until her mother was in a good mood to divulge her secret. Timing her disclosure to the moment when her mother was bidding farewell to some guests, Jennifer tentatively told her mother that she hurt "down there." Brusquely and distractedly, her mother dismissed her with the advice to put some vaseline on the sore area. In the therapy group, Jennifer impulsively shared bits of her history. For months, however, she did not reveal some of the major complexities and destructive entanglements of her current life. Celia was totally silent in group for a few weeks. When asked what was going on, she revealed that she was feeling jealous of the attention being paid to other group members. In effect, she recognized, she was testing out the therapist (Bergart, 1986), as if to say: "I won't say anything, to see if you love me enough to ask."

Family Loyalty

As with other traumatic family constellations, a fierce and protective loyalty to the family develops and persists (Gelinias, 1984; Goodman & Nowak-Scibelli, 1985; Tsai & Wagner, 1978; Woititz, 1983). "Don't say anything if you can't say anything good," was one of the major precepts by which Maxine's family lived. Growing up, Maxine told no one of her father's drinking, stupors, and rages or her mother's simultaneous subservience and abdication of spousal relations. Instead, she explains,

I would only tell somebody else the wonderful, positive things. I can remember even as a young mother not wanting to say anything negative about my own kids. Of course all kids make a mess and I knew it, but I would never tell *you* that they did that. It was: I picked this spoon up and it went perfectly into their mouths. I made a decision that I was not going to be negative; that was going to be my program. Very positive. It just seems better for you.

As she considers entering group therapy, the woman confronts her internalized familial negative injunctions. "If I talk about it," she thinks, "I'll betray my family." This feeling is experienced in the present, even if the history is old. Heather's father had been dead over 40 years, yet she said:

If I bring it [the incest history] up, I'm hurting my father. I feel awful for even working with it. I feel I'm needing to protect him, that I'm responsible for the well-being of my father.

This same hesitancy occurs within the group. Maxine described having the sensation that, just as she was ready to talk, "a clamp comes over my mouth," and she would feel unable to speak. Harriet restrained herself, even though she had been in the group for a number of months, had heard others share their histories, and wanted to do so herself. Abandoned in infancy by her mother, Harriet's physically and mentally abusive aunt had been the only adult available to be a parent to her. To have disclosed her aunt's deliberate starvation of her, or her cousin's peanut butter and jelly sandwich bribes, would have been to risk extrusion. Twenty years after the fact, she still operated on this belief. It was not until she explicitly asked each member of the group if she had permission to tell her story that she felt able to do so. "It's hard for me to express any kind of feelings because I was never allowed to. I have the feeling that my aunt's going to find out that I'm telling on her son," she explained.

Compliance, Parentification, and Family Role Relationships

Characteristically, the incestuously abused child is excessively compliant within the family (Russell, 1986). In the literature she is described variously as "the little mother" (Goodman & Nowak-Scibelli, 1985) or "parentified child" (Gelinas, 1985). In the paradigmatic father-daughter incest situation, the mother may herself have been the primary family caregiver in her family of origin. While attracted to a man with strong dependency needs, she feels "emotionally depleted and exhausted" (Gelinas, p. 320). The loyal daughter fills the void created by her father's emotional need and her mother's emptiness. She is given and subsequently takes on the role of caregiver and nurturer of the family, responsible for the physical, social-emotional, and, ultimately, sexual needs of the family. Her own needs are subordinate to those of her family (Butler, 1978).

In therapy, the woman may present herself as highly accommodating. Despite marked anxiety and discomfort, she acquiesces to the indi-

vidual therapist's recommendation and agrees to enter group therapy. As the actual time of screening for group therapy or the first session nears, anxiety exceeds compliance. The likelihood that she will not appear for the appointment is extraordinarily high (Bergart, 1986). Within one group, this phenomenon became practically a running gag: one week, I would announce the imminent arrival of a new group member, only to report the following week that this person, too, had suddenly become ill, been injured, or in one way or another decided to put off joining the group. Alternatively, and equally impulsively, a few women have made a precipitous leap into the group. After months of indecision about joining the group, for example, Amy suddenly proclaimed that the group was the perfect salvation for her, just as her life became markedly chaotic. Similarly, after considerable ambivalence and an apparent decision that she would not join the group, Heather appeared one day a few minutes before the group session, announcing that she was ready to start.

Although a high initial drop-out rate might be anticipated, once having joined the group few women drop out. This may reflect the group loyalty and identification characteristic of a homogeneous therapy group (Brown & Beletsis, 1986). The issues of compliance and parentification appear, rather, in the client's focus on others' needs to the exclusion of her own. Common reasons for keeping quiet in group include:

"She needs the time to talk."

"I'm afraid the other group members won't be able to handle it."

"I don't want to take too much time."

"I don't want to hurt them—to give them more pain than they've already had."

Group members are re-cast as siblings, and the therapist as mother and/or authority (Bergart, 1986; Brown & Beletsis, 1986), with almost Procrustean vengeance. Carla felt very distressed, perceiving herself as thrust once again into the role of the middle child. Some people had been in the group longer than she, while others were more recent arrivals. This was, she decided, a replication of her childhood experience: she was in the middle and was therefore the "misfit" she had felt herself to be as a child. Similarly, Maxine's need for Harriet to remain loyally silent along with her seemed to result in part from Maxine's membership in a twinship.

Denial, Dissociation, and Identity

Repression and denial are among the most characteristic responses to the trauma of incest (Lindberg & Distad, 1985; Russell, 1986). Between perpetrator and victim, and within the family system, the prohi-

bition against knowledge or acknowledgment makes denial an adaptive coping mechanism.

I can't tell about my feelings. My feelings are the ones that don't count. My feelings don't matter. That goes back to my grandfather saying how good it felt when it didn't—when I was bleeding. It didn't feel good, but I never said, "No, it doesn't, Grandpa." I just acted like my feelings must not matter. And now, if I have my own opinion, it doesn't even have to be really negative, but if it differs slightly, I'll keep it to myself.

Membership in a group for adult survivors of incest directly challenges the protective denial (Brown & Beletsis, 1986). "When you spend so much time not wanting to get in touch with the pain," commented Maxine, "you're not too excited about doing it, you know." Anticipation of joining such a group is alternately terrifying and exhilarating. "If it happened to others, I'll have to recognize that it happened to me," remarked Theresa.

Because of the simultaneous power and denial of the traumatic reality, dissociative characteristics may develop (Blake-White & Kline, 1985; Gelinis, 1983). The person grows up feeling as if she has two selves, one private, one public. The private self has been carefully protected for years, hidden behind a mask of public pleasantness. Having to give over that private self to public awareness may create a sense that part of oneself will be lost when the private self is acknowledged aloud.

Maxine brought an oil painting in to show the group. In it she had painted the heads of two women, each staring out at the observer. The head of one, superimposed above and seemingly protecting the other, was more visible and defined. The lower head, almost translucent, indicated vulnerable tenderness. As with her painting, Maxine wondered what would happen—would she lose part of herself if she told her story, exposing that part of herself to the light of shared knowledge?

A few women have shown signs of major psychological decompensation, requiring at least brief hospitalization at the point of group entry. Seen as coincidental at the time, in retrospect the decompensation may, at least in part, have been directly related to group entry and these questions of identity.

Once the client is in a group, denial is, of course, the perfect mechanism to justify silence. One of the important characteristics of group therapy in general is a sense of respite: "My situation wasn't as bad as . . ." (Bergart, 1986). In this kind of group, with the additional impetus of parentification of other group members, this sense of relief about one's own past may come to full flower as sufficient justification not to talk. With regard to the split between the private and public selves, the group can

become another ground on which to play out the continuing feeling that "if they truly knew me, they wouldn't accept me."

Effects of Disclosure

As children, many victims feel unable to let others know what is occurring. Disclosure creates major familial disruption (Swanson & Biaggio, 1985). Typically, the family's shock and outrage is followed rapidly by disbelief and denial. Adding injury to injury, as it were, disclosure at times leads to further betrayal or exploitation. Jennifer's mother never quite understood her child's hints about her paternal grandfather. When as an adult Jennifer finally told her mother what had occurred, her mother's first response was, "Why didn't you tell me earlier?" This demand was followed immediately by: "Don't tell your father. It would kill him." Olga told her brother about what her uncle was doing; Barbara spoke to a male cousin about her stepfather. In both instances the young men took this information as license to begin their own sexual relationships with these young women.

As she thinks about entering the group, then, the client may expect that "nobody will believe me." She may anticipate that disclosure will further endanger or damage her. It is not only the lay public who deny, blame, distort, or exploit the disclosed information: some clients have had negative experiences in disclosing an incest history within therapy. The destructive spectrum of responses ranges from avoidance and denial by the therapist to overidentification with the victim (especially on the part of female therapists) or overidentification with the perpetrator (particularly on the part of male therapists) to seduction of the client by the therapist (Butler, 1978; Courtois & Watts, 1982; Ellenson, 1986; Herman, 1981). Thus, the relationship with a new clinician may not be anticipated as entirely therapeutic. These previous experiences may add to the hesitancy the client feels about group entrance.

The same expectation of being disbelieved or betrayed imbues the group silence. Theresa said:

Even though I come here strong, it seems like when I leave I've told another little piece, and I wonder: Are they going to connect it with any of the other little pieces? Are they going to know who I am? I still feel like I have to hide. I'm still keeping it hidden from my family. I don't feel safe because they don't know. I have your word that it's not spoken of outside of here, yet I still have the feeling that: they're all my mother's age, maybe they know my mother, maybe they have secret meetings after. I'm just so conscious of her, like she's all around.

This hypervigilant, almost paranoid quality in people who are otherwise in good contact with reality (Lindberg & Distad, 1985) is striking.

Although she was fully aware that I was writing an article about the group, Olga became enraged upon reading an initial draft. She was convinced that the group had been formed merely so that I could "get a paper" out of the experience. Celia, hesitant for some months about entering the group, finally seemed ready. She came into individual therapy the following week incensed. "I know why you're pressuring me to join the group," she said. "This is just your way of testing me to see if I'll tell you about my uncle." Up until that point, she had spoken of childhood sexual experiences with her sister's husband only.

Intimacy versus Isolation

The incest victim, able to count only on herself with her secret, misses a critical period of peer socialization. As a child, she feels different from others her age (Lubell & Soong, 1982; Westerlund, undated). She is not a sharer of secret intimacies, a giggler with her girlfriends. She brings to adulthood both a sense of discomfort with peers and a feeling of being different from others (Bergart, 1986; Deighton & McPeck, 1985; Goodman & Nowak-Scibelli, 1985). Furthermore, in missing out on childhood friendships she also does not have the experiences necessary to develop skills in peer interaction (Gelinas, 1983; Gold & Yanof, 1985). A frequent indicator of a troubled childhood is a woman who reports having no close female friends (Faria & Belohavek, 1984; Goodman & Nowak-Scibelli, 1985), a woman who feels no sense of belonging (Bergart, 1986; Brown & Beletsis, 1986).

One of the first responses to the idea of group therapy will be, "I don't feel comfortable in groups." She will be afraid that she may be picked on. More than other kinds of clients entering other kinds of groups, she will want as many details as possible about the group and group members prior to entering the group.

Her childhood isolation manifests itself in two ways in the group: the social skills deficit means that she may literally not know how to respond to others in the group. Unless coached or explicitly taught, she is likely to respond to others' disclosures with silence. This in turn is the perfect projective foil for the disclosing person to presume disbelief or disapproval. Secondly, with a history of interpersonal isolation, she selectively attends to the characteristics that distinguish her from other group members. "I am the only one who . . ." she feels. She may see herself as different with regard to such characteristics as age, symptoms, sexual orientation, and incest history (such as extensiveness, duration, degree of violence, perpetrator's familial relation to her, or current accessibility). Having identified the way or ways in which she is not like others, she can then perpetuate her safe isolation.

Control

Being a victim means, among other things, lacking control over the situation. The powerlessness experienced by an incest victim forms the basis for subsequent problems with a sense of efficacy (Blake-White & Kline, 1985; Finkelhor & Browne, 1985). In contemplating group entry, the client is anxious about what of her hard-won control as an adult she will have to give up (Brown & Beletsis, 1986). "What will I have to let others decide?" she wonders. Within the group, the injunction to speak—her very purpose in being in the group—may be turned around into a question of power and control (Bergart, 1986). The client may make this the object of a fight with the therapist-authority. To comply means to give up control. When the therapist inquired, explored, suggested connections to pursue, or extended the interaction beyond what Maxine presented directly, Maxine became more closed and withdrawn. Yet she expressed great frustration with the therapist. "You're the expert," she exclaimed. "You know what's going on." She demanded that the therapist inquire, explore, and suggest further connections.

Implicit rules about what subjects can or cannot be discussed hover as further barriers to speech. Typically, a *Catch-22* situation develops. At a point when current issues are a central concern, the client may decide that the only subject she can discuss is her incest history. She feels closed off from discussing her past and closes herself off from dealing with the present. Celia, for example, was preoccupied by sexual problems with her husband, anger about her mother's emotional intimacy with her son, fears for the sexual safety of her daughter. Yet repeatedly she felt hesitant to raise these concerns in the group. Her preoccupation meant that she had difficulty focussing on the issues the group was discussing; she felt blocked from working on her past; and she failed to make connections between her present concerns and her past history.

There is a poignancy in this form of control. The trauma continues to be split off and separated from its consequences in the client's life. The dissociation and disconnection prevent her from making the connections necessary for healing to occur. The fragile control that is maintained continues to be one of disempowerment and invisibility.

Survivor Guilt

Compliance on the part of the victim is a necessary component of the incestuous relationship. The combination of developmentally appropriate egocentrism and parentification results in strong feelings both of responsibility for what is occurring and self-blame for its continuation (Swanson & Biaggio, 1985; Russell, 1986). "Guilt is the in-

variable legacy of untreated incest" (Gelinas, 1983, p. 323). If the girl experiences physically pleasurable elements, her self-blame is compounded (Butler, 1978). She berates herself, believing that "I shouldn't have let it go on," or "I shouldn't have let it become so extensive." She also feels a marked degree of shame (Herman, 1981; Lindberg & Distad, 1985; Tsai & Wagner, 1978; Westerlund, undated). As she considers group entry, this shame becomes transformed into the projection: "I will be found out and condemned as the whore/nymphomaniac that I am."

Within the group, her belief in her own complicity may result in her minimizing the impact of the incest (Gelinas, 1983). "My situation wasn't so bad," she thinks, since she put up with it. Therefore, she concludes, she has no right to speak. The additional history of pleasure is so shameful to her that she will tend to withhold this information even when disclosing other aspects of her sexual history. She may be more reluctant to tell this part of her story altogether. Celia, for example, went into considerable detail about her relationship with her brother-in-law. She never did more than allude to her subsequent relationship with her uncle, some of which had been sexually pleasurable for her.

Conclusion

Entry into an adult incest survivors group, and activity within it, reflect many of the earlier issues that these women experienced. Considerable pain and difficulty may be part of this process. Says Harriet:

I force myself to come to the group because I know that I *have to* in order to change my life. That's the only way that I know that it's going to be done. I just hope that eventually I'll come because I want to come, not just because I feel I have to.

Group therapy may be the treatment of choice not only *in spite of* the ways it replicates some of the old issues but perhaps *because* it does as well. Jennifer, for example, revealed to the group her husband's transsexualism and verbal abuse, and her on-going discomfort with him. Through this disclosure she gained enough internal energy to act more directly on the separation and divorce she had been intending for years. Olga, who had developed two almost separate selves, was able through talking, journal writing, role playing, and other techniques to integrate these parts into one coherent, powerful self. After a number of months in the group, Connie responded to her neighbor's invitation to stop by for coffee. For the first time in her life, she could see the possibility of developing a friendship.

These brief vignettes only hint at the transformations that occur through group therapy for adult incest survivors. The issues of the past are confronted in their present manifestation. Thus, where there was secrecy, there can be openness. Where there was distrust, trust. The survivors become more accepting, acceptable, and trustworthy. Where there was family loyalty, realistic appraisal can develop. Compliance gives way to assertiveness, and parentification can be transformed into nurturance. Rather than being cast in a role, the woman becomes aware of her place in the world. She can live with her memories and acknowledge our multi-faceted humanness. Having control over her vulnerability, she can choose when to let down her guard. As she can forgive others, so can she forgive herself. Having experienced a sense of empathic pain for her co-members' childhood abuse, she can come to appreciate the hurt of her own history. No longer condemned to repeat that history, she is also no longer locked away in silence. Letting go of familiar problems, she now has the opportunity to develop new solutions.

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Leadership of Therapeutic Small Groups

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Much research has been done on the various areas of small group therapy. This paper reviews the literature in the area of group leadership. No one therapeutic approach adequately addresses the complexity of group leadership. Inadequacies in the literature arise from the fact that researchers are limited by their training, consensus of belief, and limited exposure. A full-scale model coordinating findings across fields is needed to account for the many dimensions of therapeutic small group work within one coherent framework.

There is a wealth of clinical and research evidence that therapeutic small groups can be efficacious for their members (Bednar & Kaul, 1978; Stockton & Morran, 1982). Yet despite all that has been written and thought about therapeutic small groups, one can still come away from a perusal of the literature with a sense of uncertainty, even confusion, and the conviction that a great deal has been written but remarkably little is known. While this statement is true for groups in general, it is even more relevant when applied to the role of leaders. We can take satisfaction in the global findings to date in the area of group therapy. We must, however, begin to delineate with greater precision the specific factors involved in how people get better through their membership in these groups and the leadership functions related to this process.

The approach followed here will focus on the therapeutic role of the group leader, a choice based on the assumption that leaders are important therapeutic agents in groups. It must be acknowledged from the outset both that this view is not universally accepted and that the leader is not, in fact, the only therapeutic agent in small groups. Lieberman,

Yalom and Miles (1973), for example, found that among the learning mechanisms identified by members, the top three mechanisms included no direct reference to the leader, and most mechanisms concerned member-to-member interactions. There is also little evidence that a particular style of leadership is most effective, making it difficult to establish what, specifically, leaders must do to facilitate member growth or change. An extreme position downplaying the role of the group leader is that of Lieberman (1976) who concluded that the outcome variance attributable to group leaders is minor when compared to the variance accounted for by member-to-member therapeutic factors.

Despite evidence that the leader does not necessarily play the most important direct role in therapeutic change, there is a good deal of evidence that the leader can have a positive influence on both process and outcome variables for group members. Evidence comes from both the small group literature and from a wide variety of other fields, all of which can inform the role of leaders in the small group setting.

Identifying Effective Leader Behaviors

There are a number of reasons that specific elements of group leader effectiveness have not been established despite the proliferation of studies in the area. A look at what has been written leads one to the realization that small group researchers are operating under a self-imposed narrow "view of the world" that limits the way that we approach the study of leadership. This view stems from constraints imposed by *training*, *consensus of beliefs*, and *limited exposure*.

The *training* that group researchers and leaders receive, whether in a graduate program or other setting, can provide an excellent base for good leadership skills. At the same time, it usually instills in the leader a restricted set of assumptions from which to operate and leads to limitations in conceptualizing the group process. This training, then, may free one to conduct groups, but it also imposes preconceived notions about what is helpful about groups and, ultimately, on the factors chosen for research.

Group leaders and researchers are also constrained by the *consensus of belief* that is prevalent in the professional group or groups with which they associate. For most professional organizations there tends to be a conceptual tradition or orientation that dominates the thinking of the group, be it a psychoanalytic orientation, a psychodrama orientation, a gestalt orientation, or any one of a number of other approaches. In many cases, this consensus of belief is the reflection of key intellectual figures in the organization. As with the issue of training, this focus frees

one by providing a structured view within which to practice, but also limits one's understanding of what is possible from a broader perspective.

Even if an individual can minimize the effects of these constraints, he or she often remains *limited by exposure* to the literature that is concerned exclusively with therapeutic small groups. Most individuals involved in group work read a primary text or two, augmented perhaps by several articles in the therapeutic small group literature. Yet writings on leadership have been conducted in many other fields. Typically, group leaders and researchers permit themselves little opportunity for cross-fertilization of ideas from these other perspectives.

Approaches to the Study of Leadership

Many theoretical approaches have been proposed to address the question of leadership, falling into four basic categories: trait, style, situational, and functional (Gouran, 1970; Moore & Fredrickson, 1977). Nevertheless, no one approach has shown itself to be entirely adequate and no satisfactory comprehensive framework has been proposed that can provide thorough answers to the important questions that arise about leadership effectiveness.

Furthermore, few theories address the question of the interaction of group leaders with other variables. For example, one question, which has yet to be addressed, concerns which leadership behaviors are most effective with which members under what circumstances and at what developmental point in the group. Gibb (1969) proposed an interactional theory of leadership that includes the personality of the leader and followers, the group structure and characteristics, and the situation as determined by such things as the task and the physical setting. Fiedler's model (1967) also implies the importance of the interaction between leader and members. Few researchers have followed up on these interactional approaches and the majority of research is still concerned with studying specific variables in isolation.

Even fewer approaches attempt to account for temporal shifts in leader behavior. The Interaction Process Analysis (Bales, 1950) which evolved into the System for Multiple Level Observation of Groups (SYMLOG) (Bales & Cohen, 1979) was one of the first attempts to measure interactions and their patterns over time. While the system captures a wealth of information, it requires considerable sophistication to score and analyze. Hersey and Blanchard (1972) proposed a life cycle approach to group leadership. In this model, as the various phases of the group develop, the effective leader goes through four transformations from initial high task and low relationship behavior to

final low task and low relationship behavior. Beck and associates (Beck, 1974, 1981; Beck, Dugo, Eng, Lewis & Peters, 1983) developed a structural development model of groups, incorporating the traditional conceptions of the phases of the group with group leader roles into a single framework. A number of developmental-stage models of groups have also been proposed (Gazda, 1982; Hansen, Warner & Smith, 1980; Tuckman, 1965; Yalom, 1985).

While models emphasizing the temporal changes in group development provide a good conceptual start for work in this area, more needs to be done in drawing from these models the implications for the behavior of group leaders. Furthermore, much research has ignored the issue of appropriate leader behavior for the particular moment or stage in the group's development.

Challenges in the Research Literature

A number of problems in understanding leadership relate to the difficulty in making sense of the research literature. This begins as a simple problem of locating the research on group leaders and graduates into more far-ranging problems of research methodology. Research on leadership has been conducted in several fields including but not limited to the areas of business, sociology, social psychology, psychiatry, social work, adult education, speech communication, and counseling. Yet virtually no attempt has been made to coordinate the efforts and findings across these various fields. What is more, even within the literature directly related to therapeutic small groups, it is difficult to locate the information related to leadership behaviors because information about leadership is interwoven with research on topics of many other aspects of group behavior.

Another problem is that there have been many foci, from issues of how leaders are created (for example, are they born or trained?), to personal characteristics, to attitudes, behaviors, and experiences both in and out of the group. This is both a reflection of the complexity of the area of interest and an indication of the need for ongoing research efforts in which research questions can be addressed through systematic questioning and follow-up. Additionally, adequate instrumentation is still needed in this area so that these many variables can be credibly studied.

Little research has focused directly on the within-group behavior of the leader. The majority of studies in this area have involved retrospective reports by leaders and/or members. While these measurement methods can capture some of the subjective experience of these individ-

uals, they fail to capture the nature of the within-group interaction of leaders and members with all its richness and complexity. Moreover, many studies have been conducted in laboratory analog settings, which may or may not have direct relevance for groups held in naturalistic settings.

In short, a great many microscopic and macroscopic views have been taken of the group leader phenomenon. Unfortunately, no one approach provides an adequate framework for understanding effective leader behavior. Furthermore, leadership has most often been studied as a static phenomenon rather than as dynamic and changing. Progress in understanding the nature of group leadership will require some attention to these and other issues related to research.

One of the reasons for the predominance of analog studies in the small group leadership area is that in naturalistic group settings, the entire group experience and leadership in particular is a highly complex phenomenon. The number of variables that cannot be controlled is great, and the predictability of leader and member behaviors is fairly low. The result is a shifting and dynamic plane of study that is difficult to capture without either losing important elements or becoming impossibly complex.

Effective Group Leadership

It is clear from the above comments that what is lacking is a full scale model that can account for all of the dimensions of therapeutic small group leadership within a coherent framework. While the complexity of the leadership area may keep us from ever developing such a comprehensive framework, a look at what is already known leads one to hope that a broad conceptual model can be both formulated and systematically researched.

Even in the absence of such a framework, however, it is possible to review what is known about how leaders in groups are helpful. The following comments stem from an overview of the literature and attempt to delineate some of the known factors of effective group leadership. This may serve as both a starting point for a model and an impetus for future research.

Emotionally Supportive Behaviors

Rogers (1970) has established that the therapeutic core conditions of empathy, congruence, and positive regard are important in both individual and group therapy. Applying these core conditions to group leadership, Cohen and Epstein (1981) found that these conditions are

as important in the group as they are in individual counseling. They found that empathy, an attitude of wanting to know the member on his or her own terms, was an essential adjunct to positive regard in group leadership. Their findings on leader congruence were less conclusive, largely because congruence is so closely correlated with leader empathy that their effects cannot be easily separated. Nevertheless, leader congruence was found to be consistently correlated with favorable group outcomes.

Modeling

In a study of T-groups, Shapiro and Ross (1971) discussed the need for the leader to model appropriate behaviors in the group. Similarly, Barlow, Hansen, Fuhrman, and Finley (1982) compared speculative and confrontive leader verbal styles and their influences on the communication style of members and their perceptions of the leader's orientation. They found that leaders who were confrontive tended to promote more confrontive member behaviors. Leaders who used tentative, nondirective statements, whom they called speculative leaders, led to more speculative members. Leader behaviors, then, were related to process variables. An interesting aspect of this study was the remark that leaders can be trained to manipulate their verbal style, so that effective leader behaviors, at least with respect to confrontation and speculation, can be acquired.

Focus

Some evidence indicates that an important leader function is focusing the group on the task at hand and calling attention to task distractive behaviors. Larson (1971), for example, found that the presence of the group leader led the group to spend more time in the discussion of specific issues. Other findings emerging from this study were: 1) topics initiated by the leader received greater attention and discussion than member-initiated topics, and 2) the leader introduced a greater number of topics than any of the group members. This study validates the leader's central role in focusing attention on topics and in facilitating other task-oriented activities.

Flexibility

Fiedler's contingency model of group leadership (1967), originally applied to organizational settings, states that effective leadership is contingent on the effective matching of group members and leaders. In the words of Fiedler:

[O]ne style of leadership is not itself better than the other, nor is one type of leadership behavior appropriate for all conditions. . . . If we want to improve organizational performance we must deal not only with the leader's style but also with the factors in the situation. (p. 247)

One important implication of Fiedler's model is that leaders must be flexible in responding to the specific membership with which they are involved. Also implied, but not so clearly stated in the model, is the need to adjust leader behaviors during the course of the group in response to evolving group needs.

Support for the importance of flexibility comes from a study by Smith (1980). Smith found that some leader behaviors, such as support, trustworthiness, and influence, were associated with positive outcomes across different types of T-groups, but confronting behaviors were only effective when appropriately used. Both support and confrontation were found to be necessary for effective learning by group members.

Interactive models of group leadership such as those mentioned above also point to the need for the leader to be flexible within the group and responsive to changing group needs. Ward (1982) proposed a model that advocates "distributive leadership in the group when the members possess the psychological maturity to handle it" (p. 226). Ward's model of group dynamics includes three interacting levels: 1) the nature of the group task, 2) member psychological maturity level on the task involved, and 3) leadership style. This model is illustrative of much needed attention to the developments of multi-dimensional models.

Summary

While it is clear from the above discussion that there are a number of conceptual limitations to the study of group leadership, it is also possible to see that some aspects of effective leadership can be defined with relative precision at this time. Furthermore, directions for further research are implicit in the aspects of leadership that have received little attention to date (for example, flexibility relating membership characteristics and length of time in the group).

It is also clear that there remains a pressing need to develop a conceptual model to account for what is effective and ineffective in group leader behavior. The basis for a broad conceptual model is available from the several models and theories that are already being used in the field. Further research in this area built on prior research and informed by clinical practice and the writings in other fields can develop a broad

framework within which to understand this important element of the therapeutic small group process.

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Echoes of Moreno

The *Journal* would like to print descriptions of examples of general applications of Moreno's principles in daily life. Send them (typed, doublespaced) to the Editor, *Journal of Group Psychotherapy, Psychodrama & Sociometry*, HELDREF Publications, 4000 Albemarle Street, N.W., Washington, DC 20016.

BRIEF REPORT

Sociometric Isolation and the Incidence of Physical Disease

Alton Barbour

In noting the frequency with which one spouse immediately followed the other spouse in death, J. L. Moreno remarked that "death comes from without, not from within." This remark is demonstrated in findings of a recent study by epidemiologists Peggy Reynolds and George A. Kaplan of the California Department of Health Services in Berkeley that is reported in *Science News*, March 15, 1986.

They found that two types of social isolation, (a) having few close friends and relatives and, (b) feeling alone even when friends are present, play an unsuspected but important role in dramatically elevating the risk of dying from cancer, at least among women. Reynolds and Kaplan reported the results of a 17-year study involving 7,000 people at a meeting in San Francisco of the Society of Behavioral Medicine. They said "it appears that social connections have a significant effect on cancer mortality for women." A strong link between social isolation and subsequent death from cancer did not turn up among men in the study, they said.

Long-term studies of people who develop cancer are rare, which makes this particular investigation all the more important. Reynolds and Kaplan administered a wide-ranging questionnaire to a representative sample of adults living in Alameda County, California in 1965. At that time, none of the subjects had a previous diagnosis of cancer. By 1982, computerized records revealed a total of 476 newly diagnosed cancers in the sample and 257 deaths from cancer. Just over half of the deaths and diagnoses occurred among women. The researchers calculated cancer risks after statistically controlling for age, smoking, alcohol consumption, household income, and physical health at the start of the study.

When compared with women who originally reported many social contacts, women with few or no social contacts were twice as likely to die of all cancers and five times as likely to die of smoking-related cancers. In addition, women who both *were* socially isolated and *felt* socially isolated were nearly twice as likely to contract and three times

as likely to die from all cancers when compared with women with many contacts and no feelings of isolation. Those in this "isolated" group were five times as likely to die from hormone-related cancers as the high-contact, low-isolation group.

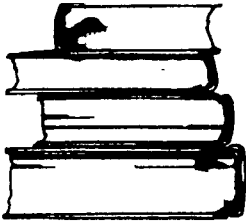
The researchers themselves were surprised at the results—that feelings of isolation could predict disease and death. Reynolds said the results "may have something to do with the effects of emotions on hormone regulation."

For years the medical community has been telling the public that cancers are largely environmental, meaning that they are not inherited and that we give them to ourselves through exposure to the environment. There are also cancers that are hormone related. But in referring to the environment (asbestos, pollution, foods, smoking, sunshine), they have been referring to the *physical* environment.

Sociometrists are generally aware of the mental and emotional stress suffered by social isolates and how those individuals often behave abnormally as a result of their isolation. Social and behavioral scientists have also known from work done by Walter B. Cannon in about 1900 of the connection between emotions and certain physiological changes that occur in the body. Psychosomatic medicine, established then, showed the connectedness of the mind and body, of mental illness and physical illness. So somehow it should not come as a surprise that the environment the physicians have been talking about should also include the social or that isolation can make people very sick—so sick that they may die. It should not surprise us, but it does.

This investigation is one more example of the importance of sociometry in the lives of all of us. Being sociometrically connected not only makes better-adjusted and happier individuals, it also makes us healthier ones as well. Moreno's comment on "death from without" was remarkably prophetic.

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BOOK REVIEWS

Members of the American Society of Group Psychotherapy and Psychodrama have demonstrated their creativity in various forms of writing. Many have published with major publishing companies. Others have had their works done by smaller concerns who saw the value in the dissemination of the material. Many members have been creative not only in writing but also in producing their material and having it published independently. In many ways this is important for the membership of ASGPP because it enables us to have access to material that would otherwise not be available. At the same time, it also tends to limit distribution of important concepts and techniques in the field since the wider professional audience may never become aware of the publication of these works. Frequently, independently published materials are not listed in *Books in Print* and are thus not added to libraries of hospitals, agencies, and universities where scholars and professionals could have access to them.

The field of group psychotherapy, psychodrama and sociometry has a history of getting before the public creative and informative materials. The history of the Beacon Press, which was founded by J. L. Moreno as a means of publishing his own books and those of other pioneers in the early development of the field, is known to all of us. Beacon Press was important in the history of this journal for it was, until the last few years, solely responsible for its publication. Beacon Press enabled hundreds of followers of group psychotherapy and psychodrama to have access to the seminal theories and methods developing in the field. Independent publishers today thus have an important precedent in Moreno's own example, that is, when you want something done, perhaps the best way is to do it yourself.

Some individuals who have made significant contributions to the field of group psychotherapy, psychodrama, and sociometry have recently published materials that make important contributions to both theory and methods. All have published their works independently.

The format used is a standard $8\frac{1}{2} \times 11$, with ring- or self-binding. They are not professional in quality. Some are difficult to read due to the fact that there is too much material per page and pages are not done in column form, which makes material easier to follow for most readers. I wish we, as individuals or as ASGPP members, had more impact upon publishing companies for all these works deserve better formats and a wider distribution than I anticipate they will have in this form. They are, however, here and available, and that is what is important. Let me comment upon each of these works now separately, for although all have their foundations in psychodrama, each approaches the topic from a unique perspective.

The Intimate Community Experience: An Experiment in Social Reorganization Based upon Sociometry and Christian Tradition by Clare Danielsson. One hundred copies have been produced pre-publication and are available from the author, Boughton Place, RR#1, Box 331, Kisor Road, Highland, NY 12528.

This book is the author's doctoral dissertation from Union Graduate School and as such, gives an important survey of the literature, the design of the experiment, and its methods and process with summary conclusions. What is most important about the book is the detailed process that the author provides of the inner workings of establishing a community based upon sociometric procedures. Drawing upon the sociometric concepts developed by Moreno and expanded by Helen Jennings, the author utilized the sociometric process to establish the Intimate Community Workshop. This experiment started in 1974 and was repeated several times over the next few years with new designs being implemented from the learning of previous years. Members came into the community from three major sources, the Catholic Worker networks, psychodrama and personal growth networks, and intentional community networks. A core of individuals formed the "leadership" of the community. Participants then, through sociometric choice, formed into "family units around each of the core members." Participants were together for at least a week. The criterion for choosing was: "With whom would you like to spend the next four days as a family member?" Several warm-up and psychodramatic techniques were utilized to aid this process as well as the family formation period. All work during the living together was shared by the "family groups." The presence of different groups or families enabled a comparison of the sociometric process and how well the groups evolved. Data was then analyzed and, based upon that, innovations were designed for the following year.

Another important aspect of this work is its belief in the formation of intimate community experiences that confront individuals with a "different" form of interaction from what one generally encounters. The basic underlying approach is that of a Christian community. The book reports on a journey, highlighting the movement of self-other-OTHER toward integration and wholeness.

Dr. Danielsson is very honest in her writing and reporting. The experiments were not always positive so one sees the warts develop in the process. At the same time there is profound joy that comes in "the working through" process, which took place in most of the family groups.

At times this book is tedious reading. There is too much detail in it—there is *more* than anyone would want to know about setting up an intimate community. The detailed process records may be interesting for research, but they soon lose interest for the typical reader. If this work were to be published commercially, it would need a lot of tightening up so that one got the essence of sociometry—group formation—process and evaluation. All this could be done in 100 pages, which would make a nice reference for those involved in sociometric group formation. I would hope that Dr. Danielsson would rework this lengthy dissertation into a crisp, succinct, sociometric study.

Sociometry through Group Interaction Psychotherapy: Psychodrama and Related Subjects by Rochelle J. Haskell, Martin R. Haskell, and Carl E. Pearl. Published and available from Role Training Associates, Suite 813, 1750 E. Ocean Blvd., Long Beach, California 90802.

This book of 183 totally filled pages is both a joy to have available and a burden to struggle through. The joyful aspect is that it contains so much information related to sociometry and group psychotherapy. I believe that it will make great reading for students coming into the field who need a quick and massive dose of background information on sociometry and psychodrama. What makes it a burden is that it is really an overkill. There is too much information, and the format makes it tiresome reading. If this book had a good editor and a variable format, I would predict it could be a best seller in the group psychotherapy field. As it stands it will get little attention other than as a reference one goes to for a brief but detailed reading on a specific topic.

The work is divided into nine chapters. The first five of these are devoted to the history of sociometry, group psychotherapy, psychodrama, and interpersonal dynamics. This is great to have available, and since the Haskells have been involved for so long in the field, they have a personal grasp of the ups and downs of that history. Too bad it could not be presented in a more personalized and interesting form. In chap-

ter six on group interaction psychotherapy the authors argue that group psychotherapy is more than psychodrama. In this chapter the philosophy is presented, and in chapter seven the techniques are detailed illuminating their particular approach. These two chapters contain a lot of valuable material, and they succeed in illustrating the interdependence of group-centered and protagonist-centered work. Chapters eight and nine focus on techniques that are used in group psychotherapy. Most individuals who are trained in group therapy and psychodrama will find this an interesting collection of already known material and, as such, not very exciting reading. Individuals new to the field will find here a fine collection of most of the processes used in psychodrama and group psychotherapy.

I am glad this work is available, and I know that I will encourage students to read it as a reference and especially as an interesting history of the field. I would only hope that eventually the work finds a more interesting format.

Creating Your Living: Applications of Psychodramatic Methods in Everyday Life by Adam Blatner with Allee Blatner, (out of print)

The Art of Play: An Adult's Guide to Reclaiming Imagination and Spontaneity, by Adam Blatner and Allee Blatner, \$10.00

Role Development: A Systematic Approach to Building Basic Skills, by Adam Blatner with Allee Blatner, \$6.00

Foundations of Psychodrama: History, Theory, Practice, and Resources, by Adam Blatner with Allee Blatner, \$10.00

(*Role Development* has been integrated into *The Art of Play* [Human Sciences Press, 1987] and into *Foundations of Psychodrama* [Springer, in press]. For information about these four books, write Adam Blatner, M.D., c/o The Menninger Foundation, P.O. Box 829, Topeka, KS 66601.)

I have been a fan of Adam Blatner ever since I first read *Acting In*. I found that little, but precise, book a gem in the field of psychodrama and have insisted that my students read it at the start of their training.

I was delighted to find these four books on the book display at the Evolution of Psychotherapy Conference in Phoenix, Arizona. I looked forward to reading more of Blatner, and I must say that I, for the most part, was not disappointed. These books are presented in colorful bindings with interesting drawings and a ring binder that makes them easy to handle while reading. The page format, broken up with headings and subheadings, is uncrowded. I had pages missing in each of the booklets, which was a disappointment. This is a danger in independent publications.

One of the problems with these four is the amount of repetition. Although each strives to be independent with a particular focus, it is not possible to stay clear of material important in one context, e.g., role development, when it is just as important in another context, e.g., play. Another problem is that there seems to be an assumption that the reader has already read a previous booklet and thus understands the concept or process being illustrated. Since the order for reading is not stated, each was most likely meant to stand independent of the others.

There is an easy, spontaneous, creative style in the writing. In *The Art of Play* one feels like playing as one reads the material for that spark of joyfulness in the author comes through the material. In *Creating Your Living* there is a spirit that one catches in the writing that makes living exciting and refreshing. In the other two works there is a freshness in the historical presentation of material that could be old-hat and dull. This history, put in up-to-date contexts, makes psychodrama and role development exciting stuff. I believe that both beginners and experienced clinicians in the field will find these interesting reading.

In summary, these authors' works are all important to practitioners and scholars in the field of group psychotherapy and psychodrama. Even though I have been critical, I am glad they are available. We need to be more forceful in getting material such as these published by mainstream houses. To do so means that we have to have editorial assistance and be willing to pound pavements and ring phones. I hope that we see more material from ASGPP members in print in the future.

Claude Guldner

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Sociometry through Group Psychotherapy by Rochelle J. Haskell, Martin R. Haskell, and Carl E. Pearl. Published by Role Training Associates, Suite 813, 1750 E. Ocean Blvd., Long Beach, California 90802. 192 pp. \$35.00.

This book is intended as an introduction to—or perhaps a celebration of—Jacob Moreno's work. Its format (photocopied or mimeographed typescript, softbound, no index or bibliography, self-published), makes it look like an internal memorandum or perhaps a study aid (though the price does not), certainly not like a book intended for wide circulation. One may well ask who the intended audience is supposed to be; an answer to this question may become more apparent after discussion of the background and content of the book.

Moreno was a master at giving a number of impressions. He made important contributions to the methodology of working with groups. His sociometric technique pioneered the study of group structure; psychodrama, and the related sociodrama, was an early type of group psychotherapy and is still an important component of most work in this field. These discoveries have the best characteristics of important scientific advances: they are simple, almost obvious when looked at in retrospect, easy to use, applicable in a number of situations, and leading to new insights. Moreno, however, did not see his work in this way. He saw sociometry and psychodrama as integral parts of a new approach to understanding the personal and social world, and himself as the prophet of a new beginning, at least for psychology and psychiatry, but ultimately for a whole new era. This role of a prophet alienated many of his fellow scientists; one could never be sure how seriously he took it himself. In addition, he was a successful therapist who could exploit brilliantly the opportunities presented in psychodrama, an effective organizer who could handle a hospital, several journals, and an international organization, which sponsored several world congresses. And, perhaps most importantly, he was a superlative showman who could attract attention and convince a number of followers of at least some of his claims to greatness.

The book under consideration is written by three of Moreno's followers and is designed to show the importance of his work as well as explain their own psychotherapeutic work, which is still conducted on the basis of Moreno's techniques. They have some difficulty in fitting these pieces together. They are still convinced of Moreno's greatness and present his ideas, including their prophetic aspect, without criticism; one chapter presents a short outline of his life and work, but in an almost purposively naive fashion. They are somewhat dismayed by the

fact that Moreno's mission was not successful in changing the world, but they do not show any of the ways that Moreno used to advertise himself and his ideas, nor do they account for his limited success or describe the success attained within these limits. Evidently they accept the position of the unity of all of Moreno's work—theory, techniques, and applications—and cannot appreciate a partial success as commensurate with Moreno's real achievements. They seem to hope that another prophet will arise who will be more successful. This pious hope is also expressed in the title of the book; there is no attempt to deal with sociometry in their procedures.

Complementary with this aim, but also competing with it, is the exposition of their own work in psychotherapy, which adheres to the general principles of psychodrama. They show a systematic approach, although here the relation to Moreno's theory is not spelled out. Their work is based on two types of group psychotherapy, group-centered and protagonist-centered, with the injunction that a successful program must include both, in a "total-modality program." The explanation of these two approaches and their integration take up a great part of this book.

Strangely enough, the exposition of group therapy refers little to Moreno, but mostly to Irving Yalom. The authors justify their approach by showing that it conforms to the principles laid down in Yalom's compendium on group therapy (1975). Unfortunately for the authors, Yalom showed in his own empirical work (Lieberman, Yalom, Miles, 1973) that the ostensive kind of system of group therapy used is less important than the personality of the leader, which would imply a very different approach to the understanding of group therapy—and also of Moreno's place in it.

Another of Yalom's main ideas which the authors fail to take into account is the importance of evaluation and follow-up of the therapy, acknowledging both successes and detrimental outcomes. Here they follow implicitly Moreno's "here-and-now" philosophy: they show only what happened in the sessions, the feelings of the participants at the end of the session, but no indication of any consequences in the long run. The vignettes of the sessions are certainly impressive and make good reading. But, as we are talking about therapy and not performance we feel entitled to learn whether the participants were helped or harmed in their further life. One would like a little more of the tradition of Moreno the therapist and less of Moreno the showman.

Within these restraints one of the most valuable parts of the book are descriptions of the techniques within psychodrama which have become famous in their own right. The descriptions of role reversal, double,

aside, and similar techniques will interest anyone who wants to know what really happens in psychodrama and those who might want to use them within different frameworks. (There is also some danger that they may be used in parlor games, but this is more a sign of the times than the fault of a book of this kind.) This value of the book may not be quite what the authors had in mind as they want to adhere to Moreno's aim of psychodrama and sociometry as total regeneration of humanity, not as a collection of tricks to be used within a number of perspectives. Faithful to Moreno's claims, they introduce each chapter with an epigraph from the Bible or the U.S. Constitution with weak attempts to tie them to the rest of the chapter.

This brings us back to the question raised in the beginning, namely the nature of the intended audience. It is too bland and uncritical to be used as an introduction to Moreno's ideas, even less to his life and personality. Moreno remains a fascinating character, but a biography or exposition and evaluation of his work remains to be written. The book can serve even less as an introduction to group psychotherapy or to the understanding of groups. On the other hand, the condescending, simple and naive style will not attract many professional psychologists or psychiatrists. It is written for an audience that is essentially convinced of the ideas presented, already counted among the followers of Moreno. It is a tribute to the strength of his personality that his audience still exists. For them it will be a manual that validates and extends their ideas, introduces some new twists into the canon, and can serve as a comprehensive reference guide.

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