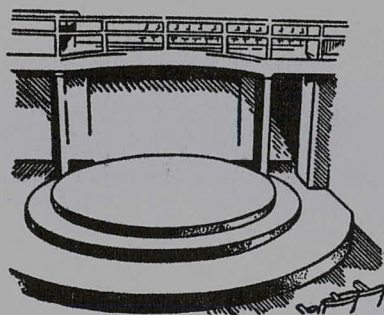


# GROUP PSYCHOTHERAPY

*A Quarterly*



AMERICAN SOCIETY OF GROUP PSYCHOTHERAPY  
AND PSYCHODRAMA

Vol. XIII, No. 1, March, 1960

# GROUP PSYCHOTHERAPY

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# GROUP PSYCHOTHERAPY

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# GROUP ACTION IN THE REHABILITATION OF THE MENTALLY RETARDED

JAMES McDANIEL, PH.D.

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## INTRODUCTION

One of the primary problems in the vocational rehabilitation of the mentally retarded has been found by numerous investigators to be a chronic lack of basic social skills, social immaturity, insecurity and ineptness in interpersonal relationships and situations, and difficulty in getting along with fellow trainees or employees. Engel (4) and Rockower (10) have suggested that these factors are often the critical needs of the mentally retarded and are also important determinants of the success or failure of rehabilitation with such a population. Rockower has considered the social maturity of a mentally retarded individual to be "A valid basis upon which a work prognosis may in part be predicated." "The retarded group is peculiarly lacking in a readiness to assume work responsibilities for reasons other than job skills per se. Job readiness requires the development of work motivation, proper work habits, the practice of regularity of attendance and acceptable social relationships with others." (10, p. 128). In addition he states, "Adaptation to work situations generally involves the abilities to develop work habits and to get along well in group relationships." Frequently a mentally retarded individual will have had very little successful experience in interpersonal relationships. He is insecure in group relationships because of the knowledge that he is in some ways inferior to others. Consequently he seeks to avoid such threatening conditions or settles into a passive role. Possibly this is the result of unpleasant associations in his school experiences or in employment situations where he has worked with other people and suffered in the unfavorable light of unjust comparison. Under such circumstances the individual does not actually prefer to be alone or to content himself with solitary pursuits, but retreats in this direction to avoid further social failure. This study is the report of a project initiated in an attempt to diagnose and treat the social problems of a group of mentally retarded adolescents who are trainees at the Laradon Hall Occupational Center, Denver, Colorado.

This investigation was designed as a preliminary study to demonstrate the techniques of sociometry and action methods in the detection and alleviation of problems in group relationships. "Sociometry is a method used for

the discovery and manipulation of social configurations by measuring the attractions and repulsions between individuals in a group." It is also a method of measuring a person's social stimulus value and the interpersonal feelings between members of a population. Authorities in the area such as Helen H. Jennings (5, 6, 7), Mary Northway (8, 9), and Merl E. Bonney (1, 2, 3) have repeatedly shown the value of sociometric techniques in educational situations with both children and adolescents, and the method applies to adult groups just as readily. *The sociometric data, however, does not offer a solution to the problem which it detects. A thorough knowledge of group processes is important for the individual making use of such information. Sociometry enables one to study the informal organization of a group which is quite different in most cases from its formal organization. There are various methods for improving and increasing group cohesion utilizing sociometric information, some of which were used in this study and are reported here.*

#### DESCRIPTION OF GROUP

This research was conducted with a group of mentally retarded young adults as subjects. The age range was from sixteen to thirty-two with a mean age of nineteen. The number of subjects included at the beginning of the study was twelve; but the total number was fifteen at the end of the period, several new members having been added. Sex distribution was 12 male and 3 female. The Mean I.Q. for the group based on Full Scale WISC scores was 52. At the time of the administration of the first sociometric test the group had been in existence for approximately eight months. They are a group of trainees in a program of vocational rehabilitation and evaluation at Laradon Hall Occupational Center, Denver, Colorado.

#### METHOD

A sociometric test consisting of six separate criteria was administered to the entire group of twelve on October 12, 1959 for the first time, and a retest given on November 23. The exact instrument is shown in Table I.

On the first five criteria the subjects were allowed only one choice; but as many as they wished on the last, a provision for negative choices (rejections). The same administration was provided for all subjects, who gave their choices individually in an interview situation. This procedure was followed only because of the inability of most of the members of the group to read and interpret written instructions. Following the administration of the first sociometric test a therapeutic group was formed on the basis of the data obtained and the interrelationships involved. The interval

TABLE I

- 
1. Who among the people in your group would you rather sit next to at lunch?
  2. ....sit with at the movie?
  3. ....play with at recreation?
  4. ....work with cleaning rooms?
  5. If I gave you a job to do, such as....., and told you to choose someone out of the group to help you; who would you pick?
  6. Is there anyone in the group with whom you would rather not do any of these things? (1, 2, 3, 4, 5).
- 

Name

Date

---

Group

---

between the test and retest was six weeks during which time group psychotherapy sessions were carried on twice weekly for hourly periods. The number of members of this group was six, or one-half of the population. The group sessions held during the interval were spent in group discussions and sociodrama of social situations. The group discussed such ideas as dependability, getting along with fellow workers, and sensitivity to other people's feelings, among other topics of particular concern and importance to the members. The situation of group psychotherapy was apparently welcomed by the members since they had never had a previous opportunity for spontaneous, free discussion and cathartic release of their feelings in a group. They also demonstrated very great interest in the opportunity for acting out some of their problems through sociodrama. No member of the group was absent from a scheduled session. There was very good participation among most of the members, and they were usually eager in volunteering. The group psychotherapy sessions were supervised by a director and a therapist who were both present for each meeting. The chief function of the director and therapist was not to lead the discussions or structure the group's activities, but to encourage the ascendance and cultivation of leadership among the members of the group. However, in sociodrama the role of the supervisors was necessarily more active in order to set up and organize the situation, due primarily to the lack of experience of group members

in this sort of behavior. An example of the type of social situations acted out by the group was "*Welcoming a stranger to the workshop.*" Group members volunteered to take the roles of the stranger and of old members, all the members being given a chance to play in both types of roles. Following sociodrama the group discussed the situation and evaluated the actor's characterization of the roles, arriving at conclusions concerning the demands and solution of the situation. The group psychotherapy unit was not terminated at the end of the six week period, but was enlarged to include eleven members, or more than two thirds of the total population. The group was enlarged on the basis of the second sociometric test.

In addition to the group manipulation done in relation to the group psychotherapy situation, the entire population was reorganized during the interval, changing work assignments and adding new trainees to the program. A sociometric star of the group, who was included in the psychotherapy sessions, was placed to work with a clique, the members of which were high in status but not closely related to the other members of the group. The clique was further broadened by adding another person of relatively low status owing to his newness in the group. This person also was a participant of the psychotherapy group sessions. It was hoped that this rearrangement would better integrate the clique into the whole population and increase their ties with the entire group. It was also an attempt to increase the fringe members status and acceptance by placing him with a high status group. Opportunity was also provided for all of the members to work together as a group, rather than with just the members of their training division.

The objectives entertained in this manipulation of the group were to, (1) Improve the quality and quantity of interpersonal relationships in the group by increasing socialization among the members; (2) Increase group cohesion which follows from the first objective; (3) Better equalize status and develop leadership within the group; and (4) Improve the participation, efficiency, and productivity of the group. The rationale underlying manipulation, rearrangement, and reorganization of groups is that natural processes will not stimulate normal social processes in any population. The group must be manipulated in order to insure the maximum socialization and *productiveness of the group*. Members of any group will not give the low status members a chance to achieve status unless they are manipulated. However, sociometric structures cannot be greatly changed regardless of the amount or kind of manipulation. Even when the size of the group is changed, either increased or decreased, the high status individuals will remain high, and the low status ones remain low. Socialization can, however, be accom-

plished by raising the status of the whole group, even though the hierarchy may be affected very little. The number of mutual choices, choosing between age and sex groups, discrimination choosing, and other factors may be changed by increasing socialization.

## RESULTS

### *Structure of the Group*

The organization of the group at the time of the first sociometric test was extremely loose, lacking in cohesion, and poorly integrated. It essentially followed the artificial grouping imposed on the members for the purpose of training and evaluation by which the population was divided into three distinct classifications and work assignments. There was very little interaction between these divisions on a friendship basis and almost no choosing between them. No individual of any division had a mutual choice with an individual of another, even though some choices were given between them. At the time of the first test there were five members of the population preferring individuals outside of the group.

The sociometric structure of the population after six weeks of intensive manipulation revealed quite a noticeable change in some characteristics. The informal organization no longer followed the artificial lines previously observed. The population in general showed much greater cohesiveness, better integration and interaction. This vividly demonstrates that socialization among the members of this population had sharply increased during the six week interval of manipulation. The second test revealed only two individuals preferring persons outside of the group, whereas five had this relationship previously, and although this change is not statistically significant it does indicate an increase in group cohesiveness.

### *Choice Status of the Group*

Table II shows the choice status of the group, giving the rank order of each individual and the number of choices received on the sociometric test and retest. The hierarchy of status was fairly constant on the comparison of test and retest ranks. A Spearman Rank Order Correlation of .60 ( $p = .05$ ) was obtained which indicated that some change in status among the members of the group had taken place during the six week interval, but the hierarchy of status remained relatively stable. An inspection of individual status positions in the group shows one member, C. B., changing in status from about the middle of the group to one of the top members. C. B. was new to the group at the time of the first sociometric test and was included in the group psychotherapy sessions. In group discussions he was

encouraged to assume the leadership of the sessions and in his work was reassigned to persons of higher status whom he chose. It is commonly known that individuals in new situations, which includes strangers, will not be accepted fully into the group until they can show the group that they have something to offer. A person must demonstrate some skills or assets of value in interpersonal relations before they can possibly have group acceptance. This is a common factor occurring with every member who has entered the group. All new members are assigned fringe status until they have shown the others that they possess leadership or other ability which would change their position. The relationship of intelligence and status has long been under speculation. Bonney (2) has found from sociometric studies a consistently low correlation between I.Q. and academic achievement and social acceptance scores. Sutherland (11) in a study of 205 mental defectives in Ontario obtained a correlation of .34 between I.Q. (Stanford-Binet) and sociometric status. In this investigation a low correlation was also obtained between I.Q. (WISC Full Scale) and sociometric status. Spearman Rank Order Correlation was .35 and not statistically significant.

Changes in the status organization were observed in the frequency of some interrelationships. The number of stars, those receiving approximately

TABLE II  
CHOICE STATUS ON SOCIOMETRIC TEST-RETEST

Subject	Rank Order Test	No. Choices Received	Rank Order Retest	No. Choices Received
G.M.	1	18	1	14
R.S.	2	7	3	8
E.M.	3	7	4	8
C.S.	4	5	5	7
L.Y.	5	5	8	3
C.B.	6	3	2	14
*P.S.	7	3	6	4
G.N.	8	2	12	1
J.Y.	9	2	15	0
B.W.	10	1	13	1
K.S.	11	1	11	1
*H.G.	12	0	7	2
L.B.			10	1
*J.M.			9	1
C.A.			14	1

\* Female

twice as many choices as average, increased from three persons on the first test to five on the sociometric re-test. The number of isolated, persons receiving no positive choices, remained constant at one, even though it was a different individual on each occasion. There were no rejected, negative choice, persons detected on either test. The number of fringe members increased from the first to the second test by virtue of the fact that new members are assigned by the group to this status. The percentage of mutual or reciprocated choices of the entire group increased from 16% to 25% of the total number of choices received, and this change is an index of improved interaction and socialization among the members of the group. On the initial sociometric test there were six persons of the group who chose less than three persons for all of the criteria. The second administration of the test showed five of these individuals increasing their discriminatory choosing, indicating again an increase in socialization among the group members.

#### *Choice Characteristics of Group Interaction*

##### (A) Interage and Intersex Choosing

Since a large majority of the group members are in the same age range, 16-20, there was little basis for comparing status position with age level. In regard to intersex choosing the female members are outnumbered 12 to 3 and are not in positions of high status. One of them is in the middle status group, but the other two are low. The female members were much more likely to choose over sex lines than the males, but intersex choosing in general was consistently low on both the sociometric test and retest, only 7% of the total choices given to those of the opposite sex.

##### (B) Choosing Among the Upper Quarter

In groups where there is little choosing between the upper status individuals, the group can be expected to suffer from poor leadership and conflict. There must be a lot of in-group feeling and mutual acceptance among the leaders if the group is to function at a high level of efficiency. The initial sociometric test revealed the upper quarter of the group choosing 72% among themselves. However, there were only 22% mutual choices among the leaders. The sociometric retest showed both an increase in choosing, to 88%, among these persons and in the percentage of mutual choices, which increased to 64%. Ordinarily 50% is considered good in choosing among the upper quarter, but the data shows the interaction of the leaders of the group to be much higher than this. On the other hand the choosing between the upper and lower quarters of the group remained constant at

12% of the total number of choices received by each group, a relationship which would ideally run higher at about 20%. This indicates little interaction and socialization between those individuals of high and low status in this group. However, two of the stars of the group had mutuals each time with persons in the lower quarter.

#### CONCLUSIONS

The conclusions of this research are that while many of the changes observed in group characteristics were not statistically significant, there is sufficient evidence to conclude an improvement or increase in the quality and quantity of interpersonal relationships in the group as a result of increased socialization among its members. It is furthermore concluded that some increase in group cohesion has taken place revealed by changes in sociometric structure as a result of manipulation and reorganizing activities. Perhaps the greatest change has been observed in the development and strengthening of leadership in the group, without which productive, efficient behavior would be lost. Leadership not only appears to have been strengthened, but also broadened, giving the responsibility of group leadership wider distribution among the members. In addition, the general level of participation, efficiency, and productivity appears to have been increased somewhat and the general group climate seemed much more cooperative. This preliminary investigation points out the advantages of uses of sociometrics and action methods to make group relationships more meaningful and beneficial in the vocational rehabilitation of mentally retarded young adults. Though this report does not begin to evaluate the many facets, potentials, and uses of these techniques that are especially applicable for this purpose, it does demonstrate the first phase of a continuing process in adapting such methods to rehabilitation projects for the mentally retarded. Additional techniques are currently being developed and adapted which should have an even greater effect on using the group to rehabilitate itself. A means of accurately predicting success in rehabilitation for this type of population is one of the future goals of this research.

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EDITOR'S NOTE: A great deal of work has been done using the sociometric method as a therapeutic device by reshuffling the groups. It is erroneous to assume that the sociometric process is diagnostic only. It has an important avenue of application. There is already a therapeutic effect upon the pupils through the very application of the sociometric test.

## AND NOW THERE ARE FOUR

### *Minimal Group Psychotherapy in a Family Setting*

CALVERT STEIN, M.D.

*Springfield, Mass.*

This is a follow-up report on the encouraging results of minimal group psychotherapy in a family setting. It began in April, 1959 with a group of three which met in my office on behalf of an elderly lady of eighty-five years. The second meeting was held ten months later at her daughter's home nearby. The third conference, at the same place ten days later, was marked by the presence of a very important (fourth) participant—grandma's son-in-law. Since then there have been many more family conferences with larger participation; but we are here concerned with the procedure and long-range results of the first three conferences.

*The First Conference:* In a previous report I described a one hour intake and therapeutic conference with a widowed great-grandmother and her married R.N. daughter.<sup>1</sup> For convenience, we called the octogenarian "Grandma", and we may now call the daughter Martha. The presenting symptoms were two painful calluses on arthritic and deformed toes plus many other signs of failing health (low blood pressure, tachycardia with absolute dysrhythmia, failing hearing and vision, and social withdrawal). Treatment consisted of hypnotic suggestion for relaxation, topical application of gentian violet to the calluses, reassurance and some discussion on elementary psychodynamics including the high standards of performance and ethics and rigid personalities of arthritics in general, and of the arthritic complaints of her bachelor son with whom she lived. It was, on the whole, a supportive psychotherapeutic session with helpful contributions from all three of us but most of the time she was in a very light hypnotic trance induced by simple breathing plus muscle relaxation and concentration on my voice. As soon as I found her responding to suggestions to *allow* her heart rate to slow down I commented on her son's arthritis. I suggested the possibility that rigid joints might even be a symbol of the owner's reluctance to bend—to lower his standards by accepting inferior performances and second grade results. She concurred, and I then suggested that perhaps her son was following in her footsteps because of loyal identification with her; and that far from being a sign of rejection this identification could be

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<sup>1</sup> "A Challenging Group of Three": Group Psychotherapy, XII:236, (Sept. '59).

considered as a most complimentary acceptance. Inasmuch as the feeling of rejection is a common complaint in geriatric practice this proved to be a very welcome idea, especially since no hint was offered that her son's arthritis might also be a defense against her rejection and disappointment in him, or that hers might have anything to do with her lifelong ambivalences to her father. However, these mechanisms may be indicated in the later interviews.

With more suggestions, Grandma's respiration also slowed down, and she was even able to imagine a tiny bit of motion in the rigid toes. (Ten months later, as will be seen in the report of the third session, the toes actually did recover a whole inch of excursion—but at this first session I merely planted the idea that it *could* happen. The ideomotor activity came later). The first conference ended with the further suggestions that now that she had learned *how* to relax, it would no longer be necessary for her to continue with her lifelong habit of walking about on tip-toes for fear of offending others, nor to continue to nurse and pare the painful calluses; but that from now on she could walk with confidence and let the feet take care of themselves.

Grandma did very little talking on that first visit; but made up for it later to her son and daughter. One significant revelation was that her own *father had died with a gangrenous toe*. The pain in her toes disappeared before the date prophesied (Mother's Day) and one of the calluses disappeared within two months. Social and physical activities were resumed and Grandma felt generally improved for the rest of the year, but did not ask for a second visit.

*The Second Conference:* On January 18, 1960, nine months after the initial treatment I was able to verify the situation personally. Martha had called me because Grandma had been hearing disturbing noises and voices in her home. She thought that the man downstairs was banging on the floor to annoy her. She was again visiting in this city for a brief period so I made a house-call enroute to my clinic. I found the elderly lady outwardly unchanged EXCEPT for her feet both of which were now recognizable as serviceable pedal appendages. The left foot, which had been treated, showed a marked lessening of the halux valgus. The second toe was still crowded and largely covered by the first and third digits. It was soft but had (on its hammer-shaped tip) the residual of a callus no larger than the head of a common pin. *The tip of the third toe was smooth and soft, with no sign that any callus had ever been there.* Her local chiropodist had been very much impressed with the improvement, but Grandma had not enlightened

him as to the reasons. There was still very little movement in any of the toes. The right foot was similarly deformed, but without calluses and without pain, and with much less limitation of movement.

Grandma's hearing aid had broken down, so I moved my chair closer and *insisted* that she could hear me, which she did. Ostensibly the purpose of the second visit was to teach her how to exercise her toes and feet, combined with similar concurrent stretch and grasp movements of her hands and fingers (done to rhythmical music). A change of shoeing was also recommended; but the bulk of the visit was again devoted to indirect psychotherapy via verbal ventilation punctuated by some cathartic lacrymation. She herself terminated our discussion of her arthritic son with an impatient "Oh, bother with my son! He can look after himself for a change!" Many repressed hostilities to her father also poured forth, chief of which were the following recollections: She was put to work at nine years, disciplined with a large belt and buckle, denied food except bread and water whenever she was unemployed, and suffered multiple restrictions on liberties and privileges which caused her to leave home at fourteen years. No mention was made of the auditory hallucinations or the rest of her physical health; and when I left, Grandma was happily exercising her toes—her feet resting on a hot-air grille in the floor, and excitedly exclaiming, "Look, I can see my second toe now!"

Shortly before the end of that visit, however, I paved the way for the next conference: When I arrived for that second family conference, there were three feet of snow piled around the entrance to the little cottage and it was not yet eight in the morning, but a foot-path had already been shoveled by Martha. (William, who is Martha's husband and Grandma's son-in-law was away attending his mother's funeral). As I prepared to leave I commented on the exercise values of shoveling snow, and thanked Martha for the foot-path. This automatically introduced the name of the absent William. For reasons which will be apparent after you read the rest of Grandma's wretched experiences with men Grandma had always felt that her son-in-law didn't really want her around (same pattern of rejection as with her father and husband); but she and her daughter Martha both agreed on two conclusions: first that William would need Grandma more than ever now that his own mother had passed on; and second that perhaps Martha had aroused some resentment by the very nature of her nursing efficiency—insisting on waiting upon Grandma and not letting her do enough for herself. Those were the thoughts I left with them at the close of the second session plus a promise to come again if I were wanted. I was.

*The Third Conference:* When I arrived for the third family conference ten days later 1-28-60 Grandma's son-in-law William had just returned from his mother's funeral and was puttering around in his basement workshop. We spent only a few minutes on Grandma's foot. Movement in the rigid joints had increased from one quarter inch to a full inch—*without pain*. I praised her performance and Grandma herself volunteered an explanation of the noises she'd been hearing. "It must have been my loose dentures making those clicking sounds. They stopped just as soon as I got here". Martha announced that this time William had done the snow shoveling, and that grandma has resumed washing the dishes. By mutual consent William was invited to ascend from the basement and the group was underway. *But now there were four of us*. William is a tall, lean machinist of sixty-five years. He sat slightly apart, but was profoundly attentive, and made timely contributions. Martha gradually became less self-conscious and less over-protective, and soon adopted a more objective and supportive role such as she had learned in other groups in previous years. Grandma was considerate of both Martha and William, and humbly grateful that we were still interested in her. We were all surprised that the time passed so quickly; and the unanimous invitation for another visit was warm and genuine.

It should be noted that for twenty-four years, William had resisted our persuasions for participation in "guidance" sessions on behalf of his wife and son; and may also have made token payment for some of this resistance via surgery on his stomach. It isn't that William didn't appreciate our help in changing his son from an eight year old "problem child" with school failures into a successful College Graduate and a happy husband and father, but rather that he had his own ways of showing it—and kept insisting that his ulcer was organic anyway. So this was our first meeting in over eight years; yet William's greeting was just like the first one—sincere, but reserved; and I again had the impression that I was being formally presented to Justice Oliver Wendell Holmes. A week later William was talking about the conference during a family visit with his son and daughter-in-law and grandchildren. "I got sort of a headache that night—my face and forehead got red and flushed but I figured it out, Stein must have hexed me again (said with one of his rare smiles). And there was something else—I answered my own question! I'd been saying that Martha was doing too much for the children and the doctor asked me whether she does as much for me—and I said "well that's the sort of person she is!" Martha's subsequent telephoned comments are also illuminating. "When

a doctor comes to the house it's usually a very solemn occasion but this was just like a friendly gathering as if my son had walked in on us. We weren't tense and keyed up—everyone was all relaxed—and the fact that William came upstairs when he has been so afraid of you all these years! After you left he said "Dr. Stein wants me to be nicer to our son, and he's going to give him one of his cameras!"

*But the highlight of the third conference was grandma's catharsis and abreactions, stimulated by the presence and participation of William.*

#### AUTOBIOGRAPHICAL RECOLLECTIONS OF GRANDMA

(Authenticated by Family)

Age 4: Grandma and older sister age six were left home alone while parents worked.

Age 5: Her mother died. Grandma got into bed to comfort mother's dead body. (After eighty years this traumatic recollection is still vivid). She was then sent on a train (unescorted, but with destination card pinned to her chest) to paternal grand-mother's. Slept in cold attic with an uncle . . . was constantly afraid of the dark. Remained here until remarriage of her father the following year, but the new mother was no improvement.

Age 6: Stepmother and father worked and locked children in house all day. Children roasted potato peelings and ate them when hungry. Stepmother "good" to them until her first child was born.

Age 7-9: Taught ten children in kindergarten. Was accused by sister of stealing. Policeman came to house but Grandma was exonerated. Sister also told father that Grandma had cut her hair while she slept (sister had actually cut it herself). Grandma hid behind posts in the lane (on stepmother's orders) until father left, then returned to the house to mind her younger step-sisters and brothers while her stepmother went out. Recalls that houses were robbed while Royalty passed through the town, but didn't get to see the Queen.

Age 9: Sailed for America. Ate raisins and rice. Was sea-sick. Met by relatives at C. Went to work in Woolen Mill 6 A.M. to 6 P.M. for \$2.50 per week. Father beat her with belt buckle and encouraged boss to "smash her in the face" if not working right. Father would go home for his own lunch, but frequently neglected to bring any food for her.

Age 10½: Stepmother also died leaving a new baby. Baby and step-sisters were sent to a home. Grandma and sister continued to work in Woolen Mill.

Age 11½: Father again re-married and brought the other children home again.

Age 12½: Second step-mother died having a baby—baby also died. Young children sent back to the orphanage home.

Age 13½: Father remarried. New wife (his fourth) drank heavily. Father divorced her and got a housekeeper.

Age 14: Father remarried (his fifth). Grandma and father quarreled. Grandma declared her independence and left home. Lived at a boarding house. Woman was good to her (seventh mother figure in ten years).

Age 17: Met future husband (aged 29). We may call him Joe.

Age 17½: Married . . . first child born just under nine month and 12 days ahead of time. Grandma's mother-in-law was no improvement over her four step-mothers. She accused her of premarital pregnancy and ridiculed Joe when he showed affection for the child so he stopped. Like her father, Joe also beat Grandma until she fought back. Joe has been dead 32 years and is rarely mentioned. They had eight children (two died when young). Martha is the fourth of these, and the bachelor arthritic son with whom Grandma lives is the fifth. However, unlike the other men in Grandma's life this son is very good to her, if not to himself.

Grandma is now beginning to appreciate him more. She also feels more kindly disposed towards her son-in-law William. The previous report on her callus was a complete surprise to her, and aroused considerable discussion in the family. Here is her own letter of comment received Feb. 8, 1960 (neatly written and with a fairly steady hand—but with some repetition).

"Dear Dr.: This is just a belated note to thank you for your great kindness to me during my visit in Springfield, also for the nice gift of the book (reprint) you gave me. I received it last night. I think it was very to the point. Let me thank you doctor for your great kindness to me while in Springfield; and I think all the family is interested in you after the way I walk now, and after the way I walked when I was going there. It is marvelous (through God). My family let her see how good I walk.

I also want to thank you for your great kindness to me and for helping and as you say if I don't feel better in a month from now I shall be back to see you again soon.

I remain your obedient patient"

Signed:

Martha's confirmatory letter—Feb. 19, 1960:

"I talked to my mother today—she sounded cheerful and says she feels fine—there are some days when she feels better than others—but there are no complaints about the foot or the man downstairs who tends the furnace.

Those previous visits—to class and your office were very important—when you saw her here you were some one she had met before.

Thank you again.—William's fine".

#### SUMMARY AND CONCLUSION

I last saw Grandma on January 28th. (1960). Several important changes had taken place since the second conference: 1. The original group of three had increased to four (the new member being grandma's son-in-law William) and 2. The left foot was not functioning as well as the right. Ten days earlier the maximum excursion in the dorsal and ventral plane was only  $\frac{1}{4}$  inch at the end of the interview (zero at the beginning). Today it was a full inch, and included *all* of her toes. Moreover, the second toe was now clearly visible and not any more cramped than that of the average young woman after years of modern shoeing. 3. Her blood pressure had risen to a serviceable range of 160/80. 4. The apical pulse had slowed to 108 with fewer extra-systoles. A brief period of edema in the left foot had been thought to be the result of the exercises but could also have been associated with some of the traumatic material described in her biographical section above (somatic conversion reaction). This cleared up within two days. It was not from cardiac insufficiency (confirmed by her family physician). A corrective was suggested for her constipation and I promised to come to visit her again after the repair of her hearing aid. I also retouched the pin-head callus residual with some more gentian violet.

During the first visit light hypnotic relaxation was induced and considerable attention was paid to the feet plus orientation in psychodynamics and suggestions for improved rapport with her son. During the second session no hypnosis was needed. Foot exercises were introduced and discussion of family and personal life began.

During the third visit the group was enlarged to four by the participation of Martha's husband, William. The discussion took the nature of an informal family conference at which all of us felt free to discuss not only grandma's bachelor son's repeated telephone calls to her to come home, but also Martha's tendency to wait upon her too avidly and son-in-law William's long standing stomach aches. Grandma also affirmed Martha's reminder that the disturbing noises had disappeared as soon as she had left her son's home saying, "I think it must have been the noise from my dental plates that I was hearing". (Since then she has volunteered the remark—"It was probably my imagination, too"). At any rate, she no longer accuses the

man downstairs of making banging noises to annoy her. Some discussion of her improved attitudes toward her grandchildren and her growing brood of great grandchildren also took place, and there are plans to invite some of them to the next family conference. However they can now handle this on their own, and without further help from me inasmuch as some of the younger generation have already had several years of individual and group therapy and are adept at the procedures.

The treatment began with serious attention to an immediate and disturbing presenting complaint (the painful callus) which was treated; and ended with a continuum of strengthened rapport between grandma, her arthritic bachelor son, her R.N. daughter Martha and now also her son-in-law William. The ground-work has also been laid for productive and larger family group conferences some of which have already taken place since this report was written. The experience offers a possible approach to other geriatric problems preferably in small groups and in the homes, keeping in mind the need for a total appraisal of the individual's requirements as well as the powerful healing factors of faith and confidence.

## GROUP PSYCHOTHERAPY AND PSYCHODRAMA IN PRISON

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In 1951, Corsini, based on his experience in four penal institutions over a period of fifteen years, and on his observation of some fifty group therapists, expressed the view that only psychodrama approached individual therapy.<sup>1</sup> This appraisal was made approximately a quarter of a century after Moreno first employed psychodrama in a New York State Penitentiary and in a correctional institution for delinquent girls.<sup>2</sup> Although the use of psychodrama and role playing had developed considerably in the areas of Mental Health, Industry, and Education in the course of these twenty five years, they had not been employed extensively in our penal institutions.

In a recent survey conducted by McCorkle, only twelve percent of the three hundred and twelve penal and correctional institutions contacted reported having a program of group therapy. Thirty-five percent of those who replied reported the use of some form of group therapy, the major emphasis, however, being placed on lectures and discussions.<sup>3</sup> Where group therapy programs have been initiated, the purpose has been, either to adjust the inmate to prison life, or to assist him with his problems of rehabilitation. Nevertheless, there is evidence that the majority of our prisons lack any sort of group therapy program and that only few regularly employ psychodrama or role playing.

A major objective of correctional practice is said to be the increase in the commitment of each inmate to the conventional value system. Occupational training and general education are undertaken during the period of incarceration in order to better equip the inmate for non-delinquent pursuits upon his release. An underlying assumption is that as he becomes better equipped to succeed in conventional occupations, he becomes more willing to accept the accompanying value system. Correctional institutions have incorporated occupational training and general education into their rehabilitation programs some years ago. The fact that recidivist rates continued to be high has led to an increased acceptance of the view of delinquency as

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<sup>1</sup> Raymond Corsini, "The Method of Psychodrama in Prison," *Group Psychotherapy*, Vol. III (Mar. 1951), pp. 321-326.

<sup>2</sup> J. L. Moreno, *Who Shall Survive?*, pp. 454-547.

<sup>3</sup> Lloyd W. McCorkle, "The Present Status of Group Therapy in United States Correctional Institutions," *International Journal of Group Psychotherapy*, 3 (Jan. 1953).

a symptom of some underlying emotional disturbance. This assumption underlies the applications of group therapy, psychodrama, and role playing to the diagnosis and treatment of the problems of inmates of correctional institutions. However, there is no indication that all or even a preponderance of the delinquents are emotionally disturbed people. A substantial number may have been socialized in delinquent groups and may be committed to the values of such groups. Role training, a form of role playing in which the emphasis is placed on reenactment of performances in past experiences, represents an attempt to modify attitudes and values in the direction of conformity to those of the dominant culture.

In this chapter we shall concern ourselves with the applications of psychodrama, playwriting and acting techniques, spontaneity training, and role training, in correctional institutions.

#### *Psychodrama In Classification And Assignment*

The first attempt to apply psychodramatic or sociodramatic techniques to the problem of assignment in a correctional institution was reported by Moreno in 1937. At the time he was involved in the problem of assigning new arrivals to cottages and work teams in a correctional institution for delinquent girls at Hudson, New York. The total delinquent population at the time of testing approximated five hundred. Initial assignment of an individual to a cottage upon her arrival at Hudson was based upon five tests. These were; (a) the Parent Test; (b) the Family Test; (c) the organization of every home group as determined by the sociometric test; (d) the organization of the individual's home group outside and (e) Psychodramatic tests. The Parent Test, the Family Test, and the Psychodramatic tests will be discussed in detail.

The Parent Test was administered in the following manner;

1. The new arrivals were given a 'warm-up' by the director in which they were advised of the opportunity that would be given them to choose a housemother. The importance of this choice was stressed.

2. The housemothers of cottages with vacancies were assembled and given a 'warm-up' in which they were informed that they were to select from the new arrivals those to whom they were attracted. The importance of their choice to themselves, their cottages, and to the new arrivals was emphasized.

3. Each girl acted in the role of 'hostess', receiving the housemothers, one at a time, as her guests, until each girl had interacted with each housemother.

4. The tester, or director, then interviewed each girl and each house-mother asking for first, second and third choice and affording each an opportunity for free expression regarding motives for attractions.

The Family Test was administered in exactly the same manner as the Parent Test, except that a girl most representative of the population of each cottage participated in the test instead of the housemother. A different girl from each cottage represented the group at each Family Test so that no girl could gain the prestige of being called representative. The technique of the Parent Test and Family Test described above was an attempt to coordinate spontaneous tendencies and aims of newcomers with those of residents of the community. The conduct of assigned individuals was followed up and newcomers assigned through the tests showed greater success in adjustment and more favorable conduct than did those placed in a home without a test.

The Psychodramatic Tests involved in assignment to cottages and work groups were referred to as 'Entrance Tests'. Every newcomer was subjected to an entrance test which required performance in three situations; a family situation, a work situation and a community situation. In these situations they acted in the crucial roles of their daily conduct as, daughter, sister, co-worker, wife or girl friend, churchgoer and student. Housemothers and key members of the cottages played the auxiliary roles. A jury rated the performance and these ratings influenced assignment. A comparative study of one hundred and two initial assignments made through this procedure indicated that the best risks in assignment were those in which the majority of the factors disclosed in the test coincided. Successes and failures were followed up but no determination was made of the relative influence of the factors considered.<sup>4</sup>

#### PLAYWRITING AND ACTING AS DIAGNOSTIC-THERAPEUTIC TECHNIQUES WITH DELINQUENTS

In describing the activities of the Whittier State School, a school for delinquent boys in California, Fenton notes that dramatics formed an important part of the Whittier Program.<sup>5</sup> A dramatics supervisor was employed to direct the presentations, but actors were chosen in terms of their personality needs rather than for dramatic ability. Fenton says; "By these

<sup>4</sup> J. L. Moreno, *ibid.*, pp. 219-523.

<sup>5</sup> Norman Fenton, *The Delinquent Boy and the Correctional School*, Progress-Bulletin, Pomona, California, 1935, pp. 125-126.

means the program of dramatics was brought into the general field of psychotherapeutics in the institution." While he presents no data with respect to the effect of therapeutic dramatical presentations, he quotes an unpublished study of Downs.<sup>6</sup> The latter found, in a study made in 1927, that a group of Junior High School age delinquents, when asked to act out an incident of their own selection, all chose a criminal episode. Six months later, after acting in plays, these boys chose to give an incident from one of the plays.

Curran, a member of the staff of the Bellevue Hospital Psychiatric Department, applied dramatic techniques in his efforts to diagnose the emotional problems of delinquent boys. At Bellevue there was a ward for boys between the ages of twelve and sixteen who had been sent there for diagnosis and therapy by the Children's Courts, Social Agencies, and by Schools as a result of delinquent behavior believed to be caused by emotional disorder. There were between forty and fifty such boys in the ward. Between five and ten boys were assigned to each play, each such group being required to write a play and act in it. After each presentation the play was discussed fully in the ward. In the course of these discussions the therapist obtained leads for future therapy and the subjects were afforded catharsis. Each individual was afforded an outlet for aggressiveness, encouragement for advantageous identification, a means of atoning for guilt, a means of obtaining love, encouragement to act out phantasies, and an opportunity to create. Curran felt that each of the above were important only insofar as they afforded possibilities for the individual to obtain deeper insights into his own problem.<sup>7</sup>

Lassner employed dramatic techniques in much the same manner as had Curran at Bellevue. He was the sole psychologist in a training school for delinquent boys, housing approximately four hundred. Viewing delinquency as a symptom of some underlying emotional disturbance, he was faced with the problem of how to do something constructive toward the rehabilitation of a large number. It became apparent to him that some form of group therapy was essential if he were to concentrate on the cases most interesting to him and neglect the rest. The particular type of group therapy he selected involved playwriting, production, and subsequent group discus-

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<sup>6</sup> Downs, G. R., "Dramatic Instruction in Correction Schools for Boys." Master's Thesis, University of Southern California, Los Angeles, 1931, as quoted by Norman Fenton, *ibid.*, p. 126.

<sup>7</sup> Frank J. Curran, "The Drama as a Therapeutic Measure in Adolescents," *American Journal of Orthopsychiatry*, Vol. 9 (Jan. 1939), pp. 215-231.

sion. Groups of boys, three to six in number, were formed and assigned the task of writing plays. Plays written by two of the groups were actually produced. The selection of topics and choice was left to the group. The atmosphere was permissive throughout. Following each performance group discussions were held. These were disguised as post-performance parties.

Lassner presents a few case histories to illustrate the therapeutic effect of this technique. He claims as its principal advantage, the fact that it serves to disguise the diagnostic-therapeutic purpose. In a sense, the writing, production and presentation of the play were actually a technique for warming-up the group. It is the group discussion that provided Lassner with most of his diagnostic clues and it is at this point too that the therapeutic effect was most pronounced.<sup>8</sup>

#### PSYCHODRAMA WITH INSTITUTIONALIZED SEXUAL DEVIATES

Bromberg and Franklin report the use of group psychodrama in a treatment program applied to sexual deviates at the Mendocino State Hospital, California. Seventy-five such patients were treated in the course of eighty-one psychodramatic sessions. These sessions are described in considerable detail by the authors. The function of play, accepted as an adult occupation by the group, was to permit tolerance and understanding of anxieties and instinctual drives by the patient's ego. With respect to the diagnostic value of the method, they say; "For the psychopath in general and the sexual deviate (sexual psychopath) in particular, playing in a permissive atmosphere, is the only way in which a symptom or character structure can be objectified preliminary to its study." With respect to the therapeutic effect they found decreased ego tension (anxiety), greater insight into the neurotic basis of their deviation, greater understanding of the symptomatic displacement of their aggression, perception of their confusion in sexual identification, and improvement of their interpersonal relatedness.<sup>9</sup> Eliasberg applied a comparable method of treatment to two groups of homosexuals on probation. Each group consisted of six men between the ages of nineteen and forty-eight. He emphasized his conclusion that acting and acting-out play a role in the analytic as well as the psychodramatic group.<sup>10</sup>

<sup>8</sup> Rudolf Lassner, "Playwriting and Acting as Diagnostic-Therapeutic Techniques with Delinquents." *Journal of Clinical Psychology* (Oct. 1947), pp. 349-356.

<sup>9</sup> Walter Bromberg and Girard H. Franklin, "The Treatment of Sexual Deviates with Group Psychodrama," *Group Psychotherapy*, Vol. 5 (Mar. 1952), pp. 274-292.

<sup>10</sup> W. G. Eliasberg, "Group Treatment of Homosexuals on Probation," *Group Psychotherapy*, Vol. 7 (Dec. 1954), pp. 218-226.

Corsini, in an attempt to ascertain what would happen if unwilling prisoners were forced into psychotherapy, studied a group of elderly pedophiles in a prison. The clinical director announced that each staff member was to take a therapy group of fifteen men for a period of thirteen weeks. The group studied comprised fifteen elderly pedophiles of above average intelligence, only three of whom agreed to participate. Since pedophiles are sex criminals generally charged with molesting young children, they are usually lone wolves in the prison, rejected by other inmates. The first three sessions were introductory, the first dealing with the hostilities of the group, the second being a lecture on the biological aspects of sexual behavior, and the third a lecture on the psychological aspects of sexual behavior. In the course of sessions four through eleven each member of the group was interviewed about his crime and had his problem discussed by the group. After twelve sessions all of the members of the group expressed satisfaction with group therapy and requested more of it.<sup>11</sup>

#### PSYCHODRAMA AS DIAGNOSTIC AND THERAPEUTIC METHOD IN DEALING WITH EMOTIONAL PROBLEMS OF INMATES OF CORRECTIONAL INSTITUTIONS

In the course of his work at Hudson, Moreno employed psychodrama extensively both for diagnosis and therapy. Success or failure in each individual case was generally determined by modifications in the sociometric position of the subject. Such changes in behavior as reduction in the number of temper tantrums, stolen articles, secret dates, and the passing of incriminating letters were noted. There was also a decline in aggressiveness and reduction in the number of runaways. These improvements were attributed to the techniques in assignment previously referred to and to the general application of sociometric and psychodramatic methods.<sup>12</sup>

In 1940, Borden reported on her use of Psychodrama at the Cedar Knolls School for delinquent girls. The school was located at Hawthorne, New York and had a population of about forty girls ranging in age from thirteen to seventeen. Groups of four were formed on a sociometric basis. Psychodramatic techniques were used for analysis, retraining and treatment. The Spontaneity Test was used to explore the interrelationships within and outside of the institution. Types of reaction were studied by having the subjects act in standard situations. This provided a better understanding of the personal situations of the girls involved and also provided information

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<sup>11</sup> Raymond J. Corsini, "Group Psychotherapy with a Hostile Group," *Group Psychotherapy*, Vol. 7 (Jan. 1954), pp. 168-173.

<sup>12</sup> J. L. Moreno, *ibid.*, pp. 521-529.

for the direct use of the case worker. Treatment took the form of catharsis in the self-presentation of private problems and inter-personal disturbances, either with reference to persons inside or outside the community. Re-training included the following:

1. Vocational Training—the development of the social aspects of particular vocations.

2. Training for general social situations such as applying for a job, relationship with the opposite sex, etc.

3. Re-training of behavior in present inter-personal situations. This includes improvement of the social relationships of the girl with her family or with staff members, or both.<sup>13</sup>

Lassner also employed psychodrama as a diagnostic-therapeutic method in a prison. He worked with a total of thirty-five prisoners, ranging in age from eighteen to forty-seven, and in I. Q. from eighty to one hundred and thirty-five. He ran sessions two to four times a week with groups varying in size from four to ten. The atmosphere was permissive and during the course of the program fourteen dropped out at their request. Lassner presents some case histories demonstrating diagnostic clues and therapeutic effect. At the termination of the therapy he employed a questionnaire to evaluate the attitude of the subjects. Seventy-two percent of the subjects responded favorably.<sup>14</sup>

#### SPONTANEITY TRAINING AND ROLE TRAINING AS PREPARATION FOR RELEASE.

Facing the problem of returning his population from Hudson to a more complex environment, Moreno employed spontaneity training as a form of preparation. He resorted to creating experimental environments, by means of play situations, permitting action in a number of roles, resembling insofar as possible the living ones. The individual received training in a variety of roles for conduct in possibly arising situations and was thus prepared to meet life situations with some experience or practice. Analysis followed closely after the action. Prior to leaving Hudson, the girls were given 'Exit Tests'. The Exit Test involved acting in three situations the individual was expected to face in the community at large; a family situation, a work situation, and a community situation. The roles in which the girls

<sup>13</sup> Ruth Borden, "The Use of Psychodrama in an Institution for Delinquent Girls." *Sociometry*, Vol. III (Jan. 1940), pp. 81-90.

<sup>14</sup> Rudolf Lassner, "Psychodrama in Prison," *Group Psychotherapy*, Vol. 3 (April 1950), pp. 77-91.

were tested were similar to those already described in our discussion of the Entrance Test.<sup>15</sup>

In 1956, Haskell employed Role Training in a study at the Riker's Island Penitentiary, designed to evaluate the effect of such a program as preparation for release on parole. The one hundred and seven inmates scheduled for release on parole from 27 November 1956 to 15 January 1957 were given a Wide Range Reading Test and those with less than sixth grade reading ability eliminated from consideration. Those under the age of twenty or over forty-one were also eliminated as were homosexuals. The sixty-six that remained were divided into an experimental and a control group by a process of randomization. The experimental group was divided into two treatment groups, one numbering sixteen and the other seventeen. Each group was given fifteen role training sessions. Training was given in each of three major role areas; Occupational Roles, Family Roles, and Community Roles. The following roles were emphasized:

1. Occupational Roles—Job Applicant—Interviewer, Worker—Co-worker, Worker-Foreman, Worker-Employer, Worker-Union Representative.

2. Family Roles—Son-Mother, Son-Father, Brother-Sibling, Husband-Wife, Relative-Relative (Cousin, nephew, grand-son, step-son etc.)

3. Community Roles—The individual in his relationship with School, Church, Neighbors, Friends (Former friends and Newly Made friends), and Parole Officer.

The following techniques were utilized at each session where considered applicable; Self-Presentation, Soliloquy, Projection, Role-Reversal, Double, and Mirror.<sup>16</sup> The five instruments of Psychodrama; the Stage, Protagonist, Director, Auxiliary Ego and the group were also used. Although no portion of the room designated for the sessions was elevated, the forward portion of the room was regarded as the stage and all action took place there.<sup>16</sup> The director focused on a particular role or role area by using the directed warm-up.<sup>17</sup> To that extent the action of each session tended to be limited to the roles selected by the director. Individuals acted out scenes from their own experiences and the instruments referred to above were employed as

<sup>15</sup> J. L. Moreno, *ibid.*, pp. 497, 531-542.

<sup>16</sup> J. L. Moreno, *Psychodrama, Vol. I*. The techniques and instruments were used in the same manner as described in this book and in *Who Shall Survive?*

<sup>17</sup> James M. Enneis, "The Dynamics of Group and Action Processes in Therapy." *Group Psychotherapy*, Vol. 4 (April 1951), for a discussion of the major types of warm-up.

were the techniques listed, with a view to improving perception of all the significant others. Group discussion followed each presentation. The director maintained a permissive and non-directive role throughout. Prior to the role training the members of both the Experimental and Control Groups were given five tests. These included; Role Tests, Empathy Tests, Human Relations Inventory Tests (This test measures tendencies toward conformity), Judgment Tests, and Observation of Human Behavior Tests. These tests were repeated after the Role Training was completed.

Since the Post-Treatment Role Test employed twelve stimuli while the Pre-Treatment Test employed eight, the obtained scores were converted into standard scores before comparison was made. The following table of t-scores summarizes the results of the tests:<sup>18</sup>

	ROLE TEST	EMPATHY TEST	HUMAN RELATIONS INV.	JUDGMENT	OBSERVATION
t-score	4.06*	1.03	1.86* <sup>19</sup>	.33	.179

\* Significant at .05 level.

In addition it was hypothesized that persons improving in role playing ability would show greater improvement on each of the other tests than would those who did not improve. The eighteen who improved on the Role Test improved significantly on the Empathy Test ( $t = 2.33$ ) and on the Human Relations Inventory ( $t = 3.78$ ), when compared with the ten non-improvers.

The following categories were compared and no significant differences found, either in mean scores or frequency of improvement; (1) Negro and White; (2) Those under twenty-five years of age and those twenty-five and over; (3) Those with no high school, those with some high school and those who were high school graduates; (4) Drug users and non-users. However, the following differences were noted:

1. A comparison of the raw scores of the under twenty-five age category with those of the twenty-five and over, on the Role Test shows a substantial mean gain for the younger group and a relatively small gain for the older.

<sup>18</sup> The Role Test was rated by three judges who were Probation Officers as well as graduate students at New York University. Interjudge reliability was:  $r_{12} .84$ ;  $r_{13} .80$ ; and  $r_{23} .82$ .

<sup>19</sup> Observed value of  $t$  is 1.86 which is greater than 1.68, the tabulated entry for a one-sided test with level of significance equal to .05. For discussion of one-sided tests of hypotheses see H. M. Walker and J. Lev, *Statistical Inference*, pp. 60-63. Table is on p. 465.

The under twenty-five category had a mean gain of 8.7, moving from 72.8 on the pre-test to 81.5 on the post-test. The older category had a mean score of 79.0 on the pre-test and 82.2 on the post-test.

2. A comparison of the raw scores of the drug users with those of the non-users on the Role Test shows a substantially larger gain for the non-users. The non-users had a mean score of 73.1 on the pre-test and 82.5 on the post-test. The drug users had a mean score of 77.9 on the pre-test and 81.1 on the post-test.

3. On the Human Relations Inventory the non-users had a mean score of 13.2 on the pre-test and 10.2 on the post-test. This difference was significant.<sup>20</sup> The change in mean of the drug users was not statistically significant.

4. On the Observation of Human Behavior Test the non-users had a mean score of 17.7 on the pre-test and 22.3 on the post-test. This difference was significant.<sup>21</sup> The change in mean of the drug users was not statistically significant.

The conclusions drawn from this study were;

1. In the course of a Role Training Program administered to inmates of a prison prior to their release on parole, role playing ability improved considerably and attitudes were modified in the direction of conformity toward general social values.

2. Those who improved in role playing improved in ability to take the role of other and in tendencies toward conformity to general social values as compared with those who did not improve in role playing.

3. Those who did not use drugs showed greater improvement in role playing, tendencies toward conformity, and ability to observe human behavior than did drug users.

#### SUMMARY

The application of psychodrama, sociodrama, spontaneity training, and role training in correctional institutions encounters problems that differ considerably from those encountered outside such institutions. For this reason, this specialized application has been given separate consideration and study. Corsini and others have pointed out that therapy in prison frequently fails due to organizational blocks in penal institutions. In addition, it is more difficult for the therapist to obtain deep participation of subjects in a penal environment. The inmate of a correctional institution is likely to be

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<sup>20</sup>  $t = 2.20$ , significant at the .05 level.

<sup>21</sup>  $t = 2.25$ , significant at the .05 level.

extremely sensitive and suspicious. He functions as part of a caste like system in which the members of the inmate 'caste' tend to regard anyone connected with the supervisory 'caste' as someone unworthy of trust. Also, the inmate culture defines an individual going for therapy as "nuts". This social definition of therapy subjects the cooperating inmate to ridicule and other forms of social pressure.

It is obvious from the above discussion that initial hostility to therapy and the therapist is considerably greater inside the prison than outside. To overcome this resistance the therapy is usually disguised as something else. Downs, Curran, and Lassner employed play writing and play acting techniques with this as one of their avowed objectives. They found that the writing, acting, and group discussion that followed provided useful diagnostic clues as well as therapeutic catharsis.

The use of Family Tests, Parent Tests and Entrance Tests as assignment techniques were developed by Moreno in 1933. The sociometric evidence he presented indicates that this complex of tests proved valuable in selecting housing and work assignments that provided improved adjustment. The description of the use of these techniques and the resultant improvement reported indicates that they are designed to serve the needs of a cottage type correctional community but can be adapted to other purposes. The extent of their use at the present time cannot be determined.

The application of psychodrama to the treatment of sexual deviates in correctional institutions is one aspect of its application to other personality and emotional problems. Bromberg, Eliasberg, and Corsini report progress in modifying social perception, attitudes and behavior. However, the work done in this area to date has been largely exploratory in nature. Psychodrama has been used as a diagnostic-therapeutic method in dealing with varied emotional problems in correctional institutions. All reported the techniques effective in providing diagnostic clues and found modifications in social perception, attitude, and behavior resulting from such therapy. They also observed that the therapy provided catharsis in the course of its administration. Few control studies have been undertaken probably because psychodrama is generally employed in conjunction with other forms of therapy, making it virtually impossible to isolate its effects. In view of the fact that at least half of our correctional institutions lack a group therapy program, some form of experimentation should be undertaken to determine quantitatively the effectiveness of psychodrama and other forms of group psychotherapy. If, as Corsini and others have said, only psychodrama approaches individual therapy, and individual therapy is inadequate of

the enormity of the problem and the scarcity of trained personnel, an experiment to determine empirically the effects of this and other group therapies appears imperative. To date, the work done in this area, with the exception of that undertaken by Moreno and Borden in the nineteen thirties, has been exploratory rather than experimental.

Spontaneity training as preparation for release from a correctional institution was administered by Moreno at Hudson. Although follow-up studies indicated some improvement in adjustment, the lack of a control group and experimental design makes it difficult to evaluate the effect of this training. Haskell administered a role training program at Riker's Island emphasizing training in occupational, family, and community roles. The group receiving the role training improved in role playing ability and tendencies toward conformity to general social values, when compared with a control group. In addition, it was found that those who improved in role playing ability also improved in ability to take the role of other and in tendencies toward conformity to general social values when compared with those that did not improve in role playing. This most recent effort suggests that role training can be used to increase the commitment of the inmate of a correctional institution to the conventional value system. Before role training is accepted as an essential part of the rehabilitation program of our correctional institutions, additional proof of its effectiveness will be required. Experimental studies should be directed toward supplying this proof.

# A PSYCHODRAMATICALLY ORIENTED ACTION TECHNIQUE IN GROUP PSYCHOTHERAPY

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An important goal in psychotherapy is attainment of insight, which in turn has the tendency to initiate new patterns of thinking and behavior. One method a therapist can use to help the patient attain insight is confrontation: that is, the therapist shows the patient the underlying, real purpose of his behavior and his biased perceptions.

For example, a patient may actually be seeking the noble and desired state of martyrdom through provoking others to abuse him for the private goal of feeling superior to his "tormentors." At the same time the patient will be unaware of his private goal and will believe that he is only pursuing some worthwhile end or that he is an innocent victim. When the patient is confronted with his private goal and helped to see that he actively provokes the abuse himself, his awareness of this behavior pattern helps him to try to avoid repeating it and to search, instead, for new ways of behaving.

## METHOD

The method described here is an extension of words into action. Ordinarily, the therapist who understands the patient's goals tries to communicate this information verbally to the patient. The therapist's *words* are often countered by the patient with other *words*. If the patient resists accepting the therapist's interpretations, therapy may become a matter of cross-argumentation. In group psychotherapy, a patient may similarly refuse to accept the group's interpretation of his behavior.

The author was conducting a therapy group in which some members continually puzzled and exasperated the others by subtly provocative behavior. The latter either withdrew from or became openly antagonistic to the provokers, perceiving them as not fitting into the group and refusing to accept its common purpose. The author considered that a more effective way of helping the provokers attain insight would be to confront them with their motives by letting them experience the group reactions to them in line with their subtle demands. If the members of the group reacted in an exaggerated manner to the patient's neurotic goals, the message might be carried to the patient in a dramatic and forceful way. Instead of only using *words*, *action* was employed. This is close to the approach of Moreno.

The group in which this technique was explored had been meeting weekly over a year.\* All had been or still were in individual psychotherapy. It contained men and women ranging in age from 20 to 40. None were psychotic.

The plan was discussed during a group session. It was agreed that the group would try to discover the purpose of the irritating and provocative behavior and would then, in an *exaggerated* way, respond to the behavior, *in line* with the provocateur's neurotic demands. "If he wants to be a baby, let's treat him like a baby and see if he likes it."

The writer used two independent approaches in the group for determining the faulty goals of the patients: an analysis of early recollections and group discussion of the probable private demands of each patient. One of the patient's goals, an outstanding and obviously faulty one, and its chief method of attainment in the group were chosen in order to simplify and dramatize the technique and its effects.

#### EXAMPLES

John, a 26-year-old male, an only child, continually apologized for his behavior, remarks and appearance. He insisted that he was the most poorly endowed in the group, was stupid, unattractive, unmanly and that he felt inferior to all the others. The group first tried to help him by denying his self-description and pointing out his assets, but had become discouraged and antagonistic toward him.

His early recollection was:

"I was running alongside a low (unfenced) porch, screaming with fright. My parents, sitting on the porch, saw me run but didn't see anything chasing me. They got up to look and saw that I was being chased by a tiny gosling, so small they couldn't even see its head from where they were sitting."

The patient thus tells us thru his memory that he is absolutely inadequate. He has to run from something so small that no one else would be afraid of it. How can anyone expect him to face adult tasks? He cannot take care of himself, others must protect him and care for him.

The group decided to respond to John as if he actually were inadequate and worthless. They began to ignore him or to deride his remarks. They told him that he couldn't possibly have anything worthwhile to offer but that they suffered his presence because they were too kind to throw him out of the

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\* Mrs. Adeline Starr was co-therapist of the group.

group. A common response when John spoke was, "There you go making stupid remarks again. You are just inadequate, nothing you say is worthwhile," or, "If you say it, it must be wrong."

This procedure took place in one group session only. John did not show anger, but refused to talk to anyone after the session was over. He later told the therapist that he was very angry. At the next group session his anger had abated but he spoke of how angry he had been. He seemed surprised that the group accepted his anger. Once he began to apologize and caught himself, saying, "There I go again." The group offered warm feelings and John felt he didn't have to display his inadequacy any longer. Surprisingly, the provocative behavior returned only at long separated intervals, and a simple reminder from another group member was enough for him to catch himself.

George, a 25-year-old male, an only child verbalized freely in the group. He was willing to discuss his own problems and could engage in badinage with other group members. He courted the women, was contemptuous of some of the men (whom he considered inferior) and respectful of the other men (to whom he felt inferior) yet competitive with both. His interpretive remarks to other members were generally hostile. The group suspected that behind his outward behavior was an aloofness from the group and a fear of being exposed. He was well liked by the group because of his charm, but his remarks seemed carefully measured and unspontaneous. The group complained they did not really know him, that he always liked to get the upper hand over them.

His earliest recollection was:

"I was with a young woman, a friend or relative of the family. We were playing. She was lying on the floor and I was sitting on her chest. She was permitting it. It was enjoyable."

The patient needs the willing submission of others to find his place. When others allow him the superior position, he enjoys it and is willing to participate. He wants to be above and supported by others.

The group decided to "Kow-tow" to George. On the day when the session was to be devoted to this, George came late and the others had raised a chair on telephone books so that he could be higher than the others. George entered and smilingly accepted the chair. He was addressed as "Your Highness" and spoken of with adulation. George continued to smile and occasionally gave orders or made requests. He was playing the game. Near the end of the session, he confessed discomfort, saying that he still enjoyed the high position, but didn't like the group finding out he wanted it. He was afraid

the group would not "fall" for his charm and intellectual pretenses if they knew he wanted to be the center of their admiration. After discussion, George mentioned that he did not really need so much special position since he could be accepted more easily if he were on a level with the others, and that such superiority as he wanted was no true test of his worth anyway. He felt he was not yet ready to give up his goal, but now that everyone knew it, he might try to find his place in the group in more direct and open contest, perhaps by being helpful. He did not need the aloofness any longer. Everyone knew him for what he was and could accept him. In subsequent group sessions, he continued to be competitive and often hostile but no longer aloof.

Ruth, a 21-year-old female, a middle child, was antagonistic toward patients and therapists alike. Occasionally she "took the floor" to question, criticize or even denounce the behavior of others, including the therapist. Her criticism was often to the point and had a moral quality. The group resented her "holier than thou" attitude. Some members argued with her, called her intolerant and over-critical.

Her earliest recollection was:

"I was looking out of the second floor window and I saw my grandfather coming to the house. He looked like a small old man. He was very shabbily dressed and I didn't like it."

Ruth looks down on others and finds them wanting. Her chief concern with people is to discover their faults, to sit in judgment over them. The group decided to use Ruth as a judge. Each member would make a remark and turn to Ruth asking, "Is that right?" All issues were referred to Ruth for her judgment. She was asked to make critical comments about the deficiencies of each member. Ruth began to catch herself. She was angry after the session but in subsequent sessions, when she offered a comment, she would add, "There I go judging again." She offered her own problems for discussion and said she was more eager to learn than to find fault and fight. She guessed she didn't need to be "righter" or "smarter" than everybody else.

Greta, a 23-year-old female, a first born, who had been dethroned three times (abandoned by father, mother had remarried and left her with grandmother and then mother gave birth to a child who superseded Greta in mother's favor) seemed withdrawn and fearful in the group. She wanted to be liked and appreciated attention, but spoke very little and seemed constantly to expect censure or dislike. The group tried to draw her out, but she pleaded that while she was willing to talk, she didn't know what to say. She claimed she liked everything and everybody in the group, admitted to being

afraid of some of the more aggressive people. She had been afraid to enter the group and did so only after months of hesitation. She had been in the group only a few months and did not feel as much a part of it as some of the older members. The group resented what they called her refusal to show her "real feelings."

Her earliest recollections were:

"It was a car accident. I was crossing the street. All I remember is lying on the ground and looking up and seeing the big black shape of a car passing over me . . . ."

Greta sees herself as a victim of a dangerous world. She is "laid low" by life. ". . . I was lying on a cot in the hospital. Grandfather was there. There was an intern in white. Somebody gave me some ice cream and I ate it."

In the midst of suffering, there is ice cream. Perhaps some good can come from getting hurt. ". . . One time I fell and hit my head against the sharp corner of a wall. I was bleeding. I ran home and mother was sorry. She washed the cut and bandaged it. I remember the water in the pan was bloody."

Now her suffering has utility. She can make the mother, who otherwise ignored her, feel sorry for her by getting hurt. She is still impressed by the blood and seems to feel that only suffering has a chance of getting her anywhere. She is an "innocent victim" of life. In suffering there is glory.

The group, in their discussion, expressed much sympathy for Greta and hesitated to "gang up on her." At this point, the therapist suggested they go through with the plan to "help her be a victim and find glory" because the technique had helped others in the group. Greta asserted her willingness to proceed, at which point one member said, "Yes, you're willing to be a victim any time." Greta, laughed, as did the others. She then said, "Maybe you don't even have to do it. I feel closer to you all already and I don't think anyone here would want to hurt me." Subsequently in the group meetings Greta spoke more freely, could express likes and dislikes and lost her fearful manner.

#### DISCUSSION

Being confronted with one's mistaken goals and suddenly realizing them, often leads to an immediate feeling of release of tension and resulting spontaneity of behavior (because the previous defenses are no longer in operation). At the moment when the person catches himself, which is a

process of insight and re-evaluation, the goals can change and the defensive distance-keeping operations are, for the moment, at least, suspended.

In addition, while the person's goals may not always change, he may often recognize that he *might* change them. This thought, though sometimes fleeting, may be the opening wedge into the person's neurotic pessimism. Thirdly, exposure of goals often leads to the patient's recognition that even though the group now knows his weakness, it still will not harm him.

However, it is frequently difficult to "get across" to people, to really make them understand the underlying meaning of their behavior. The most frequently utilized procedure is talking. But people tend to become "therapy deaf," and while they hear and understand concepts, they do not experience them. A much more effective way is to make a person experience the "logical consequences" of his behavior by real-life reactions, such as in the described technique.

In a therapy group (perhaps in other groups also) the atmosphere is usually one of cooperation and mutual endeavor; therefore, the individual is more ready for insights which would permit him to move "emotionally" closer to the others. This state of "being close" can be described as a feeling of friendliness, mutual acceptance at face value, respect for each other's idiosyncracies, feeling comfortable and perhaps enhanced in each other's company. A feeling of belonging or being part of the group or part of a group process is also significant. Conversely, such persons are less inhibited by felt needs, (both resulting from neurotic mistaken assumptions and from cultural pressures) to keep at a distance from each other, compete for prestige, etc. Such a state of mind permits greater spontaneity of behavior, corresponding to greater inner freedom.

It is common knowledge that a stressful experience for a group tends to move its members closer and increases their warmth for each other. In the same way, a stress experience for one member of a group may result in greater acceptance of the individual by the group. Even more so, this increased acceptance is to be expected when the group understands these mistaken motives that lead to irritating behavior, and recognizes that the person has caught himself and reacted in a new way with more warmth to the group. Also, each other person in the group sees this as a hopeful sign that the group can help its members.

The two immediately demonstrable results are therefore: The changed relationship between the individual and the group, and the stronger feeling of group cohesion.

## FRAGMENTS OF A PSYCHODRAMATIC EXPERIENCE WITHIN A RELIGIOUS SETTING

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### THE DESCRIPTION

One hundred and seven adolescents, aged 14-16, gathered in a striking setting for a week-long conference on religious living sponsored by the Episcopal Diocese of Washington at Shrinemont, situated in the mountains bordering the valley of the Shenandoah, in Virginia. There were sixty-two girls and forty-five boys. Most were suburbanites, but there were scattered throughout their number, citizens of small towns, farm communities, and an enthusiastic group of middle-class negroes from the urban centers.

Nine laymen and women, five women church workers and seven young clergymen from the Diocese of Washington made up the staff. Six of these had had some previous conference experience. Experience or not, everyone was anxious and excited, for none had previously attempted to fulfill a design that made such demands upon them. No one quite knew to what extent the others were "with it", but the problem was weighing heavily.

There is little general understanding of religion, what it is and what it is for. "Religion" that is taught, for example, is morality. True religion is phenomenon, morality is postulate. Religion cannot be taught; it is experienced, known, Religion happens.

### PROBLEM AREA AND FOCUS

In order to gain the understanding necessary to fulfill the conference design, enough concrete life had to be lived so that some judgments could become clear and explicit.

The one problem area that emerged as the focus and which was more implicit than explicit in our planning,, was: *There is something about me that wants to be responsible, but not really so. How can I be responsible unless I know what's going on—or do I?* This was the focus for listening. All strategy within the conference design would be measured and judged within this existential problem. Here the depths of the issue of personal responsibility would be uncovered.

The conference was designed so that four levels of living together could come under judgment. First was an intensive role play. Second, reflection in depth in class sessions. Third, dramatic reflections emerging out of the

conference life and caught up in the worship and myth. Fourth, the total life of the conference. These four levels: role play, classes, drama-myth, and the total life, would be the areas of creative reflection. The present report deals largely with the role playing aspects of the conference.

The role play was the first level opening for the tentative and delicate issue of seeing some truth about ourselves. It had to be tentative and delicate because our desire for this knowledge is so ambiguous.

The role play drama was to be acted out for the first three days for two one-hour periods each morning. Here is the role play problem:

“‘The Dragons’, a loosely organized gang of teenagers, have raided a nearby town, and after roughing up a goodly number of the town’s teenagers, were apprehended by the police. They were taken to the courthouse. In an emergency hearing with the town officials and the judge, they were severely reprimanded, placed on probation and released in the custody of their parents. News of the affair was quickly noised about the home town. The home town merchants, who had been troubled by some of the reckless behavior of the teenagers, demanded that something be done about it. Others in the town were not so sure that something had to be done about it, but it was evident that the preponderance of public opinion was a demand that a program for teenagers be created.”

#### THE ROLE PLAY

*First Day*—The entire company had been warmed up to the camp scene by the opening recreation program the preceding night. After Morning Prayer, breakfast and a vigorous sing period, everyone was introduced to the idea of role play on the grand scale and sent to find their names posted on newsprint, and their “Gainsborough” group leaders.

The first session was accomplished with radically varying success, depending on the preparation of each leader. The conference received their role play name tags and yielded up their personal ones. Not all the leaders had dreamed their way deeply enough into each individual role so that the necessary emotional identification was achieved. Some had difficulty in imagining the barest possibilities for their groups. Inward resistance to the implications of the role play created a block on the part of one or two staff members that prevented their charges from coming alive in their roles, but on the whole, the vast majority buzzed excitedly as they put their own special print on the role they chose or were assigned.

After an hour’s break for a swim the groups reconvened and reclaimed their role play tags. The role play problem characterization began to

sharpen up considerably as feelings grew out of the problem. Each group had to come to some point of view as a group for a proposed resolution. Then they had to figure out a way to actualize their strategy in the community. There seemed to be intense absorption in the problem and excited exchange of information continued through lunch and the rest of the day.

*Second Day*—The class sessions began with sensational news flashed from the news center, which had sent reporters out for interviews and “listening in” on plans of the groups the day before. The news staff had seized with great delight upon the gimmick of news distortion to stir up emotions. The paralysis of the teenager Clubs was remarked with the headline, *Wheels are Square*. The “parents” had decided to let things simmer down, so had planned a quiet party. Headline—*Parents Party While Town is Torn Apart*. An announcement that the High School had been vandalized, and that suspicion had fallen upon the “Dragons”, brought the police into thoughtless action. The arrest of the “Dragons” brought the parents to the court. Newspaper reporters were thrown out because it was Juvenile Court business. The other teenager groups became sick with envy at the attention given the “bad” boys and girls, and sought surreptitious membership in the gang.

The town merchants, as complainants, realized that they would have to contribute toward any plan of action unless they were careful, so went about quietly, boosting a “needed” increase in taxes to pay for whatever plan emerged. The “Council of Churches” thought up vague pronouncements about who was to blame for all the trouble and talked about some kind of action. All the “Republicans” banded together to fight any increase in taxes and to sell the idea of the necessity of a big charity drive to solve the delinquency problem. The liberals devised fantastic plans for Drag-race grounds and cars for all delinquents, new activity centers, including archery.

Agitation on the part of the neglected teenage elements mounted as they felt more and more left out. The “Youth Action Council” developed a real plan for some kind of meeting between the “good” kids and the “Dragons”. It was one of the highlights of the second day. However, a police raid broke it up. The parents of the “Dragons” who were sprinkled throughout all groups, began to secure lawyers to bring suit against “the Law”. The newspaper kept blaring out new developments, always being aware of the merchants, their advertisers, in their point of view.

Upon review, a real opportunity was missed by the staff at the half-way point in the morning. Such chaos and intense feeling reigned that the staff had to take hold in order to raise the question about reality of roles. This

tended to firm up direction and structure, but in the two groups where it was perceived without help, there was remarkable commitment to the seriousness of playing roles, not impulsively but thoughtfully. "The Law", through its judge and social workers, apologized to everyone in sight for the offensiveness of their blind actions and seriously got down to work to affect some kind of healthy relationship between the "Dragons" and the court. The newspaper saw that it could be a positive force in the community and began to discuss a philosophy to do this.

The first signs of realization of the real focus within existence in which we are concerned emerged with the response of the Law and the "Dragons". It was significant because the leaders of both these groups were two clergymen who understood most of what we were trying to do and were most adequately prepared theologically. Their presence was necessary, but they did not interfere with their groups' uncovering of their responsibility within the role play. The security entered in as real life caught them up, and they could feel that rebellion against real life simply opened the chaos. The leaders' presence and their trust in them, but not direction, helped them.

The second hour was devoted to planning alliances in support of one program or another among groups. The court asked for one representative from each group to meet under their auspices to discuss plans. The service club asked for one representative from each group to meet and forge a plan. Parents were to meet with teachers, "Dragons" to meet with teenagers and merchants—all seeking ways to get together on a plan.

A significant split developed within the "Dragons" when a sizeable proportion began to feel that somehow the experience had given them what they wanted. They were ready to meet the town's terms. Other teenage groups made all kinds of desperate signs toward the "Dragons", but didn't quite dare make the jump without more support. It is possible that this might really have happened if leaders had been more sure of themselves and the whole role play been given more freedom. During the second session we went back to sending couriers to bear messages between groups, rather than letting whole groups move on impulse to other groups to arrange meetings. This action facilitated the role play, but undercut some of the spontaneity. The morning session ended with some intense inner group tensions developing under the pressure of having to prepare for the town meeting where the problem was to be resolved.

*Third Day*—The first session was the occasion for the intra-group meetings in the role play. The news center issued a challenge to the community of Gainsborough for the responsible elements of the citizenry to

step forward with programs for action. New combinations of groups formed and the teenage groups turned to their adult sponsors for support of their ideas.

The intra-group meetings were stimulating, and some of the groups which had been quiet up until then began to emerge as forceful and reasonable. The two most interesting were the representative groups held under the auspices of the court and the service clubs. They made a much deeper investigation of the real issues of delinquency and problems of authority. The service club representative group, which had been without a staff leader, became a wild recriminating group as the "Dragons" rejected proposal after proposal to solve their problems with activities. The "decent" elements accused them of stubborn recalcitrance and refusal to say what they wanted. The arguments and high feelings continued deep into swim period.

Although the staff had generally worked out the play for the second session's town meeting, we needed to meet again to firm up details of procedure. The excitement of the first session had disintegrated many of the thought-out programs of various groups, so it was decided to divide the period in two—the first twenty minutes for reorganization and reflection, then a fifty-minute town meeting.

The School Board was to preside, count votes, and record the minutes. Two and a half minutes would be allowed each group for speeches in favor of a program. No teenage group could speak without permission of their sponsor group. There would be a free period allowed for one-minute speeches and a ten-minute voting period. No teenagers were to be allowed to vote. The judge of the juvenile court was to preside over the free period. She had demonstrated remarkable clearheadedness during other crisis points in the role play and we thought her support might be helpful.

As it turned out, the presiding officer from the school board did a splendid job. The speeches were fiery and challenging, and generally focused on a multi-purpose recreation building for all teenagers, staffed by teachers and built by tax assessments. During the free period, the "Dragons" protested against the answer, but no one would listen. Then, at voting time, the chair ordered all teenagers from the town hall while the adults cast their ballots. Fully half the conferees had to leave. Their consternation and protests were quieted by the sergeants-at-arms. They stood outside in angry groups around the windows to watch the voting; inside the town hall the townspeople were relatively orderly. The only arguments occurred around the issue of taxes or charity. Taxation won by a small margin.

There was great jubilation on all sides until, like a cold draft, some of the conferees began to see that nothing had been solved. As this discovery was communicated, a strange kind of puzzlement could be identified upon the faces of many conferees. They were sure that they had done all that their parents might have done in a similar situation. They accused the staff of knowing this all the time. Then they began to wonder what had gone wrong. There was enough depth to this wonderment that we might consider focusing on this problem area another year. The statement of the focus might have been, "If we live in a world in which there are no solutions, can I afford an existence in which I believe there are solutions, and thus lose myself?"

The staff had obviously been through something of importance together. When one of the lay members was asked how he minded giving up his vacation for this conference, he laughed and said, "Nothing in any vacation I could ever have could give me what this conference has given me". Everybody talked about it together for weeks afterwards and the word was spread to other laymen who are eager to join them next year at conference time. (We groan so often about the lack of lay participation that this witness should be helpful.) To a man, the present lay members of the staff were ready to return.

The feedback from the parents was especially interesting because it would appear that more was said by the children to their parents than, "It was simply wonderful!" Many parents took the trouble to call Diocesan headquarters and comment on the meaningfulness of the experience for their children. They actually had "learned something!"

One parent who called in, said, "What in the world went on? My daughter and I are able to be friends as a result of this experience. She came home saying, 'I was a parent. It made me see what your point of view is.'"

Another reported, "I don't know what you did to my daughter, but she came home able to understand for the first time what it means not to be a conformist. She had always been rather frighteningly good!"

Two lay members of the staff had almost identical experiences with parents of a boy and a girl. Each received a telephone call from a parent who said something like this, "We *have* to meet you! Susie had not stopped talking about you or the conference since she got home a week ago. You can't imagine what has happened to her. She used to be so shy and retiring; she hardly ever spoke unless spoken to. She is a completely changed person. She leads the table conversation at meal time and feels free to

comment on almost anything. She says the most amazing things. Could you possibly arrange to come to dinner with us? We have to get to know you and find out what happened!"

I have noticed that when I meet one of the conferees there seems to be a great secret between us. We automatically exchange very knowing glances as though we shared something that only those who were there could know. We don't have to talk about it; we don't have to explain it to others; we don't have to reach out and recreate it. It's there. It has authority. We can pick up now whatever we are doing and proceed to do it.\*

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\* This paper is a condensation from a larger study entitled "A Christian Youth Conference—A Design and Evaluation."

## PERCEPTUAL DIFFERENCES IN SOCIOMETRIC PATTERNING

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By establishing the sociometric design of any working unit, the researcher endeavors to discover some of the major unifying forces in the hierarchy. To determine the preferences of one person for another in a specific situation allows for a better restructuring of the organization based on what some may consider a frame of reference of interpersonal relationships. So important are these relationships that satisfaction and productivity in one form or another of a unit can be labelled and more important, result in their increase.

A sociogram may establish for us a definition of group dimensions. Hopefully, a leader appears to emerge, who eventually is entrusted with policy making and the futuristic endeavors of the group. The leader's responsibility both to the organization and himself are numerous. One major act of judgment is the decision of group structure. This can be identified by who he places next to whom in the office. Who works next to whom at the work press in the factory, etc. Who supervises and who suggests may certainly be the task for the leader.

When entrusted with such power, energetic efforts of good will encourage the most honest attempts to give correct decisions. Usually, they are most accurate and acceptable. Sometimes, they are not. Enough evidence discharged by researchers is available to show that perceptions of what the job calls for and how the organization should be structured differs as one climbs the ladder of hierarchy in an organization.

### PERCEPTUAL DIFFERENCES IN A BOY SCOUT TROOP

To attempt to investigate the question of differences that may exist in perception of unit structure both between the leaders and the scout, and between the leaders themselves, the following 5 questions were answered:

1. Who is your best friend in the troop?
2. If you were to select a patrol leader to be in charge of your patrol, who would you pick?
3. Is there anyone who you would not want in your patrol?
4. If your troop went out on an overnight hike and you were to sleep in a 2 man tent, who would you select as your bunk mate?

## GROUP PSYCHOTHERAPY

5. If you had a question about scouting advancement, who would you ask for the answer?

Two of the *top* leaders in the troop filled out a form for each boy in terms of whom they thought was Scout X's best friend; who scout X would select for a patrol leader, etc.

A Roster and Code Number is found below. Each scout is identified by age and number of months with the unit.

## ROSTER AND CODE NUMBER

Number Code	Name	Age	Months in troop
1	Winkel, Wilfred (Scoutmaster)		
2	Abramson, Alan	13 yr. 2 m.	2
3	Axler, Bruce	12 yr. 1 m.	9
4	Baer, Allan	11 yr. 1 m.	1
5	Berke, Edward	11 yr. 8 m.	8
6	Blitz, Leslie	12 yr. 6 m.	18
7	Caballero, Miguel	11 yr. 4 m.	2
8	Chapman, Jay (Senior Patrol Leader)		
9*	Chapman, Roy	12 yr. 7 m.	19
10	Cohen, Kenneth (Patrol Leader Hawks)		
11	Eisinger, Richard (Scribe, quartermaster)		
12	Fink, Stuart (Junior Assn't Scoutmaster)		
13	Forma, Michael	11 yr 4 m.	4
14	Fridkin, David	11 yr. 1 m.	1
15	Ganz, Richard	13 yr. 1 m.	18
16*	Garber, Robert	12 yr. 7 m.	14
17	Gerbsman, Michael	12 yr. 0 m.	12
18	Gershowitz, Alan	12 yr. 0 m.	12
19	Goldbert, Robert	11 yr. 6 m.	6
20	Goss, Barry	13 yr. 2 m.	24
21	Grunwald, Michael	12 yr. 0 m.	12
22	Horowitz, Jeffrey	15 yr. 2 m.	50
23	Imberman, Michael	14 yr. 0 m.	4
24	Kassman, Stephen	12 yr. 0 m.	12
25	Kaufman, Mark	12 yr. 8 m.	20
26	Korman, Harvey	14 yr. 0 m.	36
27	Korman, Russell	12 yr. 4 m.	16

ROSTER AND CODE NUMBER (*Continued*)

Code Number	Name	Age	Months in troop
28	Krash, Lewis	11 yr. 6 m.	18
29	Levine, Larry	11 yr. 11 m.	11
30	Mermelstein, Harold	12 yr. 0 m.	12
31	Metzger, Martin	11 yr. 4 m.	4
32*	Perri, John	12 yr. 1 m.	1
33	Reinstein, Denis	12 yr. 2 m.	12
34	Rolnicki, Paul	12 yr. 7 m.	8
35	Rothbaum, Martin (Quartermaster)		
36	Schwartz, Steven (Patrol Leader fl. Arrows)		
37	Shickler, Kenneth	11 yr. 5 m.	4
38*	Singer, David	11 yr. 11 m.	13
39	Sipos, Stephen	12 yr. 8 m.	20
40*	Stoller, Mark	14 yr. 4 m.	33
41	Washton, Martin	12 yr. 6 m.	18
42	Weinter, Mark	12 yr. 6 m.	18
43	Werbowsky, Richard	12 yr. 6 m.	18
44	Winkel, Marc (Patrol Leader—Eagle)		
45	Wolf, Fred (Patrol Leader—Panther)		
46	Wouk, Michael	11 yr. 7 m.	7

\* Numbers: 9, 16, 32, 38, 40, were absent during this study.

DISCUSSION OF THE DATA

Pages 50-51 present the data recorded from the questionnaires filled out by the scouts and leaders. Those numbers in ( ) identify leader agreement with the scout.

Apparently question #3 (Is there anyone who you would not want in your patrol) offered us little in the way of responses. Consequently, a comparison of perceptions is made with and without this item.

“A” records the total number of ( ) for each question. Ideally, with 32 scouts, each column should add up to 32 for each leader. “B” illustrates for us the total number of agreements. Compared to the ideal of 160, Leader I agreed with the scouts 51 times or a total of 31% “C”. Leader II agreed with the scouts 32 times or a total of 20% “C”. Since Leader I could only identify 25 scouts and Leader II 22 scouts “D”, a computation is given exclusively on Leader Perceptions. From “E” we are able to determine

## GROUP PSYCHOTHERAPY

## PERCEPTIONS

C. # Questions.	Leader I										Scout					Leader II				
	1		2		3		4		5		1		2		3		4		5	
2	(27)	26	(—)	27	12	44	19	44	(27)	(44)	(—)	27	35	(—)	27	35				
3	15	10	(—)	29	36	12	29	12	5	35	(—)	5	35	(—)	5	35				
4	—	—	—	46	—	10	46	10	—	—	—	—	—	—	—	—				
5	46	45	(—)	41	12	10	14	10	33	44	—	44	35	—	44	35				
6	(43)	(35)	(—)	43	35	35	43	12	(43)	(35)	(—)	(43)	35	(—)	(43)	35				
7	—	—	—	37	—	36	37	26	—	—	—	—	—	—	—	—				
13	—	—	—	31	—	45	31	45	—	—	—	—	—	—	—	—				
14	—	—	—	13	—	44	13	45	—	—	—	—	—	—	—	—				
15	(20)	(36)	(—)	20	12	36	12	36	29	44	(—)	29	35	(—)	29	35				
17	(29)	10	(—)	29	12	44	29	44	—	—	—	—	—	—	—	—				
18	—	—	—	24	—	26	30	2	38	44	(—)	38	35	(—)	38	35				
19	(21)	35	(—)	21	12	21	21	41	(21)	12	(—)	(21)	45	(—)	(21)	45				
20	(15)	36	(—)	15	36	10	15	44	22	(10)	(—)	22	—	(—)	22	—				
21	29	43	(—)	34	36	45	34	45	19	44	(—)	19	44	(—)	19	44				
22	(44)	10	—	44	8	9	44	12	(44)	45	—	(44)	36	—	(44)	36				
23	—	11	(—)	26	(12)	26	26	12	5	—	(—)	16	35	(—)	16	35				
24	(30)	35	(—)	30	12	45	18	45	—	—	—	—	—	—	—	—				
25	(39)	35	(—)	39	8	45	39	26	—	—	—	—	—	—	—	—				
26	(43)	10	25	43	23	45	43	36	44	(45)	27	44	35	(—)	44	35				
27	(2)	26	(—)	2	12	44	2	44	(2)	45	(—)	(2)	12	(—)	(2)	12				
28	5	35	(—)	38	38	—	5,33	45	—	—	—	—	—	—	—	—				
29	(17)	10	(—)	17	12	44	17	45	15	36	(—)	15	(45)	(—)	15	(45)				
30	(24)	10	12	24	(12)	26	18	12	—	—	—	—	—	—	—	—				
31	—	—	—	13	—	45	13	20	—	—	—	—	—	—	—	—				
33	21	43	12	41	36	39	41	10	(41)	45	(—)	—	12	(—)	—	—				

PERCEPTIONS (Continued)

C. # Questions.	Leader I					Scout					Leader II				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
34	—	—	—	—	—	21	35	—	21	35	—	—	—	—	—
37	24	12	(—)	24	12	7	10	—	7	10	—	—	—	—	—
39	25	(45)	—	(25)	35	26	45	31	25	44	15	44	—	15	35
41	5	8	—	5	35	5	10	33	3	10	27	44	—	27	(10)
42	15	35	(—)	15	36	38	9	—	38	44	37	44	(—)	37	12
43	(6)	(35)	(—)	(6)	(12)	6	35	—	6	12	(6)	12	(—)	(6)	35
46	41	35	(—)	41	35	4	36	—	4	10	—	—	—	—	—
A	14	4	18	12	3	A	32	32	32	32	A	7	4	14	5
B	51	—	—	—	B	160	—	—	—	—	B	32	—	—	—
C	51/160 = 31%	—	—	—	C	160/160 = 100%	—	—	—	—	C	32/160 = 20%	—	—	—
D	25	—	—	—	D	32	—	—	—	—	D	22	—	—	—
E	25/32 = 78%	—	—	—	E	32/32 = 100%	—	—	—	—	E	22/32 = 69%	—	—	—

that Leader I was able to speak of 78% of the scouts while Leader II only 69%.

Two major Hypotheses are supported:

1. The perception of group structure differs when comparing leader to unit members.
2. The perception of group structure differs when comparing leader to leader.

Apparently Leader I (acting Junior Assistant Scoutmaster) agrees most closely with the members of the troop than Leader II (quartermaster). This probably will be due to limited social interaction between Leader II and the troop, while Leader I by virtue of his responsibilities knows the boys better.

Nevertheless, for someone who is that close to the scouts, Leader I only agreed with them 31% of the times. In defense of this overwhelming perceptual difference, a major reason for this discrepancy is found in the number of new members to the troop. This is best supported by his ability only to identify 25 of the 32 boys. (Noting the roster, most of the 7 boys not perceived are relatively new to the troop).

It therefore seems that group reorganization is best determined by permitting the scouts to have a say in their own future. Leader judgment is not valid enough. Of course, scouts will chose some people to be their leaders and you will have  $\frac{1}{2}$  the group all belonging to one patrol. This is where the leader must step in employing his judgment and past experience. Together, one may feel more secure that the new unit that follows from a sociometric study will satisfy both the leaders and the participating scouts. It is this satisfaction that greatly determines the success of a youth group.

#### FACTOR IDENTIFICATION

By identifying 5 factors derived from the questionnaire, we are able to list those boys who dominate the responses. Pages 53-54 give us the scouts rated most frequently. We are now able to compare the selections both by the scouts and the leaders by comparing agreement with the boys. For each question Code numbers are given recognizing the scouts most frequently selected. Leaders I and II are compared as they might agree with the scouts.

*Factor F. Best friend* gives us an idea of Leader agreement with the scouts. As might be expected from previous results, Leader I appears to agree most with the troop members, 70%, while Leader II only 30%. Agreement between leaders is 43%.

*Factor G. Patrol Leader Factor* acknowledges Leader I agreeing with the scouts 77% and Leader II only 62%. Mutual agreement between leaders is 80%.

*Factor H. Undesirable Scout.* Leader I agrees never, 0%, while leader II 20%. Because of the small number of responses, a difference between Leader I and Leader II of 000% is by no means surprising. In all probability this factor and question should have been dropped. Its addition offered little additional relevant information.

*Factor I. Best Camper.* Shows Leader I agreeing 30% and Leader II 20%. Agreement between leaders is 67%.

*Factor J. Best-knowledged scout.* For this item Leader I agrees with the scouts 70 % and Leader II 60%. Between them there is an 82% agreement.

With Factor H, the mean average agreement of Leader I with the scouts is 49.4% while that of leader II 38.4%. Without Factor H. 62% for leader I and 43% for leader II.

SCOUTS RATED MOST FREQUENTLY

Question: 1				2				3			
(C.)		lead.	lead.			lead.	lead.			lead.	lead.
Code #	# Scts.	I	II	Code #	# Scts.	I	II	Code #	# Scts.	I	II
C. 29.	2	2	1	C. 9.	2	0	0	C. 28.	1	0	0
C. 21.	2	2	1	C. 10.	4	6	1	C. 2.	1	0	0
C. 26.	2	0	0	C. 26.	3	2	0	C. 27.	1	0	1
C. 24.	2	2	0	C. 35.	3	8	2	C. 31.	1	0	0
C. 41.	2	1	1	C. 36.	3	2	1	C. 33.	1	0	0
F.	10	7	3	C. 44.	5	0	8	H.	5	0	1
				C. 45.	6	2	4				
				G.	26	20	16				

4				5			
Code #	# Scts.	lead. I	lead. II	Code #	# Scts.	lead. I	lead. II
C. 13.	2	0	0	C. 10.	5	0	1
C. 18.	2	0	0	C. 12.	6	13	3
C. 29.	2	1	1	C. 26.	2	0	0
C. 41.	2	0	0	C. 35.	1	4	10
C. 43.	2	2	1	C. 36.	3	5	1
I	10	3	2	C. 44.	7	0	1
				C. 45.	6	0	2
				J.	30	22	18

F. *Best Friend Factor*—Agreement with Scouts.

- Leader I— 70%
- Leader II— 30%
- L. I vs. L. II— 43%

## GROUP PSYCHOTHERAPY

G.	<i>Best Patrol Leader Factor</i> —Agreement with Scouts.	
	Leader I—	77%
	Leader II—	62%
	L. I vs. L. II—	80%
H.	<i>Undesirable Scout Factor</i> —Agreement with Scouts.	
	Leader I—	0%
	Leader II—	20%
	L. I vs. L. 2—	0%
I.	<i>Best Camper Factor</i> —Agreement with Scouts.	
	Leader I—	30%
	Leader II—	20%
	L. I vs. L. II—	67%
J.	<i>Best—Most Knowledgeed Scout Factor</i> —Agreement with Scts.	
	Leader I—	70%
	Leader II—	60%
	L. I vs. L. II—	82%

## AVERAGE PERCENT OF LEADER AGREEMENT TO SCOUTS AND THEMSELVES

Leader I with scouts (with Factor H)	49.4%	(without H)	62.%
Leader II with scouts (with Factor H)	38.4%	(without H)	43.%
L. I vs. L. II (with Factor H)	54.4%	(without H)	66.%

Comparing Leader I to Leader II with Factor H there is 54.4% agreement. Without Factor H a mean average of 66% agreement.

## CONCLUSIONS:

For reorganization of a unit, the most reliable questions to ask are presented in order of preference.

1. Best Patrol Leader.
2. Most knowledgable scout.
3. Best friend.
4. Best Camper.
- (5. Undesirable Scout).

Question #5 should not be included in that the information it leads to is highly unreliable and infrequent in perception.

Page 55 is self explanatory. The Roster of the troop leadership organization is first presented. From the sociometric scaling a new Roster can be formulated, with a reserve added. Note that scout #8 who holds a high position in the organization is considered by all as an isolate . . .

The major usefulness of this approach can be seen in the final breakdown of a sociometric troop hierarchy. Arrows point to direction of flow of leaders as they grow older and others leave . . . An approach like this enables a unit leader to have the necessary support of both his peer leaders

and the scouts. A reserve of 3 scouts helps direct a training program and enables a rapid decision of who to move where, when a moment of movement is desired.

BASED ON SCOUT'S PERCEPTIONS SELECTING PRESENT AND FUTURE LEADERS

Code number	Roster of existing leaders:	
12	Fink, Stuart	Senior Patrol Leader JASM (acting)
** 8	Chapman, Jay	Senior Patrol Leader
10	Cohen, Kenneth	Patrol Leader
20	Goss, Barry	Assistant Patrol Leader
22	Horowitz, Jeffrey	Assistant Patrol Leader
26	Korman, Harvey	Assistant Patrol Leader
36	Schwartz, Steven	Patrol Leader
40	Stoller, Mark	Assistant Patrol Leader
44	Winkel, Marc	Patrol Leader
45	Wolf, Fred	Patrol Leader
***35	Rothbaum, Martin	Quartermaster
11	Eisinger, Richard	Scribe

Patrol Leaders Code N. (presented in order of preference)	Assistant Patrol Leaders Code N. (presented in order of preference)
*44	26
*45	9
10	43
36	29
Reserve	Reserve
26	***20 (21)
9	***40 (24)
	***22 (41)

\*\*\* This reserve is NOT based on selection by either scout or leaders. Their names did not appear for consideration by anyone. Their experience probably warrants keeping them as Assistant Patrol Leader, but care should be given before promotions are made.

\* Both 44 and 45 will make excellent Senior Patrol Leaders.

\*\* 8 is an isolate in the troop. Although a Senior Patrol Leader, he is not recognized by the scouts. Also #40.

\*\*\*\* Scout #35 is well liked by the scouts and recognized for his skills. He is a key man in the structure of the troop and may serve the troop best doing work other than that of quartermaster.

( ) These three scouts should be considered as next in line as Assistant Patrol Leaders.

## DEFINITIONS OF GROUP PSYCHOTHERAPY

Definition 1: "A method which protects and stimulates the self-regulating mechanism of natural groupings. It attacks the problem through the use of one man as the therapeutic agent of the other, of one group as the therapeutic agent of the other." From *Application of the Group Method to Classification*, p. 104, 1932.

Definition 2: "The groups function for themselves and the therapeutic process streams through their mutual interrelationships." From the same publication, p. 61.

Definition 3: "Group psychotherapy is the result of well calculated, spontaneous therapy plus proper social assignment. . . . The leader is within the group, not a person outside." Same publication, p. 94.

Definition 4: "Group therapy will be advantageous for persons who do not recover by themselves or through some form of psychological analysis or medication, but only through the interaction of one or more persons who are so coordinated to the patient that the curative tendencies within are strengthened and the disparaging tendencies within checked, so that he may influence the members of his group in a similar manner." *Ibid.*, p. 97.

Definition 5: "Spontaneous formation of social groups based on the enthusiasm of the participants or on common interests and aims achieves often miraculous results, but cannot be called grouping in our sense as most of the interrelations remain unanalyzed." *Ibid.*, 1932, p. 72.

Definition 6: "Group psychotherapy treats not only the individual who is the focus of attention because of maladjustment, but the entire group of individuals who are interrelated with him." *Who Shall Survive?*, 1934, p. 301.

Definition 7: "A truly therapeutic procedure cannot have less an objective than the whole of mankind." *Ibid.*, p. 3.

J. L. MORENO

## DEFINITIONS OF THE TRANSFERENCE-TELE RELATION

There is a tendency to ascribe many irrational factors in the behavior of therapists and patients in group situations to transference and counter-transference.

I. It takes *tele* to choose the right therapist and group partner, it takes transference to misjudge the therapist and to choose group partners who produce unstable relationships in a given activity.

II. The greater the temporal distance of an individual patient is from other individuals whom he has encountered in the past and with whom he was engaged in significant relations, direct or symbolic, the more *inaccurate* will be his perception of them and his evaluation of their relationship to him and to each other. The dynamic effect of experiences which occur earlier in the life of an individual may be greater than the more recent ones but it is the inaccuracy of perception and the excess of projected feeling which is important in transference; in other words, he will be less perceiving the effect which experiences have on him the older they are and less aware of the degree to which he is coerced to project their images upon individuals in the present.

III. The greater the social distance of an individual patient is from other individuals in their common social atom, the more inaccurate will be his evaluation of their relationship to him and to each other. He may imagine accurately how A, B, C whom he chooses feel towards him, but he may have a vague perception of how A feels about B, A feels about C, B feels about A, B feels about C, C feels about A, or C feels about B. (Analogous to transference we may call these vague, distorted sociometric perceptions—"transperceptions.") His transperceptions are bound to be still weaker or blank as to how people whom he has never met feel for E, F, or G, or for A, B, or C or for how these individuals feel about each other. The only vague line of inference he could draw is from knowing what kind of individuals A, B, and C are.

IV. The degree of instability of transference in the course of a series of therapeutic sessions can be tested through experimental manipulation of the suggestibility of subjects. If their sociometric status is low, they will be easily shaken up (sociometric shock) by a slight change, actual or imagined, in the relationships of the subjects around him. It is evident that transference has, like tele, besides psychodynamic, also sociodynamic determinants.

## CONCERNING THE ORIGIN OF THE TERMS GROUP THERAPY AND GROUP PSYCHOTHERAPY\*

*Editor, THE AMERICAN JOURNAL OF PSYCHIATRY:*

SIR: In a review of Corsini's *Methods of Group Psychotherapy*, in the March 1959 issue of this Journal, p. 840, Mr. Illing says: "Moreno claims for himself the first coinage of the term 'group psychotherapy' (1932), without, however, substantiating his claim, although he cites many 'witnesses' for his testimony, such as William Alanson White, Winfred Overholser, Pierre Renouvier, S. H. Foulkes. . . ."

Here follows the record in my *own* publications: *Application of the Group Method to Classification*, Congressional Library, No. 32-26884, Publisher: National Committee on Prisons, New York, 1931-32, a chapter "Concerning Group Therapy," pp. 60-61; "Illustration of Group Therapeutics," pp. 74-76; "Group Therapy in an Institution of the Insane," pp. 77-79; "Definition of Group Therapy," p. 103.

The *Group Method* monograph was the topic of a Round Table at the annual meeting of the APA, May 31, 1932, Moderator: William A. White. At this meeting the term "group psychotherapy" was first given currency by the author.

The term "group psychotherapy" is recorded in my book *Who Shall Survive?* with a Foreword by Wm. White, Nervous and Mental Disease Publishing Co., Washington, D. C., First edition, 1934, Congressional Library No. 34-18502; see p. 437, referring to chapter "Group Psychotherapy," and the definition, p. 301, "Group therapy treats not only the individual who is the focus of attention because of maladjustment, but the whole group of individuals who are interrelated."

Group psychotherapy owed its emergence to sociometry and small group dynamics which was expounded by the author between 1931 and 34; he formulated group therapy as a scientific methodology with the help of Drs. White, Whitin, Branham and Jennings. There have been forerunners of pre-scientific group methods in the U. S. A. and Europe before 1931. The most important influence came from Vienna since 1909. Many of these methods (psychodrama, 1911, interaction methods, 1913, psychodrama combined with group therapy, 1923) have been launched by this author and described in his German books.

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\* Reprinted by permission from *The American Journal of Psychiatry*, Vol. 116, No. 2, Aug., 1959.

It is farfetched to trace the origins of group psychotherapy to European sociologists. One could equally quote American sociologists. Every new idea has forerunners but the moment of emergence of the scientific group psychotherapy movement into scientific history, its *kairos*, was the year 1932, within the fold of the American Psychiatric Association.

J. L. Moreno, M. D.,  
Beacon, N. Y.

## BOOK REVIEWS

"GROUP PSYCHOTHERAPY—THEORY & PRACTICE," Second Edition by J. W. Klapman, M.D. *Grune and Stratton, New York and London, 1959.*

The book is a three hundred page compendium of many of the important studies in the ever-broadening field of group psychotherapy. It is also a labor of love by a perennial student of humanity, who lived to see its publication. Two hundred and seventy-five references attempt to cover the past fifty years, but only one of them is Dr. Klapman's—consistent with the modest self-effacement with which he minimizes his own contributions and opinions throughout the book. There are no references to group hypnotherapy as such, but the book is replete with evidence that a great deal of psychotherapy can be accomplished by non-psychiatric leaders, Mesmer's "magnetism" (1775), Pratt's "Thought Control" classes for tubercular patients (1905), Emerson's work with groups of mothers of mal-nourished children (1908), and Buck's group treatment of essential hypertension (1937). It would also be well to remember that the bulk of group psychotherapy, especially in institutions, is admirably handled by psychologists in cooperation with psychiatrists. Much of the latter is based on Moreno's introduction of the "spontaneity theatre" (1911).

The book suffers from an unfortunate selection of chapter headings. For instance, Ch. VII consists entirely of a detailed exposition of Moreno's Psychodrama including abstracts from Dr. Moreno's own case records and a sketch of his theatre. But the material would be lost to the casual observer of the table of contents which reads: "Group Therapy Techniques Optimally Applicable to Minimally Disorganized Personality States, Part III." Chapter VI has the same awkward title (Part II) which camouflages a description of the Rogerian procedures.

Moreno's phenomena of tele, and sociometry, and his techniques of soliloquy, role reversal, use of the double and mirror technique are described briefly but sympathetically. However, beginners must seek elsewhere for indoctrination on this indispensable aspect of group psychotherapy.

The non-directive or client-centered group psychotherapy of Rogers and Dymond is illustrated by a brief case record. Dr. Klapman's comments are worth keeping in mind: "A critical appraisal of client-centered group psychotherapy is rather irrelevant here. However, to preserve perspective it is well to point out some salient features. Non-directive or client-centered group psychotherapy seems to represent an extreme and practically terminal position on the range or spectrum of directiveness-permissiveness. Absolute non-directiveness and non-involvement of the therapist is eschewed by the

consensus of most practicing group psychotherapists. According to Bach it may even be the sign of the novice in his initial phobia about directiveness."

Elsewhere in the book, the distinctions between psychoanalysis and group psychotherapy appear (to this reviewer) both defensive and belabored. Few of the younger analysts would be satisfied even with Freud's own definitions; while the modern experienced group psychotherapist does not need such distinctions inasmuch as he is already an eclectic, and also by definition, a pioneer rather than a conservative.

The chapter on group psychotherapy in private practice reports spreading use of this procedure, and discusses selection, procedures, frequency and fees.

Chapters IX through XII include techniques found applicable to the more seriously disorganized personality states. For those unfamiliar with institutional practice these chapters describe a heartening revival and intensification of Myerson's "Total Push" regime of the twenties: the use of physical exercise to revitalize the body image, recreative dancing, music, art, hobbies and dramatics. Less familiar techniques include analysis of writing, autobiographies, readings, lecture and discussions, social grouping, and the use of a text-book as well as several modifications of psychodrama (turn-around technique).

On the subject of leadership Klapman reminds us repeatedly that each leader chooses his group, his rules and his methods according to his own interests, his own abilities and his own experiences; and that his training and personality are still the prime factors in resolving such problems as the formation of neurotic sub-groups, silence, aggression, monopolies, the exigent patient, and the would-be therapist.

The book is no substitute for a psychiatric education, but offers an excellent training guide for the non-beginner in the dynamics of group psychotherapy. At times the reader can get lost in over-extended construction, as in some of the chapter titles, and the following definition: "Psychotherapy is a technique and art which brings about situations and influences over relatively protracted periods of time for the purpose of relieving over-determined and unnecessary tensions, and to bring about a more serviceable re-alignment of energies by which the subject's personality has a chance to expand (or contract) to more natural and serviceable limits." For the most part, however, the writing is concise, unaffected and refreshing.

The book amply justifies the multiple claims for the wider application of group psychotherapy in all phases of human relations; and illustrates repeatedly the need for more clinicians as group leaders in the ever increasing demand for preventive psychiatry.

CALVERT STEIN, M.D.

"THE FIRST BOOK ON GROUP PSYCHOTHERAPY." By J. L. Moreno, M.D. *Beacon House Inc., Beacon, N.Y., 1957.*

It is not many years ago that psychotherapy applied to a whole group of patients seemed an impossible paradox. The individual relationship between patient and doctor had received so much emphasis and attention that the treatment of groups was a radical innovation.

During these years group psychotherapy has been tried by many observers and under very different circumstances. It has become clear that it is not only a valuable adjunct in connection with individual therapy, but that it also has an important role in and by itself. Especially in treating adolescents, I have seen extraordinary improvements brought about by treatment in groups. I have also found that group methods are an important research tool for the study of etiological and contributing factors in juvenile maladjustments.

FREDERIC WERTHAM, M.D.,  
*New York City.*

## THE AMERICAN SOCIETY OF GROUP PSYCHOTHERAPY AND PSYCHODRAMA

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### *Twentieth Annual Meeting of the Society—March 1961*

The next annual meeting is being planned for sometime in March of 1961. Contributions to the program are being solicited and members are earnestly requested to send abstracts of the papers they wish to contribute to the program to the president, Zerka T. Moreno, P.O. Box 311, Beacon, N. Y.

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