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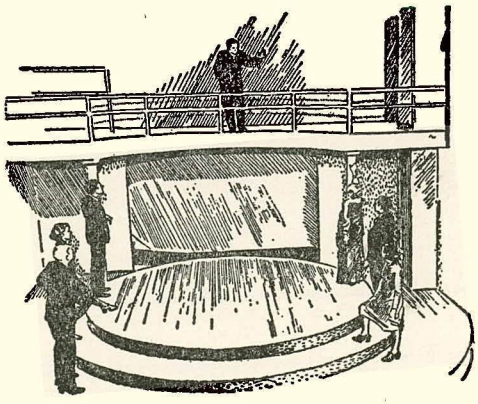
A Quarterly



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THERAPEUTIC VEHICLES AND THE CONCEPT OF SURPLUS REALITY*

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PART ONE

I. THE VEHICLE

The significance of the "vehicle" in the development of the great religions is well known. It represents in an aesthetic and symbolic form the meaning of a particular religion, as the Catholic Church, the Synagogue of the Hebrews, the Mosque of the Mohammedans, the Byzantine Church of the Greek Orthodox, Buddhist Temples, etc. In the Catholic Church this meaning is conveyed in the sculptures and paintings of the saints and prophets, the altars, and the engraved scriptures, all of which in themselves tell the dramatic story of the Catholic faith. In other words, each vehicle represents the philosophy of that religion in a physical, tangible form. The worshipper is immediately involved and almost hypnotized by the atmosphere of the church as he enters it.

There have been thousands of religious theories and therapies in the course of time. Most have vanished and are forgotten. It appears that the few which have remained and survived have done so because they had a specific vehicle of expression which conveys the religious theory in such a way that it captures the imagination of people and gets them involved, especially the intuitive and naive participant.

In the psychotherapies vehicles are rare. There are two outstanding psychotherapeutic vehicles in practice today, the psychoanalytic couch and the theater of psychodrama. Vehicles give to psychotherapeutic processes a vivid anchorage. Just as religions without vehicles did not survive, psychotherapies without vehicles may vanish. In this context it may be of interest to compare psychotherapeutic vehicles with religious vehicles. The couch does not compare favorably with religious vehicles. It is an abstract bed; it leaves out life. It represents only the abstractions of life, but not life and love itself. It tries to convey life in an intellectual sense, but not as it is embodied in action. It leaves out many important aspects of a therapeutic conveyance, for exam-

* This was an impromptu address before the Annual Meeting of the New York Chapter of the American Society of Group Psychotherapy and Psychodrama. Grateful acknowledgement is herewith made to Dr. Abraham Knepler who kindly sent the author his notes taken at that occasion.

ple, the element of beauty, which was integrated into all the religious therapies. The Cathedral of St. Peter is not only a gathering place for the believers, but also a monument of beauty. In a similar sense, the therapeutic theater of psychodrama emphasizes love and beauty in all its forms, for example physical levels of action, colors and movement. Catharsis can take place through aesthetic participation ("aesthetic" catharsis) and be an important extension to actional and emotional catharsis.

The architecture of the theater of psychodrama is conceived in several dimensions, horizontal, breadth and length, vertical, height and depth. It is structured in many levels, each signifying a different niveau of life, unstructured, minimally structured and highly structured, each requiring a different degree of warm up; finally, the superstructure, a kind of balcony. There is no distinction between group and action portion, they flow into each other so as to convey the idea of total participation and all embracing love. This architectural concept influenced the development of the theater-in-the-round (1924). At least in principle, the architecture is so conceived that every form of physical and mental life should be portrayable. It permits or invites every form of consciousness and unconsciousness, all its most imaginative extensions to be acted out. The emphasis is on living and doing.

The theater of psychodrama has three types of participations: therapists (directors and auxiliary ego), actors or protagonists, and the group members. When there is no stage available, an empty space is used for the portrayal of action, the group facing it in circular arrangement. The "circle" is not a vehicle in itself but a part of the total setting.

II. Surplus Reality

Psychodrama consists not merely of the enactment of episodes, past, present and future, which are experienced and conceivable within the framework of reality,—a frequent misunderstanding. There is in psychodrama a mode of experience which goes beyond reality, which "provides the subject with a new and more extensive experience of reality, a *surplus reality*."[1]

I was influenced to coin the term "surplus reality" by Marx's concept of "surplus value." Surplus value is part of the earnings of the worker of which he is robbed by capitalistic employers. But surplus reality, is in contrast, not a loss but an enrichment of reality by the investments and extensive use of imagination. This expansion of experience is made possible in psychodrama by methods not used in life—auxiliary egos, auxiliary chair, double,

[1] See *Who Shall Survive?*, p. 85.

role reversal, mirror, magic shop, the high chair, the psychodramatic baby, soliloquy, rehearsal of life, and others. These methods[2] have been frequently described, but it may be of value here to point out their meaning in terms of surplus reality.

A. *Auxiliary Ego*

An *"auxiliary ego"* is usually defined as a person portraying an absentee, but in terms of surplus reality he can transcend boundaries of sex, age and death. In psychodrama, therefore, a man can play a woman, and vice versa. There is no sex in psychodrama. An old man can play a child, a child can be an old man. There is no age in psychodrama. A dead person can be brought back to life. There is no death in psychodrama. It is literally the return of magic into science. Hence, psychodrama brings the entire cosmos into play.

B. *Empty Chair*

An *"auxiliary or empty chair"* is usually defined as a chair portraying an absentee. However, the representation may not be a chair, it may be another object; but it must be an object which is somewhat related to the person or object for which it stands. For grandfather it may be an old comfortable armchair which he always uses; for an infant it may be a crib, in which he rests; for a minister it may be an empty pew in a church in which he is preaching; he addresses himself to the empty pew as if they were the people who should be in the pew; for a son coming home there may be several empty chairs around a table, each representing a member of the family, father and mother, sister and brother. It is, however, significant that a chair, or pew, or crib is imagined to be filled with a concrete person, with whom the protagonist communicates as vividly as if that person were really there. The involvement may be even greater because the actual person is not present to block or counter his spontaneity. In moments of high excitement the protagonist takes the part of the other, sits down on the chair and represents the other, speaking back for him; the same goes for the minister who assumes the part of every worshipper in the pew who should be there, or the mother takes the part of the baby in the crib whom she expects to be born or who has died.

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[2] For more detailed description of numerous techniques, see J. L. Moreno, *Psychodrama, Volume I & II*; Chapter on Psychodrama in S. Arieti (Ed.), *Am. Handbook of Psychiatry*; Zerka T. Moreno, A Survey of Psychodramatic Techniques, *Group Psychotherapy*, Vol. XII, 1959; and Psychodramatic Rules, Techniques and Adjunctive Methods, *Group Psychotherapy*, Vol. XVIII, 1965.

The empty chair technique has often been used in political controversies, as for instance, in the recent Keating-Kennedy senatorial campaign. I was amused to see on television and on the front pages of the New York newspapers, with headlines like, "Never Before a Debate Like This," Senator Keating gesturing to an empty chair during his television appearance. The empty chair was there, but when Robert Kennedy tried to fill it, Senator Keating would not give him permission to do so. This is an untherapeutic, unloving, diabolic use of the empty chair. It may very well be that it had some psychological repercussions on Election Day and had harmed Keating's chances, since the dialogue was witnessed by millions of television onlookers.[3]

In this context, it is possible that a wife does not want to face her husband, not even as a symbol in an empty chair. It becomes then a very profound experience. A recent protagonist in psychodrama began to cry when faced with the empty chair of his dead father; he experiences his father as being present and continuing to censor him as he had done in life. This "psychodramatic extension of consciousness" by means of the empty chair is a rather frequent occurrence. The empty chair is particularly effective when a person has profound feelings of guilt and needs to work them out.

C. *Role Reversal*

"Role reversal" takes place when two individuals, intimately related, change parts and represent each other. The purpose is, of course, that each should experience not only on a mental level, but on an actual level, what happens to his partner. In terms of surplus reality, this technique has a wide variety of applications. The individual with whom the protagonist reverses roles may not be his father or wife, but an auxiliary ego, a symbolic representation.

A particularly interesting application of this technique was my suggestion, during my visit to Soviet Russia in 1959, that Premier Khrushchev should reverse roles with President Eisenhower when he meets him in Washington, D.C. for the first time.[4]

D. *High Chair*

A rarely described technique is the "high chair," an extension of the empty chair. The protagonist who is in a position of inferiority, often confronted by a hostile world, gets up on a chair, towering over all members of

[3] *The Evening News,* Beacon and Newburgh, October 31, 1964.

[4] Moreno, J. L., "Encounter in Soviet Russia," *Prevention* Magazine, Sept. 15, 1963.

the group, and talks down to them from his lofty height, or to the person in his life who he perceives as his antagonist.

The protagonist's place high up on a chair symbolizes for him a sort of superiority which he does not have in life. He may confront his boss or his father, but he is now bigger than his father, richer or more powerful than his boss.

E. *Rehearsal for the Future*

Whereas the above techniques have a great deal to do with the development of sensitivity, or, as we usually call it, telic sensitivity, there are numerous techniques whose aim is the training of behavior, especially the rehearsal of future behavior or "rehearsal for life." We are often training individuals for situations which are expected in the near future—employment, an encounter with a prospective marriage partner, or training for situations which may never take place—training for general or symbolic sensitivity for future events.

In the prospect of encountering situations of great personal or social importance, such rehearsals for life are very helpful. I remember a young woman who was engaged to be married, but when she rehearsed her matrimonial situation several years hence with her fiance, she changed her mind and broke her engagement.

F. *Psychodrama in Politics*

An amusing report in *The New York Times*[5] describes how President Lyndon Johnson used psychodramatic rehearsal for the future. It was reported that he used role playing and psychodramatic methods to prepare himself for an important political meeting.

> "On Thursday and Friday, Harold Wilson, chubby, pipe-puffing and formidably articulate, called at the White House. Mr. Johnson prepared for the encounter by having the American Ambassador to Britain, David Bruce, play Mr. Wilson's part for two hours so he could get a better feel for the problems that would arise."

The President's motive was to get a better feel for a situation ahead and to get the most out of it in the shortest time. It would be interesting to find out whether he found that the rehearsal helped him to fulfill these goals.

Another rehearsal for the future in the political sphere was reported in Jack O'Brien's column in the *Journal American,* entitled "Abe the Giant

[5] *The New York Times,* Sunday, December 19, 1965, Section 4, p. 2E, "The News of the Week in Review."

Killer."[6] It seems that the political battle preceding the installation of John Lindsay as mayor on January 1, 1966 has had a number of interesting psychodramatic episodes. The two men confronting each other, Abe Beame and John Lindsay, were as different in background and personality as are rarely found. Beame, 5′ tall, versus Lindsay, 6′4″; an immigrant Jew from the East Side versus a highly polished Yale graduate, would have made a dramatic scene anywhere, even in vaudeville. Jack O'Brien reported how the two camps were preparing for the final showdown. Beame had agreed to have a debate on Channel 11, Saturday night, October 30, and to the great surprise of the millions of onlookers, encountered Lindsay better than ever before. As Jack O'Brien says, "he finally was Abe the giant killer. He didn't let Lindsay get away with one political smear, and smear is the word for what this outwardly waspish, clean American boy has been trying to do to the spunky Beame. Whichever candidate wins tomorrow's election, one will have to live with his conscience."

Lindsay was surprised at the masterful performance of Beame. As O'Brien describes:

> "Lindsay probably had no way of knowing how intensely Abe Beame had prepared for that one big Channel 11 debate. No less an in-fighter than Bobby Kennedy had rehearsed Abe Beame all Saturday afternoon in the Waldorf Towers. *Sen. Kennedy played the part of Lindsay and fired every possible dirty question at Beame in rehearsal.* The exhaustive briefing apparently was the perfect preparation. It gave Abe Beame the poise and purpose his predicament needed against a youthful opponent who looked more like the star of a TV Western than a politician whose litany of accusations were coldly, cynically geared to tearing down Beame's political character and reputation."

Conclusion

These are only a few illustrations. The dimensions of the cosmos which the concept of surplus reality has taken in the course of Man's habitat on this planet are enormous. One can describe the entire cultural evolution of Man in terms of surplus reality, the religions, the arts and crafts, the philosophies. Like the astronaut who moves into physical space, the "psychonaut" moves into all dimensions of the cosmos.

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[6] *New York Journal American,* Monday, November 1, 1965, Jack O'Brien's column, "On the Air."

A VALIDATION STUDY OF A PSYCHODRAMA GROUP EXPERIENCE: A PRELIMINARY SURVEY

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INTRODUCTION

In March, 1965, a three-day psychodrama institute was held for selected staff members at Vermont State Hospital. There were 15 individuals participating, 2 of whom were students from a college in Missouri.

The institute entailed a series of frustration and spontaneity tests, and a variety of warm-up techniques was employed. These ranged from the highly non-directive to the highly structured. A number of protagonist-centered sessions derived from the warm-ups. We also made some use of sociodrama and the sociogram in the form of the action sociogram, as well as having a few lectures with question and answer sessions. Meals were taken together, with dyad sessions following each meal. The institute was very intensive, covering nearly 12 hours a day. To close the institute we had an extensive session during which each person had the opportunity to clarify and conceptualize his feelings about himself, other members, the director, and the institute itself.

THE ATTITUDE SCALE

In connection with the institute an attitude scale was administered three times to each participant. The scale is informally called the Sundland Social Self Scale (SSSS), and has been derived from other sources[1] by Dr. Donald Sundland, Mr. Leon Fine, Dr. Dennis Daly and Miss Barbara Seabourne.[2]

In the SSSS the respondent is requested to answer 42 statements from

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[1] Blake, Robert R. and Mouton, Jane S., *Group Dynamics—Key to Decision Making,* Gulf, Houston, Texas, 1961, p. 18-19 and 82-83.

Leary, Timothy, *Interpersonal Diagnosis of Personality,* Ronald Press, New York, 1957, p. 65.

Argyris, Chris, *Personality Fundamentals for Administrators,* Labor and Management Center, Yale University, New Haven, 1952.

[2] Sundland, Donald M., Ph.D., Assistant Professor of Psychology, Department of Psychiatry at Missouri Institute of Psychiatry, University of Missouri, School of Medicine, St. Louis, Missouri. Mr. Fine, Doctor Daly, and Miss Seabourne are members of the Group Processes Unit, St. Louis State Hospital, St. Louis, Missouri; Mr. Fine is the Chairman of the Group Processes Unit.

three separate points of reference: 1.) the way the individual thinks about himself; 2.) the way the individual thinks the group members perceive him, and 3.) the individual's concept of the mentally healthy person. In other words the same 42 statements are answered three separate times with the frame of reference differing each time. The responses which are made reflect a judgment of trait characteristic on the part of the respondent. Examples of some of the statements and the range of possible responses will be given periodically throughout this paper.

As mentioned above, we made use of the SSSS three times in relation to the institute. The first time was prior to the opening of the institute, the second was toward the closing on its third day. Finally, eight weeks after the termination of the institute, the scale was given again to the institute participants. The three testing periods will be referred to hereinafter as: first = x, second = y, and third = z.

Preliminary Analysis

Some time after the institute closed and the group had been given the SSSS twice, the scale results were analyzed. We were very surprised to find that the group* as a whole, had changed appreciably in many of its responses to the statements. Significant differences occurred in the variance of responses in two foci of the scale: 1.) the way the individual thought about himself, (Self Appraisal x-y, t [variance] = 2.05), and 2.) the way the individual felt the group members viewed him (Group Appraisal x-y, t = 2.00). Both statistics are significant at $< .05$ level. No significant changes were observed, x-y, on the third focus of the scale, that of the concept of the mentally healthy person.

Comparison Group

The first assumption about the above statistical results was that, although significant changes had occurred x-y, these could have been due to factors other than the institute.

As a check on this, 11 student nurses were requested to take the attitude tests twice. They were given exactly the same instructions as were given to the institute members. The first testing (x) was done on May 10, and the second (y) on May 12. Nothing was done with this group between x-y.

Our hypothesis was that if the changes between x-y were insignificant,

* Now numbering 11 individuals who completed the scale tests during the x and y periods and who gave permission for them to be analyzed by the authors.

statistically, we could therefore attribute to the institute the significant changes, x-y, observed in the institute group.

This hypothesis was validated since the student nurse group did not show significant statistical changes between the two testing periods. It became necessary to reduce the number of the results in the student group to ten because one participant inadvertently failed to answer all of the statements on one scale during the x period. To keep Ns the same, we eliminated, by random selection, one individual's scores from the institute group, thus reducing it to ten, and final statistical analyses are based on this number of participating individuals in each group.

Third Testing and Final Analysis

When nearly eight weeks had passed since the earlier testing (x-y) of the institute, it was decided to test them for a third time to see if changes were still in existence which had shown up at the close of the institute. This test (z) was done on May 24, 1965.

The following results were obtained: there were no significant differences between test scores y and z, but significant differences obtained between x and z (as they did between x-y). These were: Self Appraisal x-z ($t = 2.32$ $p = < .025$) and Group Appraisal x-z ($t = 2.90$ $p = < .01$). Again, there were no significant changes on the mentally healthy person focus of the scale.

At this point we were led to conclude that the attitudinal changes which seemed to have been produced by the institute had lasted at least eight weeks. It further appeared that not only had they endured, but were enhanced.

Our last step was to reassemble the ten student nurses to see if there would be any significant differences for them revealed by a third testing period. In this case there were only four weeks between y and z, since the group was affiliated with the hospital for a relatively short time. The third test was given on June 7, 1965, and revealed no significant statistical differences between y and z, just as there had been none between x and y.

It is well to note again that the changes which occurred in the institute group were revealed in only two foci of the SSSS: Self Appraisal and Group Appraisal. The individual and group concepts of the attitudes of the mentally healthy person were scarcely affected.

Basically, it is to be assumed that the Self Appraisal and Group Appraisal tests are two ways of getting at the same thing. Conceptually, an individual's appraisal of himself is influenced by what he believes to be the

group appraisal of himself. However, the division of the two in testing does provide us with tests of the individual's self-image and his consistency in replies.

The fact that responses regarding the mentally healthy person were not much altered further suggested a basis for assuming the institute to be the causal agent of the changes which did occur, because the content of the institute focused on areas of self perception and self-other perception. The concept of the mentally healthy person is a more abstract focus. It did not enter any clear pattern of our group interaction and it was to be expected that this focus would be less influenced than the other two.

Discussion of Scoring Procedures

It is necessary here, to show as simply as possible the scoring procedures which served as the basis for our statistical analyses.

For each of the 42 statements in the SSSS there was a range of seven choices. These were "Very Characteristic," "Characteristic," "Slightly Characteristic," "Don't Know, Undecided," "Slightly Uncharacteristic," "Uncharacteristic" and "Very Uncharacteristic."

For each statement within each focus (i.e., Self Appraisal, Group Appraisal and the mentally healthy person), we appraised the scale to determine which end represented the most "positive" psychological response. If, in our judgment, "Very Characteristic" represented the most positive response, this was awarded a score of seven, "Characteristic" a score of six, and so on to the opposite end of the scale where "Very Uncharacteristic" was given a score of one. On a different statement the scoring procedure might be exactly reversed: "Very Uncharacteristic" having the score of seven, and so on, with "Very Characteristic" the score of one.

Thus, the qualitative responses to the statements were given differing quantitative values with the exception of "Don't Know, Undecided," which, as the mid-point, always had the value of four.

This scoring procedure presented certain difficulties, for, as we analyzed the scale results, it was our feeling that certain individuals had judged some statements negative which we had judged as positive, and vice versa. This we decided had been the case when we studied the logic* of individual's responses, and by a cross-comparison of selected statements which are

* We studied the mentally healthy person focus responses, as that focus is a more logical and objective expression than the other two foci. Our hypothesis was that we should expect reasonably logical consistency in response to a focus which was essentially not centered on attitudes toward the self.

substantially the same, but have different wording, e.g., statements 1 and 22.

1. Stays out of the group
22. Does not initiate nor follow

These two statements should, if properly understood, be answered the same way by the same respondent.*

In spite of these difficulties, we stayed with our own judgment, even though on some statements it appeared to be a minority view. We did this on the assumption that comparisons among the mean, variance, or any other important statistic, would not have changed provided we were consistent in our scoring for all three test periods in both groups.

However, we felt the following statements should be reworded in the SSSS in future so as to be less ambivalent in terms of "negative" and "positive" qualities, both for the respondent and the scorer.

3. Often manages to be noticed
6. Sticks to his point arbitrarily
13. Seeks support
15. Wary
24. Draws attention to himself in some way
27. Repeats himself

The base scores which were used for all group comparisons were the simple sums for all individuals of all statements in each focus. It should be noted, however, that occasionally a respondent would skip a statement on one of the tests. When this occurred we referred to his earlier or later score on that statement on one of the tests, and assigned the same value to the un-answered statement. Hence, we assumed no change in such instances which is the most conservative position to take. This operated to make the finding of significance for the institute group slightly more difficult. We were able to employ this method since no individual omitted the same statement in all three test periods.

For other analyses, involving scoring, we modified the above system in ways which will be shown further along in this paper.

Statements of Greatest Change

We were interested in learning which statements reflected the greatest degree of change in the two foci of the scale, (Self Appraisal and Group

* Most individuals were logically consistent, but obviously, a few viewed some statements differently than did others.

Appraisal), which is where significant changes had been shown within the institute group.

In order to arrive at this we devised another quantitative measurement with the following rationale. We dealt with a series of answers which were scorable from one through seven with a possible range of change, for any individual on any statement, of from one through six degrees. Then we said the degree of change, (for the entire group), on any given statement between any two testing periods would be the sum of all individual changes, with a score of zero for no change at all.

Thus, the theoretical range of change for a group of 10 on any statement, would be from 1 (a situation in which only 1 person changed in the smallest degree), to 60 (a situation in which all individuals in the group moved from one extreme to the other).

However, this involved us in a theoretical problem, since it is possible for a large degree of change to be reflected by one or two individuals with all others remaining unchanged. For example, if 2 individuals changed 6 degrees each on one statement, while the rest of the group remained unchanged, there would be 12 degrees of change for that statement, reflected as a group change.

On the other hand, there could be another statement on which each of ten members of the group changed one degree. This would give 10 degrees of change for the entire group, a smaller figure than the above change of 12 degrees. However, because of the number of persons involved in the change, it could be considered a greater change than that which drew a score of 12.

To solve this problem we devised an index score by adding the total degrees of change on all statements, and multiplying the sum by the number of individuals changing. Then we were able to array the 42 statements in a rank order of change.

However, there is good basis for saying that large changes occurring in a few individuals are as important as smaller changes occurring in many. Therefore, in addition to the use of the index score, we also gave consideration to the sum of degrees of change alone, which permitted a result to be reflected by one or two major changes.

Viewing changes in these two ways, we on the one hand, directed attention toward group change, and on the other, toward changes in individuals. Data from these two perspectives showed that the differences were very minor on all comparisons. Virtually the same statements showed up on any given comparison as either the most or least susceptible to change, with rank orderings varying very little.

We will, therefore, present a summary which indicates the number of times given statements appeared in the comparisons, focusing on those statements which appear in at least half of the comparisons.*

There are four comparisons which have earlier shown statistical significance. These are Self Appraisal x-y and x-z, and Group Appraisal x-y and x-z. Since we have viewed the data from two points of view (group and individual changes), it is possible for a statement to appear twice within each analysis, or a total of eight times. Thus, any statement appearing on rank orderings of greatest or least change four or more times is included in Table 1. Before presenting this table however, we must take cognizance not only of changes *per se,* but of the qualitative nature of the changes.

We decided that, in appraising statements of greatest or least change, we had to consider quantitative and qualitative changes separately. We dealt with qualitative changes in the following way.

We looked at the number of individuals who have changed on a given statement, deciding for each whether the change was positive (+) or negative (—). This presented us with three possibilities of evaluation: 1) *Total Trend*—wherein all changes are in one direction only, either + or — ; 2) *Basic Trend*—wherein changes are in both a + and — direction, but wherein one of the two directions predominates quantitatively over the other, (e.g., four individuals make + moves, three individuals make — moves, therefore + moves predominate over — moves), and 3) *No Trend*—wherein the number of individuals making + and — moves equalize. Therefore, in indicating the rank order of statements reflecting the greatest and least change, we have also shown separately the qualitative direction of the changes, using these three categories.

In looking at Table 1, we should bear in mind, for those statements reflecting the least change, that the qualitative direction is less important than for those statements which reflect the greatest change. This is because in many instances we dealt with minute changes in only one or two individuals, and in some with no changes at all.

At first glance, it may seem discouraging that the seven statements dealing with important interpersonal attitudes should have shown the least change. This, however, is not the whole picture, since on all these statements, the individuals in the institute group had very high scores in the x testing periods, the average being 5.7. It would have been surprising then,

* Failure of some statements to appear on more comparisons was much more a function of the focus of the scale than of the scoring system.

for these statements by individuals to have shown much change in the positive direction. However, they could have changed in the negative direction and did not. This suggests that, in the statements changing the least, the high positive nature of the first scores was maintained and not lost.

TABLE 1

STATEMENT OF GREATEST AND LEAST CHANGE WITH QUALITATIVE DIRECTION AND FREQUENCY OF APPEARANCE AND PLACE

Statement	No. Times	Qualitative Direction				
Greatest Change	Appearing	Basic Trend	Total Trend	No Trend	No Change	Appearance On Scales
22. Does not initiate nor follow	6	6+				Self Appraisal x-y Gr. Appraisal x-y Gr. Appraisal x-z
33. Asks for help	6	6+				Self Appraisal x-y Self Appraisal x-z Gr. Appraisal x-z
15. Wary	5	5+				Self Appraisal x-y Gr. Appraisal x-y
19. Seems to be reaching out to others	4	2+		2		Self Appraisal x-y Gr. Appraisal x-y
36. Suspicious	4	4+				Self Appraisal x-z
Least Change						
40. Friendly to others	8	2+	2+	2	2	Self Appraisal x-y Gr. Appraisal x-y
41. Treats others gently	7	3—	2+ 2—			Self Appraisal x-y Gr. Appraisal x-y
20. Sympathetic	6		2+	2	2	Self Appraisal x-y Self Appraisal x-z Gr. Appraisal x-z
28. Shows interest in people and their ideas	4	2—	2—			Self Appraisal x-y
16. Aware of what others are saying and doing	4	2—	2+			Self Appraisal x-y Gr. Appraisal x-y Gr. Appraisal x-z
17. Seeks friendly feelings from others	4	2+		2		Self Appraisal x-y
37. Pays close attention to what is going on	4	2+	2+			Gr. Appraisal x-y Gr. Appraisal x-z

On the other hand, the five statements showing the most change were statements on which the average score was 3.8 for the individuals of the institute group in the x testing period. Then, as Table 1 shows, the basic movement was in the positive direction in the various y and z test analyses.

It is interesting at this point to question which statements could have shown the most change. This was arrived at by deriving the mean scores on the x and y tests, for the two foci, Self Appraisal and Group Appraisal; then determining how much change there could be, theoretically, if every member in the group were, on a later testing, to derive a score of 7.0 or 1.0. Using this measure, we found that the following statements, listed in descending order of scores, were the ones which could have shown the most change:

9. Blocks the group
10. Willing to do what needs to be done
11. Unkind to others
20. Sympathetic
27. Repeats himself
30. He fights rather than works
41. Treats others gently
16. Aware of what others are saying or doing
37. Pays close attention to what is going on
40. Friendly to others

We note that none of these did, in fact, show the greatest change, but that five of these statements (16, 20, 37, 40, and 41) did appear among those statements showing the least change, i.e., in which scores for the x testing period were high.

This analysis demonstrates that the changes which occurred in the institute group were not simply ones which would have come about if changes occurred at all. Rather does it demonstrate that the changes were highly individualistic, and reflect the large amount of group interaction which took place in the institute.

The Nature of General Change

In the foregoing section we considered statements in the scale analysis which were most and least subject to change. We now look at the nature of general changes as reflected by the institute group in the four significant comparisons, (Self Appraisal x-y and x-z, and Group Appraisal x-y and x-z). Tables 2, 3, 4 and 5 summarize this information for each of the four test results.

TABLE 2
SUMMARY OF PATTERNS OF CHANGE
SELF APPRAISAL SCALE X-Y

Category	*No.*	*Percentage*		*No.*	*Percentage*
Responses	420				
Unchanged	192	46			
Changed	228	54			
Intra-Attitude Changes					
Less to more certainty				62	50
More to less certainty				62	50
			Total	124	
Inter-Attitude Changes					
Less certain				11	11
Same Certainty				39	38
More certain				16	15
Loss of clarity (don't know)				19	18
From no clarity (don't know) to clarity				19	18
			Total	104	

TABLE 3
SUMMARY OF PATTERNS OF CHANGE
SELF APPRAISAL SCALE X-Z

Category	*No.*	*Percentage*		*No.*	*Percentage*
Responses	420				
Unchanged	194	46			
Change	226	54			
Intra-Attitude Changes					
Less to more certainty				77	54
More to less certainty				66	46
			Total	143	
Inter-Attitude Changes					
Less certain				14	17
Same certainty				22	26
More certain				18	22
Loss of clarity (don't know)				8	10
From no clarity (don't know) to clarity				21	25
			Total	83	

TABLE 4
SUMMARY OF PATTERNS OF CHANGE
GROUP APPRAISAL SCALE X-Y

Category	*No.*	*Percentage*		*No.*	*Percentage*
Responses	420				
Unchanged	197	47			
Changed	223	53			
Intra-Attitude Changes					
Less to more certainty				56	57
More to less certainty				42	43
			Total	98	
Inter-Attitude Changes					
Less certain				26	21
Same certainty				30	24
More certain				18	14
Loss of clarity (don't know)				29	23
From no clarity (don't know) to clarity				22	18
			Total	125	

TABLE 5
SUMMARY OF PATTERNS OF CHANGE
GROUP APPRAISAL SCALE X-Z

Category	*No.*	*Percentage*		*No.*	*Percentage*
Responses	420				
Unchanged	200	48			
Changed	220	52			
Intra-Attitude Changes					
Less to more certainty				62	53
More to less certainty				55	47
			Total	117	
Inter-Attitude Changes					
Less certain				15	15
Same certainty				32	31
More certain				18	17
Loss of clarity (don't know)				17	17
From no clarity (don't know) to clarity				21	20
			Total	103	

In indicating some of these changes we have arbitrarily chosen two phrases "inter-attitude" and "intra-attitude" in relation to the 7-point scale ranging from "Very Characteristic" to "Very Uncharacteristic," with "Don't Know, Undecided" as a mid-point or "fence."

Inter-attitude shall be understood to mean a change from one side of the scale to the other, a "jumping over the fence": i.e. from the "Characteristic" side to the "Uncharacteristic" side, or vice versa.

Intra-attitude refers to changes in modification on one side of the fence, such as from "Characteristic" to "Slightly Characteristic," or from "Very Uncharacteristic" to "Uncharacteristic" and so on.

Observation of these tables demonstrates that some degree of change occurred more frequently than did no change. It is clear too, that the general movement was toward more certainty rather than less in the holding of particular attitudes. By "more certainty" is meant movements from the "Slightly" category to, and/or through the unmodified category to the "Very" category. Movement in the opposite direction would be less certainty in an attitude.

The four tables tell us that there is considerable inter-attitude movement on all comparisons which approached statistical significance. These data are presented in Table 6.

TABLE 6
COMPARISONS OF INTRA-ATTITUDE AND INTER-ATTITUDE CHANGES

	Self Appraisal		*Group Appraisal*	
	x-y	x-z	x-y	x-z
Intra-Attitude	143	124	98	117
Inter-Attitude	83	104	125	103
	$x^2 = 3.702$		$x^2 = 3.781$	
	$p = < .10 > .05$		$p = < .10 > .05$	

x^2 significant for $< .05$ at 3.841

We were also interested to observe whether changes were related to the firmness with which an attitude was first held. Table 7 reveals our finding that an unmodified attitude: i.e. "Characteristic" or "Uncharacteristic" was the least likely to change. More likely to change was a modified attitude: i.e. "Very . . . ," or "Slightly . . . ."

In addition, on the Self Appraisal comparison x-y, the more tenaciously-held attitudes ("Very . . ."), changed much more than the tenuously-held

ones, ("Slightly . . ."), although statistical significance was not quite attained.

Table 7 also shows that on Self Appraisal measurements x-y and x-z, "Don't Know, Undecided" answers were likely to be clarified in some way, in a later testing, more often than were tenuously-held attitudes to be changed.

TABLE 7
COMPARISON OF INTENSITY OF ATTITUDE WITH CHANGE

Comparisons	*Self Appraisal*		*Group Appraisal*	
	x-y	x-z	x-y	x-z
Very with unqualified	$< .001$	$< .001$	$< .001$	$< .001$
Very with slightly	X	N.S.	N.S.	N.S.
Very with don't know	N.S.	N.S.	N.S.	N.S.
Unqualified with slightly	$< .001$	$< .001$	$< .001$	$< .001$
Unqualified with don't know	$< .001$	$< .001$	$< .001$	$< .001$
Slightly with don't know	$< .05$	$< .01$	N.S.	N.S.

X = near significance ($x^2 = 3.699$ $p = < .10 > .05$)
x^2 significant for $< .05$ at 3.841

TABLE 8
COMPARISON OF INTENSITY OF ATTITUDE WITH INTER-ATTITUDE CHANGE

Comparisons	*Self Appraisal*		*Group Appraisal*	
	x-y	x-z	x-y	x-z
Very with unqualified	N.S.	N.S.	N.S.	N.S.
Very with slightly	$< .05$	X	N.S.	$< .05$
Very with don't know	N.S.	N.S.	N.S.	N.S.
Unqualified with slightly	N.S.	+	N.S.	N.S.
Unqualified with don't know	N.S.	N.S.	N.S.	N.S.
Slightly with don't know	N.S.	N.S.	N.S.	N.S.

X = near significance ($x^2 = p < .10 > .05$)
+ = near significance ($x^2 = p < .10 > .05$)
x^2 significance for $< .05$ at 3.841

As we stated, change may be a modification with the same attitude remaining, or it may be a move to the opposite attitude, i.e., intra-attitude versus inter-attitude change.

Table 8 reveals that the most firmly-held attitudes, ("Very . . ."), were very likely to be modified, marginally, on an intra-attitude basis, while those attitudes held tenuously were more likely to be changed on an inter-attitude basis.

There is one other nearly significant finding in Table 8, which is that tenuously-held attitudes, ("Slightly") are more likely to be changed in favor of the opposing attitude, (an inter-attitude move), than are those which are held without modification, i.e., "Characteristic" or "Uncharacteristic."

Since the above data show a considerable shifting about, which frequently led to inter-attitude moves, we need to ask if individuals seemed to change sharply in their attitudes about themselves. That is, did many "Characteristic" attitudes become "Uncharacteristic," or vice versa? Table 9 shows that although individuals changed their responses in a variety of ways, they have not become different people, essentially.

TABLE 9

INDIVIDUAL POINT SCORE AVERAGES ON THE SELF APPRAISAL AND GROUP APPRAISAL SCALES

Individual	*Self Appraisal*			*Group Appraisal*		
	x	y	z	x	y	z
A	2.11	2.53	2.45	1.95	2.30	2.45
B	2.90	2.57	3.11	3.00	2.47	2.88
C	2.64	2.64	2.66	2.83	2.52	2.85
D	2.76	2.47	2.76	2.64	2.52	2.83
E	2.97	2.97	2.80	3.09	2.88	2.83
F	3.00	2.83	2.80	2.76	2.42	2.69
G	2.42	2.52	2.90	2.71	2.80	2.83
H	2.61	2.64	2.61	2.66	2.76	2.85
I	2.76	3.00	2.69	2.52	2.78	2.38
J	2.35	2.83	2.61	2.14	2.47	2.23

Legend
1 = Don't know (undecided)
2 = Slight characteristic or slightly uncharacteristic
3 = Characteristic or uncharacteristic
4 = Very characteristic or very uncharacteristic

Table 9 is worked out on a point score system in which the positive and negative changes are ignored and attention is focused strictly on the intensity of the attitude which individuals demonstrated in their responses to each statement. "Don't Know" is given the value of 1; "Slightly" a value of 2; Unmodified responses, 3; and "Very" 4. Of course, the scoring procedure could have been reversed, and there is no inherent guarantee that intervals between each of the four categories should be regarded as quantitatively equal. What Table 9 represents is simply an operational index with the arithmetic mean serving as the base measure.

TABLE 10

INDIVIDUAL AND GROUP QUALITATIVE CHANGES ON ALL SELF APPRAISAL AND GROUP APPRAISAL SCALES

	Self Appraisal						*Group Appraisal*					
				Degrees of Change						Degrees of Change		
Individual	x	y	z	x-y	y-z	x-z	x	y	z	x-y	y-z	x-z
A	198	214	213	+16	— 1	+15	190	195	184	+ 5	—11	— 6
B	208	198	225	—10	+27	+17	206	198	215	— 8	+17	+ 9
C	207	219	200	+12	—19	— 7	191	224	194	+33	—30	+ 3
D	208	202	232	— 6	+30	+24	207	204	233	— 3	+29	+26
E	227	191	230	—36	+39	+ 3	162	146	175	—16	+29	+13
F	220	175	216	—45	+41	— 4	206	174	217	—32	+43	+11
G	192	202	220	+10	+18	+28	214	214	225	0	+11	+11
H	198	193	192	— 5	— 1	— 6	174	164	138	—10	—26	—36
I	198	240	226	+42	—14	+28	182	233	212	+51	—21	+30
J	207	237	224	+30	—13	+17	190	228	212	+38	—16	+22
Mean	206.3	207.1	217.8				192.2	198.0	200.5			
Central-ization	4.91	4.93	5.18	+ 8	+107	+115	4.57	4.71	4.77	+58	+25	+83

Inspection of Table 9 suggests that while the moves may have been considerable, for the most part the attitudinal biases of individuals were not sharply altered. For example, no one moved from a low 2 score average to a high 3, and so on.

Qualitative Direction of Change

Before leaving the subject of attitudinal change we need to ask, in the simplest possible terms, whether the changes reflected in the institute group were basically positive or negative.

Table 10 shows that the direction of change was qualitatively positive. This is most clearly seen in the differences in the Self Appraisal and Group Appraisal test results x-z. It should be noted that the differences among the mean averages were at no point significant. The real nature of the significance was in the variations within those means. The range was nearly the same while the curve varied considerably.

Some suggestion of the significance of the variations is apparent when one looks at the degrees of change reflected by individuals where the sums of scores for many individuals vary quite appreciably from one test period to another.

There is a range in negative changes from — 1 to —45 in the Self Appraisal scores, and a range from —3 to —36 in the Group Appraisal scores. There is a range of positive changes from +3 to +42 in the Self Appraisal scores and +3 to +51 in the Group Appraisal scores.

In Table 11 we have simply summarized the findings from Table 10, which permits us to see at a glance that the qualitative changes were positive for the majority of the individuals, particularly in the comparisons x-z.

TABLE 11
Summary of Qualitative Change on All Self Appraisal and Group Appraisal Scales

	Self Appraisal			*Group Appraisal*		
	x-y	y-z	x-z	x-y	y-z	x-z
More Positive	5	5	7	4	5	8
Less Positive	5	5	3	5	5	2
Unchanged	0	0	0	1	0	0
N	10	10	10	10	10	10

Omitted Statements

We reviewed the data in order to find which statements were omitted by individuals in the responses on the scales. We assumed that repeated omission of the same statements by a number of individuals would suggest that these statements were psychologically loaded—thus leading people to block in their responses.

Our analysis showed, however, that there were only eight omissions for the group in the three test sessions and that no one statement was omitted more than once. It would appear, therefore, that the omission of statements could be explained only on an individual basis.

Summary and Conclusion

The small study which this paper reports suggests that individuals may change as the result of an intensive psychodrama institute, and that such change may be of at least eight weeks' duration.

Although our findings have demonstrated this, we wish to make clear that it is entirely possible our findings are of an *ad hoc* nature brought about by the character of the institute members, their relationships with the director (who is the senior author of this paper), the techniques employed in the institute, and a variety of other phenomena.

In fine, before much credence could be given our findings, it would be necessary for a replication of this study to be done many times. Certainly it would be important to learn if the scale (SSSS) we used is a reliable indicator of change. If such could be established, then a variety of possibilities for its use would unfold, as well as development of psychodramatic methods to produce desired results. But only a series of further studies, hopefully with large Ns, and which result in findings comparable to ours, could determine whether such possibilities do, in fact, exist.

We should note one further fact. Throughout this report we have talked about change. It must be clear that we have no behavioral proof from the scale scores that any kind of change has occurred. What we have measured are verbalized statements about attitudes, and where we have seen change it has been at the level of verbalization.

However, there is some qualitative evidence that behavioral changes have also taken place. Some of the participants in the institute have been reporting, repeatedly, improved behavior in themselves and each other since the institute was held. Some are citing specific instances of changed behavior. These facts may be quite important because, with the possibility

of one or two exceptions, the institute members have been unaware of this study, although they gave permission for the study to be made. Also it is significant that their comments have not been made to the authors of this report but to other personnel in the hospital.

But it still would be necessary, in further research, where studies such as ours were replicated, to determine to what extent a verbalized statement suggesting change is borne out by a corresponding behavioral change.

The job of any therapeutic or educational endeavor is not only to produce more positive verbalized statements, but also to produce more positive behavior.

The authors wish to express their thanks to Lelon A. Weaver, Jr., Ph.D., Experimental Psychologist, Vermont State Hospital, for his invaluable assistance with some of the statistics, Mrs. Joan Steele, for assistance in typing, and the members of the institute for permitting their scale results to be used as the basis for this study. Appreciation is also extended to Mrs. Evelyn Loveday for technical assistance in the final writing of this report.

RATING SCALES DESIGNED TO REVEAL SELF FEELING IN THE AREA OF SELF DEVELOPMENT

(Vermont State Hospital)

PLEASE PRINT:

Name _____ Date _____
(Last) (First) Month, Day, Year

We would like you to participate in a study of self-development. Essentially, do you know yourself better at the end of this institute than at the beginning. These rating sheets are to help you figure this out.

You will have two measures of your knowledge of yourself: (1) the way you, yourself, think about yourself, and (2) the way you think the group members as a whole would rate you. Finally we would like you to use these same items to "rate" your concept of a mentally healthy person.

On the set of sheets you have, please rate yourself. In rating, circle one choice for each behavior or personality trait.

RATE YOURSELF THE WAY *YOU* THINK ABOUT YOURSELF	VERY CHARACTERISTIC	CHARACTERISTIC	SLIGHTLY CHARACTERISTIC	DON'T KNOW, UNDECIDED	SLIGHTLY UNCHARACTERISTIC	UNCHARACTERISTIC	VERY UNCHARACTERISTIC
1. STAYS OUT OF THE GROUP	VC	C	SC	DK	SU	U	VU
2. GIVES SUGGESTIONS ABOUT HOW WE SHOULD PROCEED	VC	C	SC	DK	SU	U	VU
3. OFTEN MANAGES TO BE NOTICED	VC	C	SC	DK	SU	U	VU
4. PROTECTS THE RIGHTS OF OTHERS IN THE GROUP	VC	C	SC	DK	SU	U	VU
5. HELPS THE GROUP TO STAY ON TARGET	VC	C	SC	DK	SU	U	VU
6. STICKS TO HIS POINT ARBITRARILY	VC	C	SC	DK	SU	U	VU
7. LISTENS WITH UNDERSTANDING TO WHAT OTHERS SAY	VC	C	SC	DK	SU	U	VU
8. KEEPS PEOPLE PULLING TOGETHER AS A TEAM	VC	C	SC	DK	SU	U	VU
9. BLOCKS THE GROUP	VC	C	SC	DK	SU	U	VU
10. WILLING TO DO WHAT NEEDS TO BE DONE	VC	C	SC	DK	SU	U	VU
11. UNKIND TO OTHERS	VC	C	SC	DK	SU	U	VU
12. SEEKS SUPPORT	VC	C	SC	DK	SU	U	VU
13. TRIES TO MANAGE THINGS	VC	C	SC	DK	SU	U	VU
14. SEEMS ANXIOUS, GUILTY AND SELF-EFFACING	VC	C	SC	DK	SU	U	VU
15. WARY	VC	C	SC	DK	SU	U	VU
16. AWARE OF WHAT OTHERS ARE SAYING OR DOING	VC	C	SC	DK	SU	U	VU
17. SEEKS FRIENDLY FEELINGS FROM OTHERS	VC	C	SC	DK	SU	U	VU
18. DOES WHAT HE THINKS IS RIGHT, EVEN IF AFRAID	VC	C	SC	DK	SU	U	VU
19. SEEMS TO BE REACHING OUT TO OTHERS	VC	C	SC	DK	SU	U	VU
20. SYMPATHETIC	VC	C	SC	DK	SU	U	VU
21. LETS YOU KNOW HOW HE THINKS AND FEELS	VC	C	SC	DK	SU	U	VU

RATE YOURSELF THE WAY *YOU* THINK ABOUT YOURSELF	VERY CHARACTERISTIC	CHARACTERISTIC	SLIGHTLY CHARACTERISTIC	DON'T KNOW, UNDECIDED	SLIGHTLY UNCHARACTERISTIC	UNCHARACTERISTIC	VERY UNCHARACTERISTIC
22. DOES NOT INITIATE, NOR FOLLOW	VC	C	SC	DK	SU	U	VU
23. FINDS WAYS TO HELP THE GROUP	VC	C	SC	DK	SU	U	VU
24. DRAWS ATTENTION TO HIMSELF IN SOME WAY	VC	C	SC	DK	SU	U	VU
25. COMES TO THE AID OF ANYONE BEING ATTACKED BY OTHERS	VC	C	SC	DK	SU	U	VU
26. PUSHES THE GROUP TO STAY ON THE CENTRAL AGENDA	VC	C	SC	DK	SU	U	VU
27. REPEATS HIMSELF	VC	C	SC	DK	SU	U	VU
28. SHOWS INTEREST IN PEOPLE AND THEIR IDEAS	VC	C	SC	DK	SU	U	VU
29. SEEKS AND FINDS A MIDDLE GROUND FOR RESOLVING DIFFERENCES	VC	C	SC	DK	SU	U	VU
30. HE FIGHTS RATHER THAN WORKS	VC	C	SC	DK	SU	U	VU
31. WANTS TO HELP WHATEVER THE JOB	VC	C	SC	DK	SU	U	VU
32. SARCASTIC	VC	C	SC	DK	SU	U	VU
33. ASKS FOR HELP	VC	C	SC	DK	SU	U	VU
34. DOMINATES AND IMPOSES HIS WILL ON THE GROUP	VC	C	SC	DK	SU	U	VU
35. CONDEMNS SELF	VC	C	SC	DK	SU	U	VU
36. SUSPICIOUS	VC	C	SC	DK	SU	U	VU
37. PAYS CLOSE ATTENTION TO WHAT IS GOING ON	VC	C	SC	DK	SU	U	VU
38. AFFILIATIVE	VC	C	SC	DK	SU	U	VU
39. ABLE TO FACE ANXIETY	VC	C	SC	DK	SU	U	VU
40. FRIENDLY TO OTHERS	VC	C	SC	DK	SU	U	VU
41. TREATS OTHERS GENTLY	VC	C	SC	DK	SU	U	VU
42. OPEN ABOUT HIMSELF	VC	C	SC	DK	SU	U	VU

RATE YOURSELF THE WAY YOU THINK THE GROUP MEMBERS, AS A WHOLE, WILL RATE YOU	VERY CHARACTERISTIC	CHARACTERISTIC	SLIGHTLY CHARACTERISTIC	DON'T KNOW, UNDECIDED	SLIGHTLY UNCHARACTERISTIC	UNCHARACTERISTIC	VERY UNCHARACTERISTIC
1. STAYS OUT OF THE GROUP	VC	C	SC	DK	SU	U	VU
2. GIVES SUGGESTIONS ABOUT HOW WE SHOULD PROCEED	VC	C	SC	DK	SU	U	VU
3. OFTEN MANAGES TO BE NOTICED	VC	C	SC	DK	SU	U	VU
4. PROTECTS THE RIGHTS OF OTHERS IN THE GROUP	VC	C	SC	DK	SU	U	VU
5. HELPS THE GROUP TO STAY ON TARGET	VC	C	SC	DK	SU	U	VU
6. STICKS TO HIS POINT ARBITRARILY	VC	C	SC	DK	SU	U	VU
7. LISTENS WITH UNDERSTANDING TO WHAT OTHERS SAY	VC	C	SC	DK	SU	U	VU
8. KEEPS PEOPLE PULLING TOGETHER AS A TEAM	VC	C	SC	DK	SU	U	VU
9. BLOCKS THE GROUP	VC	C	SC	DK	SU	U	VU
10. WILLING TO DO WHAT NEEDS TO BE DONE	VC	C	SC	DK	SU	U	VU
11. UNKIND TO OTHERS	VC	C	SC	DK	SU	U	VU
12. SEEKS SUPPORT	VC	C	SC	DK	SU	U	VU
13. TRIES TO MANAGE THINGS	VC	C	SC	DK	SU	U	VU
14. SEEMS ANXIOUS, GUILTY AND SELF-EFFACING	VC	C	SC	DK	SU	U	VU
15. WARY	VC	C	SC	DK	SU	U	VU
16. AWARE OF WHAT OTHERS ARE SAYING OR DOING	VC	C	SC	DK	SU	U	VU
17. SEEKS FRIENDLY FEELINGS FROM OTHERS	VC	C	SC	DK	SU	U	VU
18. DOES WHAT HE THINKS IS RIGHT, EVEN IF AFRAID	VC	C	SC	DK	SU	U	VU
19. SEEMS TO BE REACHING OUT TO OTHERS	VC	C	SC	DK	SU	U	VU
20. SYMPATHETIC	VC	C	SC	DK	SU	U	VU
21. LETS YOU KNOW HOW HE THINKS AND FEELS	VC	C	SC	DK	SU	U	VU

RATE YOURSELF THE WAY YOU THINK THE GROUP MEMBERS, AS A WHOLE, WILL RATE YOU	VERY CHARACTERISTIC	CHARACTERISTIC	SLIGHTLY CHARACTERISTIC	DON'T KNOW, UNDECIDED	SLIGHTLY UNCHARACTERISTIC	UNCHARACTERISTIC	VERY UNCHARACTERISTIC
22. DOES NOT INITIATE, NOR FOLLOW	VC	C	SC	DK	SU	U	VU
23. FINDS WAYS TO HELP THE GROUP	VC	C	SC	DK	SU	U	VU
24. DRAWS ATTENTION TO HIMSELF IN SOME WAY	VC	C	SC	DK	SU	U	VU
25. COMES TO THE AID OF ANYONE BEING ATTACKED BY OTHERS	VC	C	SC	DK	SU	U	VU
26. PUSHES THE GROUP TO STAY ON THE CENTRAL AGENDA	VC	C	SC	DK	SU	U	VU
27. REPEATS HIMSELF	VC	C	SC	DK	SU	U	VU
28. SHOWS INTEREST IN PEOPLE AND THEIR IDEAS	VC	C	SC	DK	SU	U	VU
29. SEEKS AND FINDS A MIDDLE GROUND FOR RESOLVING DIFFERENCES	VC	C	SC	DK	SU	U	VU
30. HE FIGHTS RATHER THAN WORKS	VC	C	SC	DK	SU	U	VU
31. WANTS TO HELP WHATEVER THE JOB	VC	C	SC	DK	SU	U	VU
32. SARCASTIC	VC	C	SC	DK	SU	U	VU
33. ASKS FOR HELP	VC	C	SC	DK	SU	U	VU
34. DOMINATES AND IMPOSES HIS WILL ON THE GROUP	VC	C	SC	DK	SU	U	VU
35. CONDEMNS SELF	VC	C	SC	DK	SU	U	VU
36. SUSPICIOUS	VC	C	SC	DK	SU	U	VU
37. PAYS CLOSE ATTENTION TO WHAT IS GOING ON	VC	C	SC	DK	SU	U	VU
38. AFFILIATIVE	VC	C	SC	DK	SU	U	VU
39. ABLE TO FACE ANXIETY	VC	C	SC	DK	SU	U	VU
40. FRIENDLY TO OTHERS	VC	C	SC	DK	SU	U	VU
41. TREATS OTHERS GENTLY	VC	C	SC	DK	SU	U	VU
42. OPEN ABOUT HIMSELF	VC	C	SC	DK	SU	U	VU

RATE (DESCRIBE) YOUR CONCEPT OF A FULLY FUNCTIONING, SELF-ACTUALIZING, MATURE, MENTALLY HEALTHY (PSYCHOLOGICALLY EFFECTIVE) PERSON	VERY CHARACTERISTIC	CHARACTERISTIC	SLIGHTLY CHARACTERISTIC	DON'T KNOW, UNDECIDED	SLIGHTLY UNCHARACTERISTIC	UNCHARACTERISTIC	VERY UNCHARACTERISTIC
1. STAYS OUT OF THE GROUP	VC	C	SC	DK	SU	U	VU
2. GIVES SUGGESTIONS ABOUT HOW WE SHOULD PROCEED	VC	C	SC	DK	SU	U	VU
3. OFTEN MANAGES TO BE NOTICED	VC	C	SC	DK	SU	U	VU
4. PROTECTS THE RIGHTS OF OTHERS IN THE GROUP	VC	C	SC	DK	SU	U	VU
5. HELPS THE GROUP TO STAY ON TARGET	VC	C	SC	DK	SU	U	VU
6. STICKS TO HIS POINT ARBITRARILY	VC	C	SC	DK	SU	U	VU
7. LISTENS WITH UNDERSTANDING TO WHAT OTHERS SAY	VC	C	SC	DK	SU	U	VU
8. KEEPS PEOPLE PULLING TOGETHER AS A TEAM	VC	C	SC	DK	SU	U	VU
9. BLOCKS THE GROUP	VC	C	SC	DK	SU	U	VU
10. WILLING TO DO WHAT NEEDS TO BE DONE	VC	C	SC	DK	SU	U	VU
11. UNKIND TO OTHERS	VC	C	SC	DK	SU	U	VU
12. SEEKS SUPPORT	VC	C	SC	DK	SU	U	VU
13. TRIES TO MANAGE THINGS	VC	C	SC	DK	SU	U	VU
14. SEEMS ANXIOUS, GUILTY AND SELF-EFFACING	VC	C	SC	DK	SU	U	VU
15. WARY	VC	C	SC	DK	SU	U	VU
16. AWARE OF WHAT OTHERS ARE	VC	C	SC	DK	SU	U	VU
17. SEEKS FRIENDLY FEELINGS FROM OTHERS	VC	C	SC	DK	SU	U	VU
18. DOES WHAT HE THINKS IS RIGHT, EVEN IF AFRAID	VC	C	SC	DK	SU	U	VU
19. SEEMS TO BE REACHING OUT TO OTHERS	VC	C	SC	DK	SU	U	VU
20. SYMPATHETIC	VC	C	SC	DK	SU	U	VU
21. LETS YOU KNOW HOW HE THINKS AND FEELS	VC	C	SC	DK	SU	U	VU

RATE (DESCRIBE) YOUR CONCEPT OF A FULLY FUNCTIONING, SELF-ACTUALIZING, MATURE, MENTALLY HEALTHY (PSYCHOLOGICALLY EFFECTIVE) PERSON	VERY CHARACTERISTIC	CHARACTERISTIC	SLIGHTLY CHARACTERISTIC	DON'T KNOW, UNDECIDED	SLIGHTLY UNCHARACTERISTIC	UNCHARACTERISTIC	VERY UNCHARACTERISTIC
22. DOES NOT INITIATE, NOR FOLLOW	VC	C	SC	DK	SU	U	VU
23. FINDS WAYS TO HELP THE GROUP	VC	C	SC	DK	SU	U	VU
24. DRAWS ATTENTION TO HIMSELF IN SOME WAY	VC	C	SC	DK	SU	U	VU
25. COMES TO THE AID OF ANYONE BEING ATTACKED BY OTHERS	VC	C	SC	DK	SU	U	VU
26. PUSHES THE GROUP TO STAY ON THE CENTRAL AGENDA	VC	C	SC	DK	SU	U	VU
27. REPEATS HIMSELF	VC	C	SC	DK	SU	U	VU
28. SHOWS INTEREST IN PEOPLE AND THEIR IDEAS	VC	C	SC	DK	SU	U	VU
29. SEEKS AND FINDS A MIDDLE GROUND FOR RESOLVING DIFFERENCES	VC	C	SC	DK	SU	U	VU
30. HE FIGHTS RATHER THAN WORKS	VC	C	SC	DK	SU	U	VU
31. WANTS TO HELP WHATEVER THE JOB	VC	C	SC	DK	SU	U	VU
32. SARCASTIC	VC	C	SC	DK	SU	U	VU
33. ASKS FOR HELP	VC	C	SC	DK	SU	U	VU
34. DOMINATES AND IMPOSES HIS WILL ON THE GROUP	VC	C	SC	DK	SU	U	VU
35. CONDEMNS SELF	VC	C	SC	DK	SU	U	VU
36. SUSPICIOUS	VC	C	SC	DK	SU	U	VU
37. PAYS CLOSE ATTENTION TO WHAT IS GOING ON	VC	C	SC	DK	SU	U	VU
38. AFFILIATIVE	VC	C	SC	DK	SU	U	VU
39. ABLE TO FACE ANXIETY	VC	C	SC	DK	SU	U	VU
40. FRIENDLY TO OTHERS	VC	C	SC	DK	SU	U	VU
41. TREATS OTHERS GENTLY	VC	C	SC	DK	SU	U	VU
42. OPEN ABOUT HIMSELF	VC	C	SC	DK	SU	U	VU

THE GROUP THERAPIST IN THE TREATMENT OF CHRONIC SCHIZOPHRENICS[1,2]

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Experience in an earlier study by Vernallis and Reinert (1961) suggested treatment effectiveness might be increased by the allocation of administrative responsibility for patients to the group therapist. In the present study the combined roles were designated as "Group Therapist—Clinical Administrator" (GT-CA). The group therapy was of an eclectic type with an emphasis on goal-direction. The control patients received routine hospital treatment and were seen when the hospital doctor made rounds. This study did not test directly the separate contributions of group therapy and administration to treatment outcome. The prediction was that more constructive behavior change as measured by multiple criteria will occur in the experimental patients as compared to the controls.

PROCEDURE

Selection of the patients sample. The study patients were drawn from one section of the hospital housing about 275 patients, with all types of diagnoses. The clinical records of all the patients on the section were reviewed and those who met specified criteria were retained. The criteria were: (1) absence of a recommendation for psychotherapy, (2) early discharge unlikely, (3) not more than one year of current and two years previous hospitalization, and (4) absence of diagnosed physical complications. This selection procedure resulted in an initial intake sample of 18 patients who had severe schizophrenic symptoms of at least nine months duration. Additional patients were selected as openings occurred in the experimental group. A patient resided in the hospital at least one month after the beginning of treatment before he was included in the study sample. Two control patients and one experimental exited before one month so the final sample consisted of 14 experimental patients and 13 controls.

Matching. After the initial intake sample was selected, 16 of the 18

[1] This was an individual study of the VA Psychiatric Evaluation Project, Dr. Lee Gurel, Director.

[2] Dr. Robert I. Long, Menninger Foundation, served as research consultant.

[3] Now at Saugus Rehabilitation Center, Saugus, California.

patients who most resembled each other were group matched (8 in each group) on six background variables and two items of a rating scale. The motivation for life goals and positive emotional involvement of the Symptom Rating Scale (SRS) (Jenkins, Stauffacher, & Hester, 1959) were balanced. Marital status, length of hospitalization, age, social class, race, and diagnosis were the background control factors. Once the 16 patients had been separated into two groups according to the matching variables, a coin toss determined which group of patients constituted the experimental and which the control group. Since the experimental group was open, patients were added to the study sample according to the described procedures at the rate of four to six patients at a time. Additions were made when openings for at least two patients occurred in the experimental group. The experimental group closely resembled the control group on the control factors.

The patients' symptoms were not only severe, but extremely so. For example, one experimental patient was silent for a year before he entered treatment and continued to be silent for 11 months. Another talked freely, but he rarely put together two sensible sentences. One believed he was the greatest military strategist of all time and another had the delusion he was too weak to participate in the hospital activities program. These patients either talked profusely and irrationally about matters of little relevance to themselves or they were notably undertalkative. They appeared to be much like the schizophrenic patients studied by Rogers and his associates (Gendlin, 1961).

Criterion measures. Three criteria were used to measure treatment effectiveness: the SRS, time in the community, and the Sentence Completions by Miale and Holsopple. The Sentence Completions were used in an exploratory manner since self-administered objective tests produced random responses in the earlier study. There were two pairs of SRS raters and each member of a pair rated independently.[4]

Ratings were made and the Sentence Completions administered when the patients entered the study, at discharge from the hospital, and at the termination of treatment for those who remained in the hospital. In nearly all instances, the same rater pair did the pre- and post ratings on the same patients. Since time in the community is so heavily contingent on the discharge decision, an experimental patient was discharged only when the Psychiatric Supervisor, Social Worker, and GT-CA agreed the patient was free of psychotic symptoms and ready for discharge. The SRS and Sentence

[4] We gratefully acknowledge the assistance with the ratings of Dr. William A. Whitehead.

Completions were administered after this decision was made. The control patients were surveyed every three months by the Social Work Service to determine their readiness for discharge.

Since the number of manhours given to the experimental patients is of practical interest, a record was kept of the GT-CA's treatment time.

Treatment. The experimental group consisted of five to eight patients at any one time, the group was open, and treatment covered a span of two years. One hour therapy meetings were held three times per week. The mean number of sessions attended was approximately 145, but half the patients had a maximum of about 97; the range was 45-276 sessions. All the sessions were tape recorded and the tapes were replayed to gain a better understanding of the patients. The early group meetings were chaotic. The sessions soon became more orderly but a self-conscious therapy group was never formed. During the study both experimental and control patients resided on as many as eight different wards.

The usual techniques of interpretation, empathic reflection of feelings, confrontation, etc., were applied during clear periods for particular patients. The therapist attempted to develop a strong man-to-man relationship with each patient. Patients were encouraged to function at the highest level of which they were capable in their hospital activities and social interactions.

The first named investigator served as the GT-CA and the second named investigator provided the psychiatric supervision. Drugs were prescribed as indicated for the treatment patients by the Psychiatric Supervisor.

Routine treatment at this hospital means, essentially, milieu therapy. Therefore, the controls participated in a wide variety of activities and they received considerable attention from the large permanent staff. This hospital also possesses a large psychiatric residency program and each resident on the section during the study was responsible for 30 to 40 patients. Residents conventionally saw their patients individually on rounds or in office interviews.

Results

Table I presents the difference between the experimental and control patients at the conclusion of treatment. The overall differences, although small, were interpreted as favoring the hypothesis. The main findings supporting the hypothesis occurred on the SRS. The SRS was factor analyzed ($N = 1273$) by Dr. E. L. Struening who did not label the factors but we have named them according to the items which load most heavily on the factors. Any item which loaded .40 or higher was retained and given a weight of one in the calculation of the factor scores.

TABLE I

COMPARISON OF EXPERIMENTAL AND CONTROL PATIENTS ON MULTIPLE OUTCOME CRITERIA

Criteria				t
Symptom Rating Scale				
Goal-direction item				1.38
Rapport item				0.66
Factors				
I. Cooperativeness & rapport				1.67
II. Anxienty & depression				1.11
III. Goalless apathy				2.34*
IV. Disordered thinking & disorientation				—0.45
V. Paranoid thinking & hostility				—0.02
Time in the community (days)		E	C	
Gross time		2715	2092	0.45
Non-press time		1890	1251	0.35
Corrected for unequal N				
gross		2522	2092	
non-press		1755	1251[a]	
Sentence Completions				
Judge	*A*		*B*	
	E	C	E	C
Unchanged	9	10	7	7
Improved	2	0	3	3
Worse	1	1	2	1

* p .025 one-sided test

[a] 504 days difference

The patients were rated with satisfactory reliability on the SRS. Item agreement was calculated by product-moment correlation for each pair of raters. Then, by an r into z transformation the correlation coefficients of both pairs of raters were averaged for each item. The median r was .72, range .43-.96 and three of the 20 items fell below .60. Those were the bizarre postures or movements items, .57, manifest depression, .43, and manifest anxiety, .58. One treatment patient was not rated since he eloped and a control patient was missed at the time of discharge. Since the factor scores differed initially for the two groups, an analysis of covariance was carried out. The consequent Fs were translated into t scores to enable the use of the finer significance intervals of t tables.

The finding that the experimental group was more strongly motivated

toward life goals, SRS Factor III, at a statistically significant level, of course, is consistent with the rationale of the treatment approach. Two-thirds of the gain in goal-direction was made by the particular experimental patients who earned non-press time (see below) in the community which suggests they did more than merely learn a language. The affect, Factor I, of the treatment patients also tended to become more appropriate. This finding also conforms with the rationale of the treatment although the difference only approaches significance, .10 level. Factor II, anxiety and depression, was rated with the least reliability but the trend in favor of the experimental cases may reflect greater social ease as the result of treatment.

There were eight experimental patients and five controls out of this hospital at the conclusion of treatment. Of the 13 patients out of this hospital, five experimental patients had been rated symptom-free and three controls. Claims folders, a record maintained by regional offices for all VA beneficiaries, were checked to determine the location of discharged patients. One control, rated symptom-free at discharge, was located in another hospital. Table I shows both gross and non-press time in the community. By non-press time it is meant that the patient does not require supervision and he maintains himself in the community. Further, he does not display easily detectable symptoms and he places no particular pressure on others or attracts undue attention to himself because of symptoms. Therefore, a patient rated symptom-free at discharge was credited with non-press time. Although the difference of 502 days non-press time in favor of the experimental patients is small, nonetheless, it is regarded as a practical gain. The direction of the difference was predicted and, therefore, the result supports the hypothesis since this measure derived directly from the earlier study.

Independent blind sorts of the Sentence Completions were made by two judges and their agreement was 61%. Considering only cases where rater agreement occurred, there was a small difference in favor of the experimental patients.

Attendance at group therapy was very good for these regressed patients. One patient failed to attend two months during his two years of treatment but the remainder attended regularly. This type treatment was stressful at times for the patients as disclosed by 11 elopements by six different treatment patients as compared to none for the controls. Even more disturbing as a concommitant of treatment, four experimental patients assaulted and injured staff members; a nurse's lip required stitches, one aide's jaw was broken, and

[5] Appreciation is expressed to Dr. Maurice Huling and Mr. Sanford Mabel who served as judges.

two aides suffered facial bruises. Again, control patients did not assault anyone. The assaults appeared to be related to patient engulfment by this treatment approach. Withdrawal as a defense was sharply limited so they struck out at others.

Time records disclosed the GT-CA spent 10-12 hours per week in patient treatment and clinical administrative duties. This time included two and one-half hours of section staff meetings and one hour of psychiatric supervision per week.

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THE SOCIOMETRY OF LUNCH-TAKING IN AN ECONOMIC GROUP

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Since its introduction, sociometry has been utilized as a valuable research tool in both the academic and the commercial world. It provides a means of measuring not only the total group structure, but also the status of any individual within the group in regard to any other member of the group. This renders sociometry an important instrument for gaining insight into the operation of a group by opening to view the group's structure.

I have been employed as a legal (tax) editor with a publisher of a legal service. Although I have contact with various people throughout the company, most of my time is spent within the boundaries of my own department. The personnel of this department consists of seventeen lawyers and a department head, with a detachment of secretaries and editorial assistants. I thought it would be a profitable exercise to test my conception of the group structure and the position of certain individuals in it, with the picture I obtained by use of the scientific method of sociometry.

Hypothesis. My general aim was simply to obtain an outline of the structure of the group and to see if it followed any particular pattern. I had a particular interest in two persons in the department, SS and CO, because I believed that although there was a high interaction rate between these two persons and the remainder of the department, this did not tell the tale. I believed in fact, that in spite of the great amount of time spent "in" or "with" the group, these two men were isolated from the group.

Method. I decided that it would be desirable to have the subjects make both positive and negative choices. This method would be more reliable in presenting the group structure because it would show not only those persons cut off from emotional attachment within the group, but also those persons who were objects of hostile feelings by group members. This is an important distinction to be aware of in a business society where official policy and customary norms curtail the direct expression of hostile feelings or any of one's personal feelings.

In the instant setting the work is mainly individual, with only a minimum of cooperation necessary between persons of equal rank. Between the editors (subordinates) and the senior and supervisory personnel (superiors) there is a greater incidence of interaction necessary, but on both levels the

applicable business roles and the low frequency of necessary interaction make it possible for the attitudes of the parties involved to be held in check and a "neutral" business-like stance to be adopted. This usual way of acting while on the job becomes part of the person's personality, and may carry over to his thinking. By asking the subject to make a negative choice, he is forced to discard the almost habit-like pattern of non-direct expression of aggression and hostility. In other words, the choice he makes will be a choice decided after he has been juggled loose from habits which might result in his giving of untrue data.

The questions the subjects were asked were "Name one person with whom you would like to eat lunch," and "Name one person with whom you would not like to eat lunch." The lunch period is a time of significance for the people employed in the firm, as it is the only time officially permitted for unsupervised personal association. The company is located in a fairly isolated place so that lunch is eaten usually in the company cafeteria, with a member of one's own department. Although non-work personal relationships and interactions occur during working time, the practice is frowned upon by the department head and is generally done with one eye cocked towards the department head's office.

Though there was some reluctance at answering my questions, it is known I am a student and cooperation from all persons involved was obtained (except for a few persons, which in itself is revealing). I did not include in my study the manager of the department nor the secretaries and editorial assistants, because of the differences in formal positions, age, and outlook.

Results. The data in response to the question "Name one person with whom you would like to eat lunch" revealed the following (see Table 1): There was one star in the group (MM); there were three persons who were overchosen (GS, IA, and MO). Nine persons were underchosen (DH, NZ, LB, GN, CC, RP, GW, SS and PW); two were isolates (CO and SJ). Three persons were chosen once (GK, WE, and JB). The following pairs were formed, MM-GK, IA-WE and MO-JR.

The following data was obtained in response to the question "Name one person with whom you would not like to eat lunch." One person (SJ) received 12 negative choices while three persons (GN, CC and PW) were rejected by one person. (See Table 2.)

Two persons (CO and SJ) refused to make any choices or cooperate. One person (MO) did not make any choice in response to the second question.

Discussion. The value of using a questionnaire asking for both a positive and a negative response is shown here. Seven of the 18 persons involved received at least one choice, leaving 11 people without having been picked positively. From this data alone one cannot distinguish between any one of the 11 unchosen. When the data from the negative question is added we get a clearer picture. Four of these 11 persons were picked negatively. These four persons (SJ, GN, CC and PW) not only lack any first

TABLE 1

CHOICES MADE IN RESPONSE TO THE QUESTION "NAME ONE PERSON WITH WHOM YOU WOULD LIKE TO EAT LUNCH"

Chosers	Persons Chosen																	
	CO	SJ	DH	NZ	LB	GN	CC	GK	GS	MM	RP	GW	SS	IA	WE	JB	MO	PW
CO																		
SJ																		
DH									1									
NZ									1									
LB														1				
GN										1								
CC										1								
GK										1								
GS										1								
MM								1										
RP									1									
GW																	1	
SS														1				
IA															1			
WE														1				
JB																	1	
MO																1		
PW																	1	
	0	0	0	0	0	0	0	1	3	4	0	0	0	3	1	1	3	0

Total Number of Times a Person Is Chosen

choice relationship with another group member, but have an antagonistic relationship with at least one other person. The seven who received neither a positive nor a negative choice appear to be unacceptable to any member of the group. SJ, receiving 12 negative choice votes is not only an isolate, as is CO, but apparently a "scapegoat." Of the seven persons receiving at least one positive vote, five of them rejected SJ (MO did not make any negative choice). Further, all but one of the persons choosing GS, MM or IA (persons who received more than one positive vote) chose SJ negatively.

This combine rejected SJ more strongly than the group as a total (83.3% and 90% of the persons in the two categories as compared with a group total of 12 out of 15 choices made or 80%). This rejection by "leaders" in the group shows how total SJ's rejection is.

Both CO and SS received no positive or negative choices. In addition, CO made no responses to either question.

The use of the negative response question also helped to distinguish

TABLE 2

CHOICES MADE IN RESPONSE TO THE QUESTION "NAME ONE PERSON WITH WHOM YOU WOULD NOT LIKE TO EAT LUNCH"

Chosers	Persons Chosen																	
	CO	SJ	DH	NZ	LB	GN	CC	GK	GS	MM	RP	GW	SS	IA	WE	JB	MO	PW
CO																		
SJ																		
DH		1																
NZ		1																
LB		1																
GN		1																
CC						1												
GK		1																
GS		1																
MM		1																
RP		1																
GW		1																
SS																		1
IA		1																
WE		1																
JB							1											
MO																		
PW		1																
	0	12	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	1

Total Number of Times a Person Is Chosen

between the two isolates, SJ and CO. The negative response question data reveals the structure of the group as allowing CO to enter into the group's lunch activities, though he is apparently outside of them now, while SJ seems to be barred by the existence of hostility against him.

Notable to some extent is the fact that none of the persons receiving one or more positive choices received a negative choice. The importance of this is somewhat minimized by the fact that seven of the persons receiving no positive choices did not receive any negative choices either (al-

though three such persons did receive one negative choice). I believe that if a second negative choice was permitted each subject, they would spread themselves mainly among persons receiving no positive choices. SJ provided a protective umbrella against negative choices for the others.

Popularity seems to be centered among four persons. In fact, all the positive choices went to these four persons (GS, MM, IA and MO) except for the votes of three persons from this four person popularity group. However, as the leader of one of these factions (GS) picked as his positive choice one of the other leaders (MM); it appears that MM has more influence than either IA, MO or GS.

Both CO and SS received no positive or negative votes. CO made no response to either question. It can be said that CO is an isolate; contrasted with him, SS is merely underchosen, but not outside of the group.

TRANSFERENCE AND TELE

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The first section of this paper is mainly concerned with the discussion of the psychoanalytic interpretation of transference. A generally accepted definition of transference is: "It is *assumed* that important changes may gradually take place in the individual as the interpersonal relation with the psychoanalyst continues. Particularly, there is the phenomenon of transference in which the person is said to transfer his unconscious emotional feelings, positive and negative, from other objects or people to the psychoanalyst himself."[1] Through this means, there is a greater opportunity for the feelings of the client to become consciously open to discussion and analysis. There is general consensus that this transference process be regarded as the very core of the therapy, and that it makes possible the emotional re-education of the person. In the words of Sigmund Freud, "Transference may be compared to the cambium layer in a tree between the wood and the bark from which the new formation of tissue and the increase in the girth of the trunk derive."[2]

Let us now look at what actually takes place in a transference situation. Ideally, the patient understands what is interpreted to him and becomes engrossed in the tasks set him by the treatment; the material of memories and associations floods in upon him; the certainty and appositeness of his interpretation are a surprise to the doctor; and the latter can only take note with satisfaction that this is a patient who readily accepts all the psychological novelties which are apt to provoke the most bitter contradictions among healthy people in the outside world. Moreover, the cordial relations that prevail during the work of analysis are accompanied by an objective improvement which is recognized on all sides in the patient's illness.

But such fine weather cannot last forever. Difficulties arise in the treatment; the patient declares that nothing more occurs to him. He gives the clearest impression of his interest being no longer in the work and of his cheerful disregard of instructions given him to say everything that comes into his head and not to give way to any critical obstacle. He is evidently preoccupied with something, but intends to keep it to himself. This is a

[1] David Krech and Richard S. Crutchfield, *Elements of Psychology* (New York, 1961), p. 659.

[2] James Strachey, Editor, *The Complete Psychological Works of Sigmund Freud* (London, 1963), Lectures on Psycho-analysis, Volume XVI, Part III, p. 444.

situation that is dangerous for the treatment. We find that the cause of the disturbance is that the patient has transferred on to the doctor an intense feeling of affection which is justified neither by the doctor's behavior nor by the situation that has developed during the treatment. The form in which this affection is expressed and what its aims are depends, of course, on the personal relation between the two people involved.[3] A typical positive way of expressing this transference would be that the patient seems to be more involved with everything connected with the doctor than he is with his own problem or illness. The patient becomes very agreeable. The doctor, too, thereupon forms a favorable opinion of the patient and if the doctor is modest enough to attribute his patient's high opinion of him to the phenomena of transference, the analysis will make fine progress.[4] It must be made clear that transference is present in the patient from the beginning of the treatment and for a while is the most powerful motive in its advance. As Freud has stated, "We need not bother about it so long as it operates in favor of the joint work of analysis. If it then changes into a resistance, we must turn our attention to it and recognize its contrary conditions."[5]

Our next logical consideration is "What causes transference?" Bordering redundancy, we mean a transference of feelings on to the person of the doctor, where we do not believe that the situation in the treatment could justify the development of such feelings. We suspect, on the contrary, that the whole readiness for these feelings is derived from elsewhere; that they were already prepared in the patient, and upon the opportunity offered by the analytic treatment, became externalized. Transference appears as a passionate demand for love (or one of its more moderate forms) in place of a wish to be loved[6] ". . . arising from earlier relationships to parents or other significant persons. In so doing, the patient was acting out feelings he had suffered and repressed before, and repeating the distortions which led to his neurotic disturbance. The transference is consequently a pathological relationship needing to be demonstrated, acknowledged, and worked through to freedom from bondage to the past."[7]

The other half of transference is known as counter-transference. The phenomenon was recognized by Freud when he discovered that the therapist

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[3] *Ibid.*, p. 440.

[4] *Ibid.*, p. 439.

[5] *Ibid.*, p. 443.

[6] *Ibid.*, p. 442.

[7] Paul E. Johnson, "Transference, Tele and Empathy," *Group Psychotherapy* (December, 1954), Volume VII, Number 3-4, p. 324.

is not entirely free from personal involvement. "Counter-transference arises in the physician as the result of the patient's influence on his unconscious feelings."[8]

It is obvious to the writer that the psycho-analytic school has given very little interpretation to the cause of the transference and counter-transference concept, but rather is concerned with the major task of handling it in a therapy situation. It apparently becomes the basis for the entire psycho-analytic technique, in as much as it consumes a great deal of the therapy time, and in many cases is ineffectual.

One of the major aspects that seem to be lacking in the psycho-analytic approach to transference and counter-transference is the fact that the therapy attempts to tear down any normal attractions that might be formed with a doctor-patient relationship. The doctor seems to be unwilling to meet the patient on neutral ground. "The therapist is often unaware of or resistant to the idea that he is functioning in a two-way relationship. He is apt to act as a God, putting the patient into a completely dependent role, or as a ghost, being so non-directive that the patient might as well be in converse with an illusion."[9] It becomes difficult to believe that a great degree of therapy could possibly take place in such a cold and professional setting as we find here.

In discussing Dr. J. L. Moreno's theory of transference, we find that he has attempted a much more global concept such as "tele." It is felt that the interpersonal phenomenon taking place in the therapeutic situation cannot be explained so simply by the concept of transference because in the psychological situation between patient and therapist much more occurs than a projection of infantile fantasies upon the physician. "After the first meeting the patient develops a deeper insight of the therapist, something far more than a simple transference. It is a sort of feeling into each other and this more complex phenomenon is more clearly defined by the 'tele hypothesis' as developed by Dr. Moreno."[10] In an effort to explain "tele," I call on Dr. Moreno: "Empathy, as defined by Lipps, is a 'one-way' feeling into the private world of another ego and, as such a psychological phenomenon, it satisfies the needs of the psychologist. But this does not take care of the 'two-way' and multiple feeling into each other's private worlds of several

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[8] Strachey, *Op. Cit.*, p. 435.

[9] Mary L. Northway, "Comments on Moreno's Transference and Tele," *Group Psychotherapy* (December, 1954), Vol. VII, Number 2, p. 324.

[10] Frisso Potts, "Dr. Moreno's Paper 'Transference, Countertransference and Tele,' A Commentary," *Group Psychotherapy* (December, 1954), Volume VII, Number 3-4, p. 323.

individuals and the socioemotional structures resulting from them. This is, however, a process of greatest importance to sociologists and sociometrists.

Parallel with this Freud developed the concept of transference, which signifies the unconscious projection of fancied experiences upon the person of the physician. Whereas empathy tries to feel into something real, transference feels into something unreal. Transference tries to satisfy the need of the psychiatrist."[11]

It is Moreno's theory that neither transference nor empathy could explain in a satisfactory way the emergent cohesion of a social configuration or the "double" experience in a psychodramatic situation: first, because these represent two or multiple ways of interaction; second, because they are seen as a social whole. This brings the problem to view on a much larger scale. Because of this, it is hypothesized that empathy and transference are no more than the two points that a bridge connects. The starting points are called "empathy" and "transference," both being somewhat equal. It is inconsequential from which point you choose to cross as it is dependent on your direction, but without the bridge (tele) no crossing is possible in either direction. The bridge (tele) seems to be the element that gives the starting points their meaning. Moreno defines tele as the factor responsible for the increased rate of interaction between members of a group "for the increased mutuality of choices surpassing chance possibility."[12]

It has also been suggested that if the psychologist insists that the factor responsible for all forms of "interpersonal sensitivity" is empathy or an empathetic process, or if psychoanalysts dilute the concept of transference, as many psycho-analytically oriented group psychotherapists are doing, they are stretching the meaning of these concepts beyond recognition; they lose their original and generally accepted meaning. A good scientific term has its own profile. By such playing with words we lose two good concepts and ruin a third.

The many varieties of attractions, repulsions and indifferences between individual needs are, in the words of Moreno, a "common denominator."

The psychological variations in population pressure affect the individual, especially during his formative years. It has been shown how deep its effects are, even in the apparent vacuum around an isolated person; that the specific molds and boundaries we have created to shelter and shape individuals, the home unit, the school unit, and the work unit, are not actual boundaries; that the forces of attraction, repulsion, and indifference pass beyond these limits,

[11] J. L. Moreno, *Who Shall Survive?* (New York, 1953), p. 311.
[12] *Ibid.*, p. 312.

ceaselessly striving toward exchange of emotional states; that this tendency to reach out and to exchange emotions is stronger than social institutions formed apparently to protect man against the vagaries of his adventurous nature.[13]

According to Moreno, in using the sociometric approach he finds the tele is closely linked to the inner organization of a social atom. The first thing met is a "feeling complex" which goes out from a person, not to run wildly into space, but to a certain other person and that the other person does not accept this passively like a robot, but responds actively with another "feeling complex" in return. In other words, one tele may become interlocked with another tele; thus a pair of relations have been formed.[14]

In the preceding discussion, there has been only brief mention of the phenomenon called counter-transference, and that, from the point of view of the traditional psycho-analytic school. Let us now look at Moreno's theory of counter-transference. According to Moreno the term counter-transference is a gross misrepresentation; it is just transference "both-ways," a two-way situation. Transference is an interpersonal phenomenon.

The definition of transference as it is explained by Freud is obviously made from the point of view of the professional therapist. In essence, it is the therapist's own bias. The point is made that if the definition would have been made from the point of view of the patient, then the two terms, transference and counter-transference, could very easily be reversed. If the therapist was the patient, and the patient became the therapist, the transference would initiate with the therapist and the patient would emit the counter-transference.[15] From this illustration it is plain to see that these two terms are just a play on words. The interesting point here is to note that the therapist, himself, confers upon himself the action of counter-transference, which by the very word "counter" means that in order for him to react, he must first be acted upon. To the writer, this seems to imply that the therapist sees himself in a situation, where he must be on the defensive.

If we accept the fact that the term counter-transference is a misrepresentation, we find a new area of thought open to us. Once the biases of the therapist have been eliminated, we can analyze the two-way situation from a different angle. Moreno observed that when a patient is attracted to a

[13] *Ibid.*, p. 316.

[14] *Ibid.*, p. 317.

[15] J. L. Moreno, "Transference, Countertransference and Tele: Their Relation to Group Research and Group Psychotherapy," *Group Psychotherapy* (October, 1954), Vol. VII, Number 2, p. 109.

therapist, besides transference behavior, another type of behavior is taking place in the patient. "The one process is the development of fantasies (unconscious) which he projects upon the psychiatrist surrounding him with a certain glamor. At the same time, another process takes place in him. That part of his ego which is not carried away by auto-suggestion feels itself into the physician. It sizes up the man across the desk and estimates intuitively what kind of man he is. These feelings into the actualities of this man, physical, mental, or otherwise, are 'tele' relations."[16] The appreciation of him is not transference, but rather an insight into the actual make-up of the personality of the psychiatrist. This "other process" acting between two individuals has characteristics missing in transference. Therefore, what at first sight may have appeared to have been a transference on the side of the patient is something else. "In the course of a continued session, the transference attractions toward the therapist may recede more and more, and be replaced by another type of attraction: the attraction toward the actual being of the therapist; the attraction which was already there in the beginning but had been somewhat clouded and disfigured by the other."[17]

Now let us look at the other side of this therapeutic coin, the therapist. After somewhat disproving the idea of transference and counter-transference as two separate entities, it would seem logical to speculate that the same feelings of attractions or rejections experienced by the patient would, in the same manner, be experienced by the therapist. Accepting this, we find that there are now no longer two people shadow boxing in a dark room but rather they are in a brightly lit ring, both wearing gloves, eye to eye, face to face. The situation has been redefined. No longer will one absorb the punches of the other without defending himself. They are on equal terms, and the free flowing action that follows is the emotions and feelings given and received. If it's any kind of scrap at all, both will emerge with the marks left by the other. An important fact to remember is that before such a bout can take place, it is necessary that each be of equal weight and size. Otherwise we would again fall back into a one-sided situation. 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.[18]

In attempting to form some value hypothesis, I start with the assumption that as in the therapy situation there must be a mutual meeting ground.

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[16] *Ibid.*, p. 110.

[17] *Ibid.*, p. 115.

[18] *Ibid.*, p. 116.

It would be a grave mistake to suggest that we start anew, with sociometry and discard the many years of research done in psycho-analysis, but rather do as Moreno suggests—bring all the various methods of psychotherapy into agreement. The main theory of its being is to detect the common denominators operating in all therapeutic situations. A new approach to methodology which would enable us to compare each of them under conditions of role playing techniques does exist. These techniques permit greater flexibility and many versions may be played out and control studies set up.[19]

In attempting to take a different methodological path, we find that experimental psychodrama offers the necessary training vehicle. Through this training, the therapist may learn the necessary techniques in which therapy may be accomplished with a high degree of efficiency. However, the first step seems to be the hardest. It is a psychodramatic must that before action takes place, even to just getting the therapist involved in training, there must be a warm-up. "The crux is the degree of involvement and warm-up of all participants; if they are too 'cold' the factors which are under study will not emerge and the purpose of the experiments will be defeated."[20]

In concluding, I call again on the boxing analogy. It would seem nearly impossible that a sporting boxing match could be successfully staged if one or both participants were preoccupied with thoughts of picking daisies in an open field. The match would be equally ineffectual if one participant was so afraid that he rolled up into a ball on the canvas and refused to fight because he might get hurt.

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[19] *Ibid.*, p. 116.

[20] *Ibid.*, p. 117.

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PSYCHODRAMA AND METHOD ACTING

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There are but few comparisons between psychodrama, defined by Moreno as a science of action, and the writing and interpretations of Stanislavski and the theatre of method acting, which is defined as a creative work of art. Both may utilize similar techniques to achieve different ends.

The protagonist in psychodrama may never realize himself except as the character he is portraying. For instance, an individual who believes he is Adolf Hitler, truly accepts himself as this being. His world, although outside of reality, is his reality. On the other hand, the actor must always be aware that he is *perfoming*. For once he loses this awareness, he is no longer acting but rather experiencing a true situation for himself! The actor must be aware of the director, other actors, the playwright, and the audience. The protagonist in psychodrama is solely concerned with his self and everything that revolves around him.

The belief in spontaneity is shared by psychodrama and so called "method acting." However, it is in the application where they differ. The actor must make the scene or character appear alive at the moment of performance. The audience will react more fully if they are suspended from their reality into the "false" world, being presented to them only if it is credible. The credibility of the performance is the crucial aspect for the actor. By keeping his performance alive, appearing to be spontaneous, the audience can accept the false reality as a "truth." We call the feeling of spontaneity and credibility a theatrical experience. This is not to say that actors don't lose a sense of reality or become emotionally involved with past conflicts and personal problems and bring these conflicts and problems with them into their acting. Strasberg and Kazan, two of the leading American authorities on acting and directing for the professional theatre, define acting as "doing." Again, the difference is in the application and interpretation of the spontaneous.

The psychodramatist is not interested in the overt effectiveness of the performance. *His* interpretation, *his* values, *his* motivation, are the truths for the protagonists performance. It is not really a performance for the protagonist; it is his reality, his interpretation of what is around him, physiologically and psychologically. If we are watching psychodrama, we do not see a character that is separate from the individual, as we should see in a theatrical performance, we see an extension of the individual.

I have tried to describe the main differences between the science of psychodrama and the art of acting in relation to the protagonist in psychodrama and the actor in the professional theatre. The differences continue in structure also. Both are highly structured. Both try to recapture the reality of the situation. In psychodrama, the psychodramatist will create as true an atmosphere as required by the protagonist. Smell, taste, lighting, furniture, are all, or can play an integral part of the reality for the protagnist. The actor is structured by the script. He must conform. The actor knows what must be said, where furniture, light, and smell are located *for* him by the playwright and the director.

The director in the theatre must interpret; the psychodramatist should not interpret. The theatrical director is primarily concerned with how it looks from the outside while the psychodramatist is provoking the inside of the individual to come to the surface, no matter how visual it is. The psychodramatist is a craftsman, not an artist.

Possibly the closest relationship between psychodrama and acting is in the warm up. But again, though they may look similar, the entire purpose is quite different. In psychodrama the warm-up is to create an appropriate atmosphere, an involvement of what is happening now. The group, protagonist, and psychodramatist are relating to each other in view of the coming session. The warm-up in the theatre, known as improvisations, can vary from artist to artist and involves an exercise into the created character. An improvisation is usually done to help the actor be alive in his character when the first act curtain goes up. It is considered warming-up as in dance or music. The actor wants spontaneity and by use of improvisation he can keep his character alive, adding his subconscious, which the playwright may have never even thought of nor will the audience ever see.

I hope that I have shown what, if any, relationship exists, between psychodrama and method acting. The purposes in each are completely different as are their functions, ends, including the procedure and structure. The actor may be an excellent protagonist, but an excellent protagonist may never be a creative artist. The psychodramatist should be aware of certain theatrical techniques, but he is a scientist working in a therapeutic sense of rehabilitation of an individual through his self, rather than entertaining an audience or wishing to share the experience of an artistic form.

PSYCHODRAMA WITH TEEN-AGERS

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"I fight with my mother and sister. I feel terrible inside. No one cares for me. I am nothing." These are the words of a young teen-ager, as she began to express her feelings in a psychodrama session at the point of being confronted with her own image. It was painful for her to face herself, and share feelings in front of the group she was just beginning to know. However, upon doing so, she launched the group into a unique experience in which each would have the opportunity to participate.

Teen group number two in the Alcoholic Division at the Ford Logan Mental Health Center was started on October 9, 1963. It met for a period of twenty-five sessions. The composition of the group totalled ten. There were five boys and five girls. Among the members were two sibling groups: two sisters, and two brothers and one sister. The average age of the group was fourteen.

In the first several meetings, movies were shown about alcoholism, problems related to it, and possibilities for treatment. This stimulated significant sharing of experiences, as each of the members identified his own situation with the movies. Gradually, they began to feel that they were not the only ones who had these problems. They were now experiencing an opportunity to share some of what they had seen with peers who had also experienced the same kind of difficulty.

Following this period of sharing, the members filled out a problem questionnaire which was used to start a group discussion on their personal problems. They were starting to realize that many of the problems their alcoholic parents have had were part of their own experience. Consequently, the group began to focus on themselves and their relationships.

During meeting number eleven the group utilized their first psychodrama. The tone of the meeting was of this nature: why do we have so much difficulty in getting to know people? The group responded to this theme and shared their feelings with respect to it. Soon they realized that everyone in the group was having similar difficulties.

Barbara, star of the sociogram, began to indicate her own involvement more directly than the others, and it was evident she was asking for help. She became the protagonist or main personality of the psychodrama that followed. In previous meetings she had related to the group that she was

often teased in grade school for being fat. The boys in the classroom would pull her hair, tease her, and call her names; yet, in the group Barbara appeared to be the most vivacious, attractive, and stable member.

Our first scene was in the classroom. Here she could demonstrate for us how she was treated. The youngest member of the group said he would play the "devil's advocate" role and tease her. Barbara set up the classroom for us and quickly became involved, fighting back at her teaser. As she became more violent and hostile, we reversed the roles and she confirmed that her teaser had assumed the proper role. Barbara, in the following scene, showed us how difficult it was for her to relate to or introduce herself to a classmate whom she knew she wanted to meet. At this point, I realized that Barbara was uncomfortable with feelings about her own personality; so I directed her toward the role projection in which she might receive a mirror image of herself, revealing assets of her personality she was not willing to accept. Upon beginning the role projection, she found it extremely difficult and could not continue. At this point she began to weep; slowly and sobbingly she began relating to the group how she found it so difficult to get along with her mother and her sister. She felt guilty because she assumed that she was always doing harm in being critical of her family. The group was moved by this experience and they shared the way they felt with Barbara.

The following meeting I sensed some resistance on the part of the group. There was some reluctance to talk, and what they would discuss seemed quite removed from their real feelings; so, I decided to set up the "magic shop" with the hope of "warming up" the group. This is a technique performed in phantasy, where the patient can obtain what he wants most in life. One of the girls indicated she wanted happiness. The resistance I felt gradually lessened as they began to see there was something here for all of them. As it turned out, Marge found her happiness in Wyoming, where she was visiting relatives. This was the final scene of our psychodrama, but it was quite evident that Marge disliked Denver. She did not feel as close to people in the city and she remembered her friends from the small town. In Wyoming, she found enjoyment in relating to her cousins and relatives. We had gone full circle, that is, we had arrived at the center of the feelings. Even though the group responded positively to this psychodrama, there was still some reluctance and fear of becoming involved as deeply as during the previous session. As I reflected on this session, it might have been better to deal specifically with the reluctance instead of having this psychodrama.

The following week, I sensed much less reluctance and a desire to become involved, but a feeling of reservation as if the group was saying, "We like this experience but we are not yet sure." Lynn began to ask for help again, as he had done in previous meetings. On a number of occasions, he had talked about his problem of getting along in school, problems at home, and now we saw him getting into a fight with a neighborhood bully. He set up the scene for us where he and two friends had gone for a hike, and the neighborhood bully somehow had followed them there and interferred with their outing. Lynn and his friends found themselves involved in a fight and sent the "bully" home. Our protagonist's first reaction was to return home and tell his mother. He gradually discovered, however, that his mother showed little interest in him. Lynn began to sulk and fight back by being silent, and going to his room to pout. He soon found his way to his friend's house to talk with him about how he felt, and how he was rejected by his mother. A fortunate aspect of this session was that Lynn received more support and acceptance from the group than he had received in prior sessions.

The three psychodramas just described have given me significant feeling about the dynamics of certain groups, both adults and youth, as they respond to psychodrama. Initially, the group seemed to respond readily to psychodrama and become almost totally involved. In the next meeting the patients seemed to create a definite line of resistance to the point where they say they want to be together, but deny wanting to become involved as deeply as they have in the previous sessions. Then in the third session there seems to be a feeling of reservation and caution. This feeling, in effect, says, "I want to become involved but I am not quite sure because it frightens me." During the seventeenth meeting, I began to sense this cycle repeating itself. In this session, I felt the group was particularly warm, but I needed to warm up myself so I used the empty chair technique. Here, each of the young people visualized someone in the chair. As it turned out, they were able to become involved with relative ease. Barbara, again became more spontaneous than the others. In this experience, she saw her grandmother in the chair and expressed some very deep feelings about her. Barbara felt that she wanted to be there to help her grandmother if she could. Playing the role of her grandmother seemed to be very difficult, particularly when she reversed roles. Barbara wept and the group felt close rapport with her. I felt as this session progressed the group became increasingly anxious.

The tension seemed to carry over into our following meeting and I perceived the anxiety as resistance and silence. At this point I started some

projective drawings. This seemed to loosen up the group, but I still sensed some resistance. Evident reluctance prevailed on the part of the individual members to contribute anything to the group. I decided, then, in the remaining minutes to do some spontaneity testing which, I felt, would prepare me to work with them in the following meeting. They responded as if it were a game and enjoyed it. We did a frustration technique where one of the male members, who easily becomes involved, acted as the person in the telephone booth. Barbara played a double of those who attempted to get Mary out of the booth. The group relaxed to a considerable degree, and I felt we were prepared to move more deeply into what might be needed in the following meeting.

Session nineteen proved to be very significant. Shirley, the most reluctant, and at the same time, the oldest of the group, began to share some feelings. She seemed uncomfortable, but as she talked, I offered her support in the hope that she would express more of her feelings. Upon doing so, I learned that she was experiencing some difficulty with her father. Her sister echoed these feelings. Consequently, Shirley set up a scene for us, in which she was relating to her father. She expressed herself very well and likewise the role of her father. Out of the scene there came a feeling that her father was definitely unwilling to have her date certain boys, so we set up a scene where Shirley did go on a date. Here again she seemed to handle herself well even though it was a first date situation. We had her date come to pick her up. With little embarrassment, she introduced her friend to her parents. On the date, conversation flowed easily as they drove to a basketball game. In this situation, Shirley related more easily than her partner. The caution among the group seemed to become evident when we went into the sharing session because at this point, even though it was observed that Shirley could relate to the group, they seemed to elude her. I felt they were being inhibited and in some way, still reluctant to accept Shirley. Yet it was a favorable step for Shirley's involvement in the group.

Involvement, resistance, and caution has been an interesting phenomenon for me to observe as I worked with these teen-agers, and one which I hope to follow more closely. Nevertheless, as these teen-agers have involved themselves in psychodrama, they have involved themselves emotionally with one another. They related more easily with their peers as a result of this experience; they looked forward to and sought the support which the group gave to them. In the sharing experience about their group involvement some of their expressions have been quite significant as to what the group has meant to them. Several of the following quotations may help to serve as a

fitting conclusion to this brief study. "I have learned that I am not the only one who has problems, and how to deal with my emotions, like self-pity and nervousness." "I have learned that there is a reason for every emotion that comes up in everyday life, and I have found it fun, interesting, and helpful to try to trace emotions." "This is when you learn the truth about yourself."

PSYCHODRAMA WITH A CHANGING GROUP IN A U. S. NAVY HOSPITAL

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INTRODUCTION

The author, as a volunteer director, has conducted psychodrama for three hour periods, once a week, on the locked neuropsychiatric ward of an installation of the U. S. Navy.

The hospital does not have a psychodrama stage so the patients and I met in their recreation lounge, the middle area of their ward. The ward is an old WWII temporary building. Everything about the ward and the building is bleak.

Present at the psychodramas besides myself and two volunteer auxiliary egos were the patients, one or two psychiatrists, the ward hospital corpsmen, the nurse, and one or two observers, medical officers from the other services at the hospital.

The patients were diagnosed, for the most part, as suffering from character disorders and psychoses with an occasional neurotic patient. The age range of the patients was from 18 to 25 with a scattering of older patients. They are all enlisted personnel. The group on the "locked" ward who attended the psychodramas numbered from 10 to 15 or 20 patients.

The psychiatric service at the hospital is run as a short range treatment center. The majority of patients are there from two to seven weeks. Patients whose illnesses indicate prolonged treatment, and patients who represent special diagnostic problems for evaluation are transferred to the U. S. Naval Hospital, Philadelphia, as that hospital specializes in the treatment of the mentally ill.

Most of the patients remaining at the hospital for treatment receive medical discharges from the Naval Service, although a few are returned to their duty stations as fit for duty. The men who are discharged are considered well enough to function in community life.

The auxiliary egos were another woman officer who uses "canned" role playing situations at the Women Officer Candidate School, and a Naval Officer's wife. Neither of these women have had any training as auxiliary egos. Patients were also used as auxiliary egos, but no members of the psychiatric staff.

Conduct of the Psychodramas

The psychodramas started at one o'clock on Wednesday afternoons and every Wednesday I faced an almost totally new group of men. There were always a handfull left over from the previous week, and there were a few men who have attended as many as six to eight sessions, but mostly it was a new group.

At my request, I knew nothing about the patients because I felt sure it would influence my direction of the protagonist if I knew something about him previous to the psychodrama.

By not knowing anything about the protagonist I retained more of my spontaneity and did not direct the protagonist to "give back" old material.

This may be poor technique, I don't know. The psychiatrists say that often the psychodrama revealed nothing the protagonist had not already covered in his interview sessions with the doctors. I did not wish to waste the doctors' time, but in a way I think it is good if the psychodrama does *verify* what the patient has said in an across-the-desk-interview. Also, I think repetition of the material from interview to psychodrama is not wasting the patient's time, because additional insight, particularly on the part of the patient, is certain to be gained in the psychodrama. Certainly the group members benefits from identification with the problem areas which are explored before them.

The warm-up for a volunteer protagonist was the hardest part of the session for me. In the four months I directed (18 sessions) only once did I fail to get a volunteer. I then had to use a sociodrama as a warm-up and selected a protagonist from that. In two different instances, I have had the same protagonist twice, because the men asked for a second psychodrama as they felt they had benefited by the first one.

The warm-up was hard because each week most of the men were new, but it was boring for the patients who had seen more than two sessions, and their boredom was "catching" in the group.

Secondly, some of the patients who had seen previous psychodramas "warned" the other patients they might be the "victim," thus often producing a "negative warm-up."

Thirdly, some patients were reluctant to discuss their problems in a group. All the opposition which has ever been noted to talking about personal problems in a group were articulated by them and many and various reasons, some valid, were given.

On the other hand, I was often assisted in the warm-up by some of

the patients volunteering a person, other than themselves, to be a protagonist, because that person "needs it."

The psychiatrists were of aid, also, in warming-up a patient in his interview sessions to volunteer as a protagonist.

The psychodramas themselves were mild exploratory sessions of the protagonist's problems. Mild is perhaps the wrong word, because while the session may have appeared mild to the group, the protagonist was often anxious and tense. However, material revealed was at a non-threatening level and neither obvious trauma nor psychodramatic shock occurred.

The sessions may not have been intensively psychotheraputic, but they did give both the protagonist and the group insight into their problems. I don't know whether spontaneity was increased.

One of the psychiatrists informed me that he believes the sessions made contributions in two ways:

1. Psychodrama stimulated the group members to discussion in other group psychotherapy sessions and to talking to their psychiatrists in interview sessions.

2. Psychodrama was of value to the psychiatrists as a diagnostic aid.

Assuming I was an adequate director, I think the reasons why the psychodramas with a changing group at this hospital, did not blossom into intensive psychotherapy sessions with an increase of spontaneity on the part of the protagonist and the group were:

1. The group did not know the director and had no reason to have confidence in her.

2. Most of the patients participated in only one psychodrama session—either as protagonist or observer. There was only one exposure.

3. Many of the patients were due to be released within a day or so and the psychodrama sessions affected some of them negatively because they feared that the psychodramas might upset the equilibrium they had attained thus far in the hospital.

4. The lack of a psychodrama stage was crippling. I know a stage is not required, for I have seen good psychodramas without a stage, but always it has been when the protagonist wanted a psychodrama and was enthusiastically willing to give to his capacity in a session.

5. The lack of trained auxiliary egos was also extremely crippling. The sessions did not move as rapidly and scenes were inclined to bog down. Further, untrained auxiliary egos don't have the experience or the knowledge to either "close in" on a protagonist to stimulate him to spontaneity

or to protect him when he has not yet reached his capacity to protect himself.

6. The group lacked the cohesiveness to either support or attack each other. In fact, they were almost not a group, just passers-by on the "locked" ward of a naval hospital.

These are simply my impressions of psychodrama with a changing group. I firmly believe the sessions had a definite beneficial effect with a changing group and that they were a worth-while addition to the psychiatric service at the hospital.

PATIENTS' REACTIONS TO GROUP PSYCHOTHERAPY IN PRIVATE PRACTICE

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For over 17 years I have been conducting group therapy, first in a State Hospital setting, then in my private psychiatric office. At the present time I have 6 groups.

I asked people in the groups to write down for me their reactions to what group therapy means to them and what they look for in it. This paper is a combined verbatim record of what some 15 percent of group members wrote about what happened in their groups.

Family

LOUISE: There was a minimum of family feeling in my own home. Because the group fills my need for a family feeling, I am able to accept my own family and appreciate the relationships I have there as they are (for 17 years I have been unable to achieve this). I have my feeling of "belonging" to the group.

JOE: Group therapy has been a life saver for me; the meetings are like a safety valve or a boiler full of hatred toward parents . . . I train my guns on parents within the group . . . . There is no comparable setting whereby I can hate people and still maintain an opinion of myself as being a rational and useful member of society.

LOUISE: The most important thing about the group is the *feeling of friendship*. Trying to help each other, visiting each other outside the group, working together in the group toward the growth of each individual . . . .

ELLEN: For the average layman much can be gained from group in a subjective way. Personally speaking I have become more introspective. I listen to another's problems and worries and can identify with him. Sometimes his solutions I can take for my own.

CAROL: Most exciting of all it to see a change for the better, a solving of a problem, a smiling face that was once sober and depressed.

LOUISE: I am occasionally able to shed some light or appreciation in regard to someone else. This has already changed my concept of my worth, given me a goal in life, and brought all the rewards of any friendly relationship or any help given another . . . . In the group you are clearly *independent* as well as interdependent. There are many people to exchange with and you

can choose to avoid developing parental figures to the point of such a conflict as I had. This lessened intensity and diffused dependency also allows you to accept things more mentally and less emotionally.

MARY: Group therapy is a sending and receiving station for minor and major troubles for those who attend . . . . It is a place where answers come at unexpected times and from unexpected sources.

LOU: People learn to solve their own problems by mutual discussion of things that are troubling them and sometimes things that are making them glad and are helping them.

CAROL: I know I will be coming face to face with *reality* and people who are living it. You may be able to run away from yourself, but not from other people.

MARY: It is a haven for depressed spirits because you know that no matter how inane you are the people there will *listen.*

FANNY: Before . . . there was no one in the world.

MARY: It is a place where you *can say what you feel*—or it can be a group that can be expected to criticise.

CLAIRE: I allow myself to be ruthlessly frank to some individuals in the group because I feel that that is what he or she needs—if I am making a mistake it is sure to be cancelled by someone else in the group who sees the problem quite differently.

FRED: The doctor should maintain an atmosphere of patience and compassion in the group. . . . Some patients should be sent to a "charm-school" to learn how to get along with other people.

LUCILLE: When one knows what his feelings are and why he has them, it is much easier to understand himself . . . . as I listened to other people express their guilt feelings, it soon became easier to express mine. Today, due to group therapy I am able to communicate with people and to feel like a human being.

LOUISE: In the group people equally less or more equipped are dealing with problems of varying degrees or natures. It is so important to see others *coping* with these problems.

Tension

ELLEN: I have mixed feelings of group, mostly because the members are not homogeneous but a mixture of neurotics and those who have come out of the depths of depression or at present are still wallowing in fear and tensions.

MARY: It can be a place of tension where arguments prevail instead of discussions.

JACK: What I feel about group is the most conflicting store of emotions. One of my biggest dislikes is group—I despise myself at times . . . because it is a personal confession of my personality weaknesses and faults . . . . On the other hand I am . . . profoundly proud of myself because I am doing something about my defects—

Fear

ALLEN: Freedom of choice—you don't like it—it places more responsibility on you.

JUNE: Do you agree with me that the nervous breakdown is a form of escape? We kill ourselves by withdrawal.

MARGARET: I was frightened because suddenly I had a new feeling, and being new I did not know how to handle it. Maybe I was not satisfied before, but I ignored . . . *venturing into a new territory*—

JEANNE: I just see it as a barren land. I keep looking for something to want, but I don't see anything.

FRANK: Sort of notthingness—

CATHERINE: You have been living in the vacuum for years, that is why you need tensions.

MARY: And so I attend with the hope that some day I will shake off my reticence and get at the root of what makes me "not tick" and lead to a fuller and meaningful life. I know this is the only place it will start.

JACK: The thing that keeps me going through . . . all these journeys to and from group . . . is hope.

CLAIRE: I am glad group therapy lasts 1½ hours. The time goes by very fast, yet it gives you time to ponder on various problems and to return to them with something fresh to say before the time is up.

Review of UNE APPROCHE DE LA SOCIOMETRIE by Genevieve Dreyfus-See from the French journal *Education et developpement,* No. 2, Nov., 1964 and No. 3, Dec. 1964

HARRIET LISA ORTMAN, B.S.
Moreno Institute, Beacon, N. Y.

Mme. Dreyfus-See has undertaken a sociometric analysis of the American film *Twelve Angry Men* (*Douze hommes en colere,* in French), story by Reginold Rose, directed by Sidney Lumet. The author uses the method of direct quotation from J. L. Moreno's *Who Shall Survive?* applied to significant points in the movie script to demonstrate the sociometric formation and development of a group of jurors (the twelve angry men) as they attempt to come to a unanimous verdict of guilty or not guilty in the trial of an 18 year-old Puerto Rican youth accused of killing his father.

Mme. Dreyfus-See aptly describes the emergence of the sociometric leader of the group (Henry Fonda), the only member of the jury who has the spontaneity, creativity, and sense of responsibility to question and challenge the robot-like behavior of the other jurors in reaching the verdict. The author compares Fonda to the psychodrama director who must mobilize the spontaneity of the group in order to help them to deal more effectively and honestly with the realities of life. We see how certain members of the jury rally to Fonda's aid in this project, thus taking the roles of auxiliary egos in this psychodrama of justice, while others remain rigid in their decisions, refusing to explore the truth, and while still others are willing to go along with any group decision, so long as they can get this unpleasant business over with as quickly as possible.

The author further demonstrates how "Director" Fonda, with the aid of his "auxiliary egos," skillfully places each one of these truth-evading jurors in the role of protagonist, forcing them to carefully scrutinize the facts in the case, to act out the description of the crime as reported by the so-called eye-witness to it, and to objectively face their own motives, prejudices, and preconceptions in reaching a verdict.

This psychodramatic process gradually alters the sociometric structure of the group. Isolates, pairs, leaders, and rejectees emerge. Finally, as the truth is brought into sharper focus, Fonda succeeds in raising group cohesion to the point where a unanimous verdict is reached.

THE SAGA OF SOCIOMETRY

ZERKA T. MORENO
Moreno Academy, Beacon, N.Y.

Sociometric tests have come of age. They go back as far as 1910, to the romantic "Kingdom of the Children" in the Viennese Augarten, when the children at a family picnic were asked by J. L. Moreno to designate whom they wanted as their parents, regardless of bloodties. This, the original "parent test," at which the children moved towards those adults they designated as their choice, was a more-than-mild shock to many a parent, for here they experienced dramatically their offspring's overt rejection or admission of mutuality of choice. Some parents found themselves joyfully surrounded by large hordes of children—their own among them; others were amazed to have acquired "sociometric oflspring"—not their own flesh and blood, but the children of other parents, while their own were having a fine time with their newly adopted parents; again others found themselves entirely without children—a premature foretaste of things to come!

Since that day of the First Sociometric Revolution, the test itself has undergone numerous modifications and adaptations. In 1932 at the New York State Training School for Girls at Hudson, New York, the "parent test" was extended to include not only choices by new girls for housemothers they wanted and in whose cottages space was available, and vice versa, by the housemothers for the new girls, but to encompass also the choices by and to the sociometric stars in the cottages, representing the peer-sibling group of the newcomer. Thus, adjustment and acceptance of the newcomers were greatly facilitated and their integration into the community speeded up.

It has ranged through the school systems, from kindergarten to university, the military (of which one notable adaptation was the "Buddy Test" used especially in Korea), industry, government, prisons, mental hospitals, institutions of all types, to return again in newer forms. And of late, students at Yale, New York University, the College of the University of the City of New York, among others, have been asked to "rate" their professors. We assume that, like the parents mentioned above, the professors may be subjected to a few eye-openers.

This brings us to one of the most sophisticated applications yet uncovered on the popular level. *McCall magazine for January 1966* has come out with the following closing statement and questionnaire, on page 10, under the column entitled *Sight and Sound.* We are copying it below by permission of the Editor of McCall's, Mr. Robert Stein. We are eager to have your ratings

of your own children, and of any other youngsters in your social atom for their parents; please let us have the responses right away. McCall's will integrate them with all those they receive and publish the results. In addition, we would be interested in your own comments as to the meaning of this procedure, as it is actually a "sociometric mass test." Such mass techniques can be applied to other problems of national and international scope, such as the Negro-white problem, or the war in Vietnam.

> "Heirs Apparent. Inspired by the countrywide tendency to have college students grade their faculties, we decided to bring this frightening practice right into the home. Below, a form for youngsters from 6 to 16. If you are a parent, why not be daring and hand this to your offspring? After all, you do have tenure—and won't it be fun to find out what the kids think? (Kids: Give it to us straight.) We'll publish the results this spring."

BOYS AND GIRLS: GRADE YOUR PARENTS!

A parent-rating system for modern children. (Fill in and mail to Sight and Sound, McCall's, 230 Park Avenue, New York, N.Y., 10017. Results to be published in a later issue. Note: You may omit your name and address if you wish.)

FATHER		MOTHER	
(CHECK ONE)	(CHECK ONE)	(CHECK ONE)	(CHECK ONE)
Wonderful ☐	*Too strict* ☐	*Wonderful* ☐	*Too strict* ☐
O.K. ☐	*Not strict enough* ☐	*O.K.* ☐	*Not strict enough* ☐
Just all right ☐		*Just all right* ☐	
Annoying ☐		*Annoying* ☐	
Do you argue? *Yes* ☐ *No* ☐		*Do you argue?* *Yes* ☐ *No* ☐	
About what? _____		*About what?* _____	
Best quality _____		*Best quality* _____	
Worst fault _____		*Worst fault* _____	
Does he understand you? *Yes* ☐ *No* ☐		*Does she understand you?* *Yes* ☐ *No* ☐	
Do you understand him? *Yes* ☐ *No* ☐		*Do you understand her?* *Yes* ☐ *No* ☐	

Would you like to change your parents in any way? *Yes* ☐ *No* ☐

If yes, how? _____

Do you feel they are giving you a good start in life? *Yes* ☐ *No* ☐

Explain: _____

Name _____ Age _____ School grade _____

Street _____ City _____ State _____ Zip Code _____

AMERICAN SOCIETY OF GROUP PSYCHOTHERAPY AND PSYCHODRAMA

25th Annual Meeting

The Society completes its first quarter century in 1966. The annual meeting will commemorate this historic fact; the meeting will take place at the Hotel Astor, New York City, March 18-20, 1966.

The President of the Society, Dr. Calvert Stein, and President-Elect Dr. Jack L. Ward, will deliver an address; titles are to be announced.

Special features of the program will be The Permanent Theater of Psychodrama in which a number of psychodrama directors will demonstrate psychodramatic methods, involving the audience present in the here-and-now; the showing of a film made during the First International Congress of Psychodrama in Paris in 1964 entitled "Psychodrama of a Marriage"; a Plenary Session "The Third Psychiatric Revolution, A Review of Twenty-Five Years of the Society," whose opening address will be made by J. L. Moreno, Founder of the Society, among others.

The Banquet Speaker will be Dr. Ledford J. Bischof, Professor of Psychology at Northern Illinois University in DeKalb; the title of his address is "Are we climbing Jacob's Ladder?" Professor Bischof has distinguished himself as author of the book *Interpreting Personality Theories*, published by Harper & Row in 1964; he was also a delegate from the USA and program participant at the First International Congress of Psychodrama in Paris.

Chicago Chapter, Illinois

This chapter has been re-formed under the leadership of Father Augustus Ramirez, Ph.D., Counselor, Catholic Counseling Service. Inquiries should be addressed to the Chapter's Secretary: Mrs. Jean L. McKay, R.N., 5701 W. Race Avenue, Chicago, Illinois.

Membership List

A membership list of the Society is now available to members. Copies may be ordered through the Treasurer, American Society of Group Psychotherapy and Psychodrama, P.O. Box 311, Beacon, N. Y. 12508.

New York Chapter

Dr. Alex Bassin is the outgoing President of this Chapter. Dr. Abraham Knepler is incoming President.

NEW MEMBERS, WORLD CENTER FOR PSYCHODRAMA, SOCIOMETRY AND GROUP PSYCHOTHERAPY, 1964-1966

Miriam Agresti, M.A.
Woodbury, L.I., N.Y.

Seymour W. Applebaum, M.D.
Arcadia, Calif.

Barbara Arline, B.A.
New York, N.Y.

Jacquelin Avery, O.T.R.
Michigan City, Ind.

Anthony Beauchamp, Ph.D.
New Brighton, Penn.

Rose Brandzel, M.A.
Chicago, Ill.

Thomas E. Bratter, M.A.
Hartsdale, N.Y.

Debora C. Brink, M.A.
New York, N.Y.

Esther Brody
Chicago, Ill.

Marjorie B. Creelman, Ph.D.
Washington, D.C.

Vladimir Dolezal, M.D.
Prague, Czechoslovakia

Robert S. Drews, M.D.
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Baltimore, Md.

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Long Beach, Calif.

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Milan Hausner, M.D.
Prague, Czechoslovakia

Carl Hollander, M.A.
Littleton, Colo.

Jane Hollister
Dayton, Ohio

Nathaniel R. Hollister, M.D.
Dayton, Ohio

D. Ann Hudson, M.A.
Chicago, Ill.

David Palmer Kent, B.A.
San Dimas, Calif.

David A. Kipper, Ph.D.
Gilesgate, Durham, England

Heather McLean, M.A.O.T.
Hamilton, Ont., Canada

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

William L. Moreno
Forest Hills, L.I., N.Y.

Zerka T. Moreno
Beacon, N.Y.

George W. Morris, M.S.
Atlanta, Ga.

Philip Chollet-Oraby, M.A.
New York, N.Y.

Anthony J. Perlongo, M.A.
New York, N.Y.

Marta Pundik, M.A.
Buenos Aires, Argentina

Gertrud Michelson Pinsky, B.A.
New York, N.Y.

Lucia Radl, M.D.
New York, N.Y.

Harold Samuel Rosenberg, M.D.
Cincinnati, Ohio

Anne Ancelin-Schutzenberger, M.A.
Paris, France

Nahum E. Shoobs, M.A.
Brooklyn, N.Y.

Charles H. Simpkinson, B.A.
Cincinnati, Ohio

Robert W. Siroka, M.A.
New York, N.Y.

Madeline Smith, M.A.
New York, N.Y.

Samuel Tenenbaum, Ph.D.
New York, N.Y.

MORENO INSTITUTE, 1966

1. The open sessions are now held every evening, 8:30 p.m., *including Sunday* at the Moreno Institute, 236 West 78 Street, New York City. The fee per person is $2.50.

2. Directors of the open sessions are: J. L. Moreno, M.D.; Zerka T. Moreno, D.T.; Priscilla B. Ransohoff, Ed.D.; Max Ackerman, O.P.; Hannah B. Weiner, M.A.; Sylvia Ackerman, M.A.; James M. Sacks, Ph.D.; and Walter Klavun, FASGP.

ANNOUNCEMENTS

Manuscripts Submitted

See Note to Authors on the third page, front of this journal. It has been changed as formulated by the Editorial Committee.

Second International Congress of Psychodrama, Barcelona, Spain

The Congress has been scheduled to take place from August 28-September 3, 1966, for a period of five days, immediately preceding the World Congress of Psychiatry in Madrid.

Some cooperative arrangements have been made with the World Congress, thanks to the initiative of the President of the World Congress, Professor Lopez-Ibor.

Participants in both congresses may be able to arrange for group flights. Send inquiries to: P.O. Box 311, Beacon, N.Y. 12508.

Fifteenth International Congress of Psychology, Moscow

This Congress will be attended by many psychiatrists and psychologists from all countries. Dr. and Mrs. Moreno are invited to participate on the program, to give a series of lectures in the communistic countries, and to make a stop in Berlin and in Jena, DDR.

Psychodrama of Alcoholism

The opening article of the forthcoming issue of the *International Journal of Sociometry and Sociatry* is a comprehensive report by Hannah B. Weiner of the psychodrama demonstration she conducted on the television show, TODAY, on Channel 4, NBC, November 26, 1965.

Psychodrama in Fellini's "Juliette of the Spirits"

This motion picture contains a pictorial presentation of psychodrama.

The International Handbook of Group Psychotherapy

This book, containing the Proceedings of the Third International Congress of Group Psychotherapy in Milan, August 1963, published by the Philosophical Library, will be off the press soon. Copies may still be ordered at the pre-publication price of $15.00. The market price will be $17.50. Orders should be sent to: P.O. Box 311, Beacon, N.Y. 12508.

ERRATA

The following refer to "The Behavioristic Aspect of Psychodrama," by Israel Eli Sturm, Ph.D., published in GROUP PSYCHOTHERAPY, Volume XVIII, No. 1, p. 50-64, March, 1965.

P. 50, author's address: Vererans—Veterans
P. 50, editorial footnotes 3 and 4: disregard
P. 54, line 16: emotions—reactions
P. 54, next to last line: realy—really
P. 57, line 29: an—and
P. 58, first line: psychodramatics—psychodramatists
P. 58, line 28: is—it
P. 60, line 4: desentization—desensitization
P. 60, line 18: undoutedly—undoubtedly
P. 60, line 19: parellel—parallel
P. 61, line 6: how—now
P. 63, line 5 from bottom: systems—symptoms